

CITY UNIVERSITY LONDON

**Evaluation of (some of) London's Health Libraries,
their Services, Staff and Patrons by the means of a
Questionnaire, Visits and Websites**

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Abstract

What is a Health Library? What categories need to be met so that a library can be referred to as a Health Library, and not just a library with health material? A literature review was carried out, looking at the history of health libraries in the UK, various organisations linked to those, the staff that work in them, the services they have offered in the past, and the one that is being offered at present. An email was sent to health libraries found on the HLISD website seeking respondents to a questionnaire of 21 questions in relation to health libraries and their services. Whilst initial reaction to the email was promising, it eventually resulted in fewer positive responses than had been hoped. In order to gain a more in-depth knowledge of the libraries, the author proposed visits to participating libraries in the hope that this would result in further insight and additional knowledge. This was then supplemented with an analysis of the libraries' websites. The combined results were analysed and put forward in various charts and graphs, which eventually led to a proposed definition of health libraries, as well as adding an additional knowledge to the variety of services currently being provided in the capital. Finally recommendations have been suggested for the future, as have further studies, which hopefully will ensure continuing survival and services of health libraries in the UK.

Keywords:

Health Library, Medical Library, Evaluation, Assessment, Services, Staff, Patrons, Web 2.0

List of Abbreviations:

ALA - American Library Association
AMED - Allied and Complimentary Medicine Database
BMA - British Medical Association
BNI - British Nursing Index
CHILL - Consortium of Independent Health Information Libraries in London
CINAHL - Cumulative Index to Nursing and Allied Health Literature
CILIP - Chartered Institute of Library and Information Professionals
CL - Clinical Librarian
CLA - Copyright Licensing Agency
COPOL - Council of Polytechnic Librarians
CPD - Continuing Professional Development
DCC - Dewey Decimal Classification Scheme
DoH - Department of Health
EAHIL - European Association for Health Information and Libraries
EBM - Evidence-based medicine
EBP - Evidence-based practice
EI - Educational Institute
HMIC - Health Management Information Consortium Database
HLG - Health Libraries Group (CILIP)
HP - Healthcare Provider
HSG - Health Services Group (SCONUL)
HLISD - Health Library and Information Services Directory
ICML - International Congress of Medical Librarianship
LAUK - Library Association of United Kingdom
LISA - Library and Information Science Abstracts
LISTA - Library, Information Science and Technology Abstracts
LLUMS - Librarians of London Undergraduate Medical Schools
LLUMS - Librarians of London University Medical Schools
LMS - Library Management System
MFD - Multi-Functional Device
MLA (A) - Medical Library Association of America
MLA (GB-I) - Medical Library Association of Great Britain and Ireland
NHS - National Health Service
NHS RLG - National Health Service Regional Librarians Group
NICE - National Institute for Health and Care Excellence
NeLH - National electronic Library for Health
NLH - National Library for Health
OA - Organisation linked to a particular Ailment or Condition
PB - Professional Body
RCN - Royal College of Nursing
SCONUL - Standing Conference of National and University Librarians

SCONUL - Society of College, National and University Libraries
UHMLG - University Health and Medical Librarians Group
UHSL - University Health Sciences Librarians Group
UMSLG - University Medical School Librarians Group

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Chapter 1 - Introduction

1.1 - Reasons for undertaking the research project

Health libraries have been the subject of numerous studies and evaluations over the years where aspects such as information needs of various user groups, roles within the libraries, stock and stock changes, as well as facilities and services, have been explored. Each study has focused on a particular aspect and provided important knowledge about these, but none tried to incorporate all of those factors in order to gain a full picture of health libraries. The impetus for undertaking them has varied as has their usefulness, with some performed purely through habit and without paying much attention to their objects or aims. Even the term 'health library' and its use is somewhat confusing as it appears that it is used interchangeably in the literature along with terms such as 'medical library' and 'health sciences library'. Leading to speculations over their significance, and whether all health libraries are in fact 'health libraries' providing the same type of service to their patrons.

Technological advances over the last couple of decades have resulted in massive changes to our lifestyles, increased dependency on devices and changed the way we access information. The increasing availability of e-resources, many of which can be accessed free of charge, has led to doubts regarding the usefulness of libraries, and is threatening their existence. It is therefore more urgent than ever before to be able to show the importance of library services provided to patrons and to be able to prove that they are financially viable. A well constructed and thought out evaluation that takes into account the purpose of the service and at whom it is aimed, as well as having an end object, i.e. reasons for undertaking it, results expectations and their use once completed, can do this.

By undertaken this research project, an investigative inquiry of London's health libraries, the author is hoping to clarify what constitutes a health library through a review of existing literature and to create new empirical evidence with the help of a questionnaire, follow-up visits to selected libraries, and an analysis of their websites. Vickery (2004) claims that librarians and information scientists should look to the past as well as the future, as some of the problems currently faced by our discipline have been faced by previous generations. Therefore highlighting obstacles and changes experienced by health libraries in the past and comparing them to the ones that they are currently facing could potentially lead to a solution, or at least a better understanding of what we are doing right, where we are going wrong, and thus aid continuing growth and prosperity.

1.2 - Research questions

Coming from a health background, the author was interested in researching what constitutes a health library; whether there were some common denominators which classify them as such, be it their stock, patrons or the staff's knowledge or experience. Despite an in-depth search of the internet and published works, including articles about health libraries, as well books on the subject, and dictionaries, the author was unable to locate a definition that is used collectively. Intrigued by this, he decided on the following question in an attempt to identify such a definition, using the means of a literature review to guide him.

'What qualities does a library need to have to be referred to as a 'health library'?'

Discovering that many libraries are referred to as health libraries, the author was keen to see what, if anything, connected these, apart from the name, and what effect this had on the staff and patrons as well as the services provided. The second research question (see below) was selected and an attempt made to answer it by sending a carefully designed questionnaire to managers of health libraries in London.

'Do the services, staff and patrons differ from one London 'health library' to another, and if so, in what way?'

By clarifying what a health library is, as well as providing an insight into its multidimensional role, the author aimed to discover a communal definition and encounter knowledge which could be of use when assessing or evaluating services of health libraries, and ultimately lead to their improvements. This includes providing a focus for the evaluation, determining whether all health libraries can be evaluated in the same way and whether they are in fact all created equal

1.3 - Aims and objectives

The aim of this dissertation was to clarify what constitutes a health library and to perform an evaluation of the services they provide. The objective was to highlight characteristics of health libraries through a literature review and the results from a questionnaire sent to managers of such libraries in London. The questionnaire results were then used, in conjunction with visits to selected libraries and analysis of the libraries' websites, to produce statistical reports and the findings used to evaluate the services currently provided.

1.4 - Ethics and Confidentiality

There are no ethical or confidentiality issues in relation to this project. The information needed for the evaluation of London's health libraries, was collected by the means of a questionnaire sent by an email to library managers, and did not include any personal information on either staff or patrons. Library patrons were not approached at any time, and library visits that took place, were done by prior arrangement with the person in charge to prevent any confidential information being seen accidentally.

1.5 - (Scope and) Definitions

The objects of this research project are health libraries located in London, i.e. located within the Greater London area in any of its thirty-three boroughs.

The Collins English Dictionary (2208: 289) defines 'evaluation' as:

'Evaluate *vb* -ating, -ated to find or judge the quality or value of something (French *évaluer*) Evaluation *n*'

The Collins English Dictionary (2008: 713) the word defines the word 'questionnaire' as:

'*n* a set of questions on a form, used to collect statistical information or opinions from people'

The Collins English Dictionary (2008: 492) defines 'library' in the following manner:

'**1** a room or building where books and other literary materials are kept, **2** a collection of literary materials, films, tapes, or records, kept for borrowing or reference, **3** the building or institution that houses such a collection, **4** a set of books published as a series, often in a similar format, **5** computing a collection of standard programs, usually stored on disk'.

It is interesting that, whilst the above definition coincides with what the consensus of a library is, or should be, it does not refer to the internet, e-books, e-journals or other material available to the public in a modern day library.

There is no entry for health- or medical library, but the same dictionary defines the prefix 'health' as:

'1 the general condition of body and mind: *better health*, 2 the state of being bodily or mentally vigorous and free from disease, 3 the condition of an organisation, society, etc: *the economic health of the republics*' (Collins English Dictionary, 2008: 394).

And the prefix 'medical' as:

'1 of or relating to the science of medicine or to the treatment of patients without surgery, 2 *informal* a medical examination' (Collins English Dictionary, 2008: 534).

Health- or medical libraries could therefore be considered to be institutions housing preventative or curative instructions or material, and in some cases, both, for the use of healthcare staff and the general public, hosting '...subject fields...[that]...may include chemistry, genetics, biochemistry, microbiology, anatomy, physiology, and pharmacology, as well as general medicine, surgery, obstetrics, gynaecology, and even veterinary science' (Morton and Wright, 1990: 3). Whereas Madge (2001) believes that any library with a substantial collection of health material is a health library, listing the Great Library of Alexandria as possibly the oldest library of the kind in the world. What is clear from the two statements is that a health library can mean different things to different people, and the term's significance being as broad, or as narrow, as deemed necessary by the author of each definition. It adds to the confusion, that other terms are frequently used to mean the same thing, these include 'hospital-' and 'health sciences libraries', which along with the terms 'health-' and 'medical-' are often used interchangeably in the literature.

Throughout this project, in order to minimise any risk of confusion, the author will endeavour to use the term health library, unless directly quoting an author who chooses to use one of the above mentioned terms.

1.6 - Literature review

The literature part of the dissertation aims to shed light on what constitutes a health library, with a brief look at its history in the United Kingdom (UK), as well as the history of organisations and associations linked to them, the roles, patrons and general involvement of the services they offer. What, if any are the changes that have taken place, what has influenced these and have they been for the better. The literature review will show that there is much more to health libraries than is normally thought, as its services vary tremendously depending on the association or linkage.

1.7 - Questionnaire

The aim of the questionnaire is to gather data about London's health libraries which can later be used to analyse its services and difficulties experienced by those libraries in comparison to their co-libraries earlier on. The use of technology, accessibility and ongoing changes. Are financial difficulties squeezing their services and threatening their existence like many other libraries, or does the fact they are specialist libraries protect them?

1.8 - Visits to participating libraries

Due to relatively low numbers of participants in the survey it was considered a good idea to visit the libraries as well. An email was sent to the libraries and they were asked to suggest a suitable date and time within a two week period. Nine libraries out of fourteen were visited and a chat with the library manager or member of staff who had been responsible for answering the questionnaire was scheduled. Initially the idea was to personalise each visit, based on their 'speciality' and answers in the questionnaire. However, after the first visit it was decided to be better to ask everyone the same questions, so to get a comparable data, and the following themes were chosen:

- An insight into the history of the library
- The library management system used
- The classification scheme used
- The facilities and services available
- Use of Web 2.0 technology by the library staff to communicate with patrons and generally improve the service.

1.9 - Websites of participating libraries

In addition to the questionnaire and the visits the libraries websites were analysed, with factors such as accessibility, information, webpage design, links and additional information useful to patrons and potential users. Colour scheme and changeable text sizes were of special interest as these factors can be crucial for some viewers when accessing the sites for information. The fact that majority of the participating libraries are specialist libraries which would normally not be of interest to lay persons, it was not strange to discover that many were slightly hidden within their organisations' web pages, whilst others complemented the service already provided by the staff in person.

Chapter 2 - Literature review

2.1 - Introduction

The literature review looks at the history of health libraries in Britain and provides a framework to categorise them based on their linkage with healthcare services. The importance of assessments and evaluations, especially in the current climate, is discussed, explaining how these can improve the collections and services of health libraries, as well as proving that they are financially viable to their owners. British librarianship education and its changes over the years, are explored as are the influences that these have had on professional qualifications within the library world. The librarian role, in particular the role of the Clinical Librarian, is discussed. The increased expectations of them has led to some feeling inadequate and lacking in skills. Studies which have looked at the information needs of healthcare professionals, as well as their non-use of libraries and the reasons for this are analysed and their findings presented. Library groups and associations with links to the history of health libraries are introduced, such as *the Library Association* and *the Medical Library Association*, and the networks which provided participants for the evaluation part of this research project. The combined findings serve to demonstrate factors which are common to health libraries and make them what they are.

2.2 - Methodology

'What qualities does a library need to have to be referred to as a 'health library'?'

A literature review was undertaken to answer the above question, where '*What qualities*' refers to common denominators shared by service providers, defining them as a specialised health library rather than a non-specialised library. These denominators include a variety of factors, such as library stock, location of libraries and staff expertise.

Using Google, Google Scholar, LISTA and LISA databases, the author entered the search terms "health" AND/OR "medical" AND "librar*" AND "UK", adding terms such as "education", "assessment", "collection", "legislation" and "impact on care", in order to improve the results. Once the results had been read and articles of use selected, the following categories emerged: *Health libraries in Britain; Assessments/Evaluations; Staff; Patrons; Library groups and organisations linked to health; and Other*, for anything that was still relevant but did not fit the above mentioned categories. In addition to the above, the City University Library Catalogue and the catalogue of the British Library were used to find relevant material.

2.3 - Health libraries in Britain

Much has been written about Britain's health libraries and organisations linked to them. Connor (1995) believes that the history of British health libraries is far better documented than the one of its counterparts in the USA, where the emphasis seems to be on chronicles and memorials to a particular person or a building. However, both Ferguson (2005) and Bishop (1950) agree that locating some of the material can be an extremely difficult task, due to multiple storage locations, and the fact that some might not have been properly preserved, or even documented at the time. As a result, the history of health libraries in Britain consists of snippets of information spread over multiple sites, rather than a chronological account located in one place. Over the years numerous associations representing various medical- or health groups in Britain, and closely linked to the history of health libraries in this country, have appeared, only to later merge with others, or even vanish through the disinterest of their members, which undeniably complicates things further.

2.4 - Beginnings

According to Morton and Wright (1990), medical libraries were first established in the early 16th century in the British Isles, the earliest belonging to the *Royal College of Physicians of London*, with its primary collection, as is often the case, a gift from a beneficiary, who was one of its founders, Thomas Linacre. Following the Great Fire of London, where the majority of the collection was destroyed, it was reconstructed to its former glory, and updated, through donations from its members, making it one of the most important reference libraries of its kind in the country (Morton and Wright, 1990). Encouraged by the foundations of further medical organisations, academic establishments and hospitals, such as the St Bartholomew's and St Thomas' Hospitals, more health libraries came into being (Morton and Wright, 1990). In those early years the collections were cared for by members of the profession, secretaries, or others that were not necessarily primarily interested in the works, and in most cases, not trained librarians (Russell, 1964; Bishop, 1950). Access was restricted to a precious few, who were either members of the medical profession, or those studying to join one, and the role of the library was to assist with their quest to cure the sick and the injured by providing medical information (Connor, 1989; Madge, 2001).

2.5 - Different types of health libraries

Whilst British health libraries vary in size and the services they offer, Morton and Wright (1990), who in their writings refer to medical libraries, claim that all belong to, and are run by, one of the following categories:

- *A Medical Corporation*
- *A Medical Society*
- *A Teaching Institution*
- *A Research Institution*
- *Other Libraries*

(Morton and Wright, 1990)

The categories are explained in the following manner: the *Medical Corporations* ensure that high standards are maintained amongst its members and are capable of honouring academic achievements with diplomas; the members of *Medical Societies* are medical professionals who are united through their common interest and shared experiences within their profession; the *Teaching Institutions* consist of colleges and universities providing medical education; the *Research Institutions* are dedicated to medical research; and the *Other Libraries* provide access to the history of medicine (Morton and Wright, 1990).

Morton and Wright's categories and definitions clearly view health libraries as libraries for the sole use of doctors, and not for allied health professionals, and in some cases patients, as is currently the case. Whether this was based on a personal opinion or common belief at the time is difficult, if not impossible to ascertain, however, it is likely to be a combination of both. Connor (1989: 466), writing a year prior to the production of the 7th edition of the pair's book and perhaps sensing the change of things to come, states that despite the tendency to separate the history of many health related libraries from other medical libraries, that '...the term 'medical library' can sometimes include...allied health sciences...[libraries]'

Discussions regarding the nature of many health related libraries, such as nursing-, hospital- and patient libraries, and whether they should be considered health libraries, have frequently taken place over the years. Connor (1989) is adamant that patient libraries are not medical libraries, despite the *Library Association Hospital Libraries and Handicapped Readers Group* being merged with the *Medical Section of the Library Association* in 1977 (Ferguson, 2005). Sturt (1966) claimed that due to the nature of nursing education, merging nursing libraries with other health libraries would prove difficult, unless major changes to the education of nurses took place. Whilst neither author doubts the right of the before mentioned libraries to exist, or their capability to provide service to their target patrons, they clearly do not believe them to be on par with other health libraries, in particular those meant for the use of doctors. It would

be extremely easy to classify them and others with similar opinions, biased, and unable to move with the times. However, traditionally, libraries referred to as 'medical libraries' were for doctors, and other libraries were classified by their type, location or profession of their patrons, and sometimes the patrons' information needs, thus resulting in terms such as 'hospital libraries', 'nursing libraries' and 'patient libraries'. The term 'health libraries' should therefore be considered an umbrella term, as it refers to multitude of libraries linked to health, with their patrons either health professionals, patients or carers.

In the light of this, the author has produced five different categories, based on the ideas of Morton and Wright, which he feels better represent, and define the landscape of health libraries of modern day Britain. The health libraries of today belong to, and are run by one, or in some cases, several, of the following:

- *A professional body linked to health*
- *An educational institute*
- *An organisation linked to a particular ailment/condition*
- *A healthcare provider*
- *Other*

The role of *a professional body linked to health* would be to maintain standard of education, as well as professional standards of their members, with some providing classes for their members to advance in their chosen profession. A professional body linked to health will always look after and protect the public as well as their members. *An educational institute* includes universities or colleges offering health related courses, such as physiotherapy, nursing, speech and language therapy, and medicine, to name but few. *An organisation linked to a particular ailment/condition* includes institutes that concentrate on providing information and assistance, both to healthcare professionals and members of the public. Often these are voluntary organisations started by an interest group, brought together through a professional interest, or a communal experience of an ailment or a condition, but they can also be part of the *National Health Service*. Many are focused on research, while others are more concerned with providing support to sufferers and carers. *A healthcare provider* can refer to both public and private organisations providing healthcare. *Other libraries* are libraries linked to health that do not fit any of the options above.

The author made a conscious decision not to include research libraries as a specific category, not because he doubts their importance, but because they can be represented within some of the other categories, such as *an educational institute*, *an organisation linked to a particular ailment/condition*, or even *other libraries*, depending on their research and general context.

2.6 - Assessing/Evaluating the benefits of health libraries

According to Blixrud (2003) library assessments previously consisted of compiling statistical data on stock, library patrons and expenditure over a period of time, but more recently, most likely due to the economical downturn, the focus has shifted onto customer satisfaction and management of resources. There is no doubt that regular assessments and evaluations can show the importance of libraries and ensure that the service provided is current and of use to library patrons, as well as highlighting what is currently done well, what needs improving, which areas are in need of extra funding, and those that could be reduced should a service reduction deemed to be necessary (Hamasu and Kelly, 2013). However, as Magrill (1985) points out, the reasons for undertaking them need to be clear, as wrong assessment- or evaluation methods not matching the type or the size of the library, will not prove successful, and the results will be of little use.

Urquhart et al. (2010) believe that using methods which have already been proven successful by others will provide the best results, provided these have been adjusted to fit the service that is being evaluated. Hamasu and Kelly (2013), on the other hand, feel that assessments and evaluations should be a part of every staff member's job description, and that these should be performed on a daily basis to achieve results that, not only highlights the quality of the service provided to patrons, but its importance, as well as the importance of the staff who provide it.

2.6.1 - Impact studies

Impact studies are evaluations where the researcher sets out to show the importance of a service and the impact it has on their patrons, and/or organisation they serve. They have proved popular in the present climate where services are constantly at risk of cuts, or termination. However, according to O'Connor (2002), despite their popularity, there are no agreed techniques or methodologies which determine how the impact is measured. Whilst such studies should measure the impact a health library has on their patrons work, or organisations they serve, it often includes the greater organisation that the library is part of, and thus provides an inadequate picture (O'Connor, 2002).

One of the best examples of an impact study, and probably the best known one, is the Rochester Study by Marshall (1992), where doctors from three different settings; urban, rural and resident doctors, were asked to submit information requests to one of fifteen hospital libraries located within the Rochester area in

New York, and later fill in a questionnaire about their search results and the effect it had. The study showed the importance of health library services and the information it provides and has since been repeated with similar outcomes (Marshall, 1992; Dunn et al., 2009; Marshall et al., 2013). Other studies, performed at different times and in different continents, such as King (1987), Burton (1995), Sievert (2011) have shown a similar outcome.

2.7 - Library Collections

'Book needs today are as diverse as the book resources available...' (Sturt, 1966: 481). Although written in 1966, this statement contains more truth than ever before. Whilst the collections of health libraries previously consisted of books and journals recommended by publications such the *Brandon/Hill Selected List of Print Nursing Books and Journals* and *Brandon/Hill Selected List of Print Books and Journals for Small Medical Libraries*, among others, advances in technology over the years have provided libraries and their patrons with e-journals, e-books and online databases, as well as the internet. Despite Bishop's view that '...there has always been a tendency in librarianship to elaborate wonderful schemes and techniques to make the means more important than the end...' (Bishop, 1950: 309), and the fact that the increased information made available to patrons is causing anxiety and resulting in terms such as 'information overload' (Bawden and Robinson, 2012), this can only be seen as a positive step for health libraries and their users. As a health library with an out of date stock could at best be called a historical health library, and at worst, completely useless.

Studies by Kamenoff (1977), and Bastille and Mankin (1980) show that even in the 1970s and 1980s, researchers and librarians were looking at journal usage in health libraries, trying to determine which were worthy of occupying precious, and often limited, space on their shelves. The invention of the internet provided the most important and exciting opportunities to health libraries and their patrons, for accessing material previously unavailable, and much of it free of charge, since the start of interlibrary loans (Perry, 2001). Not surprisingly many health libraries have found themselves in a situation where much of their collection can be found in both print and electronic form, proving both expensive and impractical. Robb and Hicks' (2010) study looked at a health library located in a hospital, catering to a variety of health professionals with varying needs, that found itself struggling, financially and spatially, with providing access to both print- and e-journals. After speaking to both staff and patrons, and analyzing the usage of the journals, they reached a conclusion that the collection could benefit from a significant trimming, where access to the most popular journals could continue being provided in print, other less popular

journals could be provided electronically, and the ones that were never used could be cancelled (Robb and Hicks, 2010).

2.8 - Staff

As mentioned earlier in this chapter, health libraries and their collections were often cared for by members of the organisation that ran or owned them, their secretaries, or others that were not necessarily interested in the work, and in most cases, not trained librarians (Russell, 1964; Bishop, 1950). Health libraries were often short of staff and there were talks of taking on volunteers to assist with the workload, although not everyone was convinced that it was a good idea (Sturt, 1966). In addition to the discussion of the suitability of some individuals in charge of health libraries and staff shortages, there were discussions regarding their educational levels and whether there should be a difference between a normal library education and a health library education (Bishop, 1950; Russell, 1964).

2.8.1 - Education

There has been much talk and plenty of comparison of librarianship education between the UK and the USA over the years. Shirley (1969) claims that neither the UK, nor the USA had much of a structure for medical librarianship education prior to the 1940s. Looking at courses developed after that time, Russell (1964), felt that the USA was academically more advanced than both England and Scotland when it came to medical librarianship courses, although she does not explain this any further. In the 1960s UK there were three ways to become a librarian:

1. Attending classes while holding down a job
2. Full-time attendance at a school of librarianship for one year, after having had some experience in a library
3. Possession of a university degree, which carries exemption from the first stage of the Library Association examination (i.e. the First Professional Examination), followed by one year's full time attendance at a school of librarianship

(Russell, 1964: 93)

Applicants aiming for registration as Chartered Librarians, needed to pass a four-part examination, in addition to possessing a membership card to the Library Association (LAUK). At the time the only thing that separated the education of medical librarians from the education of general librarians were

'...two optional medical papers in the final examination for the Fellowship of the Library Association...' (Russell, 1964: 90). These were brought in after the foundation of the Medical Library Section of the Library Association in 1947, as its members felt that the education that had been provided until then was not sufficient for individuals working in health libraries (Bishop, 1950; Russell, 1964). Initially, it was agreed that applicants would have to write a three hour essay on '...the Literature of Medicine...', however this was changed to two examinations in 1950 (Bishop, 1950: 310). Brodman (1964), who does not agree with Russell about the UK library education being inferior to the one of the USA, claims that the two examinations gave students a chance to specialise as health librarians, whilst their colleagues in the States received training on the job after completing a normal library course.

The mid 1960s saw changes to library education with postgraduate examination being introduced where applicants undertook a condensed versions of the Chartership examinations, and later students who had completed a BA or MA degree in librarianship from accepted universities were exempt from any examination (Munford, 1976). Munford (1976) states that in the 1970s there were less and less students attempting the Chartership examination and instead choosing to complete a degree in librarianship.

Currently library education consists of an undergraduate degree followed by a Masters in Library and Information Science, with individuals interested in working in health libraries receiving training on the job. Once employed, individuals are encouraged to apply for, and work towards accreditation within the Chartered Institute of Library and Information Professionals (CILIP), suitable to their position and experience. Currently these are Certification, Chartership and Fellowship, and prospective applicants have to enrol, choose a mentor, and start gathering evidence that shows that they are working towards one of the above, by meeting the criteria set by CILIP, these are then submitted in a portfolio, and if deemed worthy, the applicant is awarded the accreditation (CILIP, 2013).

2.8.2 - Roles in health libraries

Traditionally, a health library, similar to many public libraries, will have support staff, often referred to as library assistants or information assistants, responsible for issue and returns of library stock, shelving and locating items on shelves for patrons, as well as any additional support needed by the librarian or the manager; a librarian, responsible for answering research queries and providing training to patrons; and a library manager, responsible for the overall running of the library (NHS, 2013). However, as many health libraries are small, some

might have some or all of those roles combined into one (Carmel, 1981). Despite their size, health libraries and their staff endeavour to provide a service to a variety of patrons with varying information needs, whilst coping with ever increasing, and rapidly changing, technological advances (Carmel, 1981; Spoor, 2012).

Technological advances have also led to better informed patients who are increasingly likely to challenge healthcare professionals when it comes to care and treatment options (Cockerill, 1981). With continuing education now a legal requirement for all healthcare professionals and ‘...[an] evidence-based practice...an accepted norm for work in the health sector...’, multiple opportunities are being created for health libraries and their staff (Urquhart, 2012: 84). These opportunities are creating roles, which Turner and Goswami (2012) believe, are increasingly requiring further specialisation, as well as changing the library stock and how it is accessed. Spoor (2012) agrees, but states that health library roles have been influenced by educational-, political- and financial advancements, as well as technological ones. Prior to these changes taking place, the health librarian was someone with an ‘in-depth’ knowledge of the subjects covered by his/her library, whereas now their roles are more about providing ‘...seamless access to integrated digital and physical resources...’ (Spoor, 2012: 90). Needless to say, not everyone is comfortable with these changes, expressing a gap in their skills, competencies and knowledge (Urquhart, 2012; Urquhart et al., 2005). The most frequently mentioned being:

- Technical and ICT skills
- Teaching skills
- Research and analytical skills
- Customer care skills
- Leadership and strategic planning skills

(Urquhart, 2012: 83)

The variety in the inadequacies experienced by many health librarians shows the breadth of skills they are expected to possess, and the literature confuses things further by containing mixed ideas and messages of what these roles should entail. Before going any further it is necessary to introduce a new concept, often referred to as EBP, or evidence-based practice. Most frequently defined with the help of Sackett’s et al. (1996) definition of evidence-based medicine:

‘Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means

integrating individual clinical expertise with the best available external clinical evidence from systematic research' (Sackett et al., 1996: 71).

Bexon and Falzon (2003) claim that the health librarian's expertise of searching and evaluating information is not being used, as they are not involved with teaching healthcare professionals about evidence-based practice and critical appraisal of search results. Whereas both Forrest (1981) and Thornton (2012) believe that they are saving health professionals time, and health services- and organisations, money, as health professionals do not have the time, nor the skills, to search for trusted material which enables them to provide an evidence-based practice, these are best left to the professionals, i.e. health librarians. These conflicting ideas, and others, about the health librarian role, have resulted in studies and evaluation, such as 'What do clinicians want from us?' by Brookman et al. (2003), where services were evaluated with the aim of determining whether they matched the expectations of its users. Brookman's study looked specifically at the role of a Clinical Librarian.

2.8.2.1 - Clinical librarian

Ferguson (2005), whilst analysing the development of health librarianship in the UK from the early 1900s, discovered that public librarians were first introduced to hospitals in the 1950s by the means of a temporary secondment in order to provide library services. In the 1960s some of the larger hospitals had started recruiting professionals to look after their libraries, and some of those found themselves assisting the staff when searching for information, thus running a pioneering service, similar to what the Clinical Librarians provided later.

Since then many hospital trusts have introduced Clinical Librarians (CL) responsible for providing information service to medical staff, participating in ward rounds and often linked to a ward or a medical speciality. An exploratory study by Tan and Maggio (2013) states that the CL role is a complex one, consisting of multiple smaller roles, such as being an expert searcher, teacher, content manager and, last but not least, a patient advocate. The CL role has proved to be a popular topic of research, particularly in the USA, and mostly focusing on the impact on patient care, despite difficulties measuring such an impact. Brettell et al. (2010) claim that it would be better to evaluate the impact of the CLs information provision and the effect it has on the healthcare provided by doctors and nurses. Sargeant and Harrison (2004) and Harrison and Sargeant (2004) looked at the development of the CL role in the UK since its introduction in the 1970s, covering responsibilities, expectations of employers and employees, training and ongoing education. By reviewing CL job advertisements and interviewing five CLs, they came to the conclusion that there were some communal responsibilities, but the overall structure of the role

varied from post to post. In addition to this, CLs interviewed, stated that they had had little or no training when recruited, and few guidelines in place to assist them in their role.

2.9 - Patrons

‘Technology has driven rapid change in the way information can be generated and accessed, modifying both the information-handling behaviour and expectations of library users (or non-users) in a health care setting. Information behaviour and expectations in turn drive and influence library developments’ (Turner and Goswami, 2012: 16).

Healthcare professionals increasingly have to justify their practice and decisions made, with concepts such as ‘lifelong learning’ and ‘evidence based practice’ forming part of their job description. Whilst health libraries play an important role in assisting doctors, nurses and other healthcare staff to achieve this by providing access to reliable resources, studies have found that many are somewhat reluctant to take advantage of the service, with researchers blaming information illiteracy, time constraints or lack of awareness of services available to them (Davies, 2011; Oak and Gegg, 2008; O’Dell and Preston, 2013; Thornton, 2012). Stevenson (2012) on the other hand believes that the training provided by health librarians to support evidence-based care, is providing healthcare staff with new skills and knowledge, but that organisational norms are preventing them from using them, and that eventually they will be lost. The conclusion is that the organisation needs to change, but before that can happen an evaluation must take place, identifying what these norms are so that they can be challenged (Stevenson, 2012).

Both Thornton (2012) and Turner and Goswami (2012) believe that the library space to patrons is as important as the actual access to e-resources, and that it provides a safe haven from a busy hospital ward, as well as being a source of information.

2.9.1 - Information behaviour

Information behaviour has been a popular research area for a number of years, specifically looking at different professions, age groups and gender, to identify variations. The information behaviours of healthcare professionals has not escaped their radar.

Whilst not wanting to make other user groups seem any less important, healthcare professionals make decisions on a daily basis which can result in life or death for the individuals involved. It is therefore surprising that some studies, such as Davies' (2011), who studied the awareness of UK doctors of electronic resources provided by health libraries, and Oak and Gegg's (2008), who looked into ways of increasing GPs access to electronic databases and other services provided by a health library in rural Cornwall, discovered that their subjects were aware of the benefits of electronic resources, but for some reason felt more content with either asking colleagues for opinions, or consulting their own books or journals. Burton (1995), on the other hand, whose study took place in New Zealand, claims that the majority of her sample, who all were doctors, were accessing the library at least once a week to assist with diagnoses, plan care and keep up with the latest research.

2.9.2 - Non-use of health libraries

The non-use of health libraries has equally been the subject of many studies, with some researchers restricting their user groups to a single profession, whilst others have compared several professions at the same time. Dee and Stanley (2005), who in their study focused on nurses and nursing students, found that both groups preferred asking colleagues, looking things up in books, or on a handheld device, than seeking information from a health library. However, when necessary, the student nurses were more confident when it came to accessing the online databases (Dee and Stanley, 2005). O'Dell and Preston (2013), on the other hand, studied the factors for non-use of library resources by 22 health professionals, including nurses, clinical- and non-clinical support staff, administrators and managers, and a doctor. Their study showed, like some previous studies, that there were three main reasons for staff shunning the library services; they did not know of its existence, they had no need for information and some believed that the library was only for doctors (O'Dell and Preston, 2013). It is interesting that three out of five nurses and the participating doctor had not been to the library in the twelve months prior to answering the questionnaire, despite knowing about the service.

2.10 - Library groups and organisations linked to health

As was briefly mentioned earlier, there have been various associations, groups and organisations which looked after the interests of libraries and librarians linked to health, before either merging with others, or simply disappearing. Whilst their aims and objectives were no doubt similar, many had been established to serve a particular group of health librarians and their patrons,

and be divided into the following categories: *Medical/Hospital*; *Higher education*; and *Other*. The groups selected for each category were chosen in an attempt to represent, in a chronological order, how things developed in the health library world when it came to formation of groups and associations. They are not meant to indicate that there were no other groups or associations at the time.

The categories, and their groups, will be explored in more detail later, but first few words about the health library group, and its founders, which made it all possible, the Medical Library Association of Great Britain and Ireland.

2.10.1 - Medical Library Association of Great Britain and Ireland

Times were hard for most regional health libraries at the beginning of the 20th century, as small, or non-existing funding meant that they were unable to match the collections of those in larger cities, with patrons, doctors and medical students living and working in those areas having to travel to London or other locations before they were able to access the information they needed (Bishop, 1950). In 1908, the year that *the Medical Library Association of America* (MLA(A)) celebrated its 10th birthday, a doctor and two librarians decided that the solution to their problem would be a similar association in Britain, which would enable the larger libraries to share their information with the smaller regional libraries. The three men, Dr Walker Hall and librarians C. King Rudge and Cuthbert Clayton, contacted persons that might be interested, including Dr William Osler, one of the founders of the MLA(A), who was at the time based in Oxford. The following year *the Medical Library Association of Great Britain and Ireland* (MLA (GB&I)) was established (Bishop, 1950; Ferguson, 2005). The founders envisaged that the association would facilitate access to quality medical information for patrons of small and regional health libraries, through interlibrary loans and general sharing of resources (Bishop, 1950).

Despite the association's noble intentions and high hopes of its members, the MLA (GB&I) stopped its work in 1911, quoting lack of co-operation from the London libraries who were not keen to lend their stock as a reason for this (Ferguson, 2005). Others claimed that the mistake had been making the association's focus on libraries rather than people (Bishop, 1950).

2.10.2 - Medical/Hospital groups/associations

Whether it was the disillusion of MLA (GB&I)'s failure, or Britain's participation in two world wars that caused it, it was not until 1947 that association of health libraries was tested again, when *the Medical Section of the Library Association* was founded. Rather than an independent body like its predecessor, it started life as a sub-section of *the Medical and Research Section of the Library Association*, and over the next 30 years, until 1977, it took care of representing health libraries and its staff, guided by similar objectives as the MLA (GB&I), and establishing ways of sharing their resources. This enabled smaller libraries to provide services compatible to that offered by their larger allies (Bishop, 1950; Crawford, 2004).

The Hospital Libraries and Handicapped Readers Group (HLHRG), also a sub-section of the Library Association, was established in 1962 with the aim of uniting those working or interested in hospital libraries, and those involved in library services for people with physical or mental impairment, the elderly, and individuals who were either deaf or blind (Clarke 1966 cited by Ferguson, 2005). In 1977, after much talk and negotiations spanning some years, and a considerable opposition from some of the founding members of *the Medical Section of the Library Association*, the two merged, initially as *the Medical, Health and Welfare Libraries Group*, and later as *the Health Libraries Group* (HLG). The HLG currently operates as a sub-group of *the Chartered Institute of Library and Information Professionals* (CILIP), and consists of individuals, whose work consists of providing, for those that are interested in, health- and social care information, in a variety of settings (CILIP, 2013).

2.10.3 - Higher education groups/associations

The groups and associations in the higher education category have probably had more changes, mergers, and new names and groups emerging on a regular basis, than most others. As mentioned previously, the selection of the ones featured does not signify that there were no other groups, or associations, representing health libraries in the higher education sector. Their inclusion is justified as it provides a brief look into a fairly complicated period of health library history.

The Standing Conference of National and University Librarians (SCONUL) was founded in 1950 with the intention of supporting higher education libraries and their staff (SCONUL, 2013a). SCONUL merged with *the Council of Polytechnic Librarians* (COPOL) in 1994, a group who had been around since 1985, and served as a 'subject based self-help group' for health librarians working in the polytechnic sector, and for a brief period of time the merged groups were known as the *SCONUL Health Sciences Group* (HSG) (Wakeham, 2008). Later that

year, due to conflict of interest within the group, the HSG sections left and became known as the *University Health Sciences Librarians Group* (UHSL), whereas SCONUL continued operating under the same abbreviation, although the name had been changed to *Society of College, National and University Libraries* (Wakeham, 2008; SCONUL, 2013b).

Another important organisation serving health libraries within the higher education bracket was *the Librarians of London Undergraduate Medical Schools* (LLUMS), who later became known as *the Librarians of London University Medical Schools*, established in the late 1970s, and functioning as a forum where members were able to share and exchange ideas (Morgan, 2000). *The NHS Regional Librarians Group* (NHS RLG) came into existence around the same time, in 1976, and as the name indicates was focused on providing information for the staff of the National Health Service (NHS) (Morgan, 2000; Wakeham, 2008). The two joined forces in 1982 and adopted the *University Medical School Librarians Group* (UMSLG) as their combined name, with the aim of developing and improving information for health libraries in the NHS, as well as the higher education sector (Morgan, 2000). In another twist to the story, the UMSLG and the above mentioned UHSL merged in 2007 to form *The University Health and Medical Librarians Group* (UHMLG) (Wakeham, 2008).

2.10.4 - Other groups/associations

The following groups, or associations have been selected due to their historical relevance or direct link to the research project, this will become clearer later.

The Library Association (of United Kingdom) (LAUK) was founded in 1877 at a conference which took place in London following preparation work undertaken by Edward Byron Nicholson and his supporters, consisting of librarians from some of the leading libraries in the country (Munford, 1976). LAUK's aim was to promote libraries and their services, produce information of interest to its members, and take charge of librarianship education (Munford, 1976). In 2002, following a merger with the *Institute of Information Scientists* (ISS), the group changed their name to *the Chartered Institute of Library and Information Professionals* (CILIP) and currently represents library- and information staff employed by various organisations in the United Kingdom (Owen, 2001).

The Health Library and Information Services Directory (HLISD), as the name indicates, is a database containing a list of library- and information services linked to health in the UK and Ireland, a collaboration between CILIP's *Health Libraries Group* (HLG), *the Royal College of Nursing* (RCN) and *the National Library for Health* (NLH) (HLISD, 2013). In order to ensure that all its

information is correct, HLISD employs a network of editors who check and update all entries, as well as adding new ones, and both member libraries and individual networks are capable of updating their information when changes occur (HLISD, 2013). Whilst there are a number of networks, the author would like to draw a special attention to a couple of them, *the Consortium of Independent Health Information Libraries in London* (CHILL) and *London Links*.

The Consortium of Independent Health Information Libraries in London (CHILL) was established in 1998 by a group of independent health libraries, with the aim of providing mutual support to one another, as well as sharing cost and resources (Craig and Norman, 2004; CHILL, 2013a). What makes CHILL independent is the fact that it is run by its members and has no links to either the NHS or higher education establishments (CHILL, 2013b). There are three annual meetings, and in between these the group communicates by email (CHILL, 2013b)

According to their website, *London Links* is a long established group, consisting of London-based health libraries and staff, belonging to, or working for, the NHS, higher education institutions, or one of the Royal Colleges (London Links, 2013). Much like CHILL, its aim is provide training to its members, highlighting areas of importance in need of improvement, and to share resources and expertise, thus aiding financial savings for the libraries involved (London Links, 2013).

2.11 - The National Health Service

The National Health Service (NHS), founded on the 5th July 1948, is the largest *healthcare provider* in the United Kingdom, as well as being the largest single provider of health libraries (Abel-Smith, 1978; Davies, 2012). It is often claimed to be one of the largest employers in the world, and according to Alexander (2012), currently occupies fifth place, employing 1.7 million individuals.

The basis for the NHS, i.e., a system providing free healthcare to all citizens, irrelevant of their financial status, class or creed, first appeared in 1944 in a white paper called *A national health service*, whilst the nation was in the midst of the Second World War (Abel-Smith, 1978; Davies, 2012). On that day in July, 1948, under the leadership of health secretary Aneurin Bevan, the services of dentists, opticians and pharmacists were taken over by the NHS, as well as more than 2,000 hospitals, and their staff, previously owned and run by various voluntary organisations or local authorities (Abel-Smith, 1978; Klein, 2006). Many hospitals had been ill-equipped to deal with the demands of looking after the sick and injured prior to the NHS taking over, and now, when expected to

provide its services free of charge, faced further struggles (Abel-Smith, 1978). The NHS' struggle has continued over the years, with numerous reports tackling criticism and problems which seem to plague its services and workforce, suggesting solutions, some of which have resulted in reforms and changes to the ailing organisation (Abel-Smith, 1978; Klein, 2006). It is currently undergoing the largest structural re-organisation in its 65 year old history, based on the coalition government's white paper called *Equity and excellence: liberating the NHS*, which consists of a 5 year plan to decrease the political power within the NHS by giving more freedom to its clinicians on how to tackle the challenge of providing free medical care to all (Davies, 2012).

Sadly, in the past, many of the so called 'improvements' have resulted in reductions, or even a complete termination of many of the NHS services. Like others, the hospital library services have had their share of cuts, and threats of complete closures, thus they constantly have to prove their importance, as well as identifying areas where money can be saved, through continuing assessments and evaluations (Abel-Smith, 1978; Flake, 1986; Davies, 2012). Whether these latest reforms will have the same outcome remains to be seen, but chances are that there will be some casualties at the end of the process.

2.11.1 - Information Services within the NHS

The *National Institute for Health and Care Excellence* (NICE) is a source of information for various departments within the NHS, and ensures that the same treatments and medications are being used, thus resulting in unified service and better care (NICE, 2013). It was founded in 1999, and provides evidence-based guidance to social workers and healthcare professionals within the NHS, which includes *Interventional Procedures, Technology Appraisals, Clinical-, Public Health-, Medical Technologies- and Diagnostic Guidance*, as well as numerous Pathways, covering anything from *Acute Coronary Syndrome* to *When to Suspect Child Maltreatment*, and everything in between (NICE, 2013). In addition to its own information site, NICE also runs the *NHS Evidence*, a website started in 2009, with searching facilities and access to the latest clinical trials, clinical-, and non-clinical advice on best practice, and although aimed at healthcare professionals, it is accessible to the general public (NHS Evidence, 2013; Davies, 2012).

2.11.2 - NHS Reviews and Legislations

Various parts of the NHS, as well as the NHS itself, have been the subjects of reports where its faults are discussed, and possible solutions put forward. With reports like *the Kennedy Report* and *the Francis Report* focusing on parts of the NHS, and *the Darzi Report* on the NHS in its entirety. *The Kennedy Report*, published in 2001, was written following numerous deaths of babies and children during heart operations at the Bristol Royal Infirmary between 1984 and 1995, and led to an increase in clinical governance within the NHS and a closer look at success rates of individual heart surgeons (Kennedy, 2001). *The Francis Report*, on the other hand, examined the failings of the Mid-Staffordshire Hospital Trust and its staff, which resulted in appalling treatment of elderly patients and many preventable deaths between 2005 and 2009 (Francis, 2013).

The Darzi Report, however, scrutinised the care given by NHS to some of its patients, and discussed the changes that were needed so that it was possible to provide the same high quality care to all (Darzi, 2008).

The Hill Report looked at the library services being provided in NHS hospitals in England, discovering that there was a vast difference in the service being offered, many using working methods which had been shown to be less than useful, (Hill, 2008). The report's verdict claimed that health libraries needed to adjust to the new NHS and provide a service which actually supported the care of the patients, which led the Department of Health (DoH) to publish *The NHS Library Quality Assurance Framework (LQAF)*, a framework which will guide NHS libraries and their staff to ensure that they are all offering the same quality service (Hill, 2008; DoH, 2010).

Chapter 3 - Questionnaire

3.1 - Introduction

A thorough review of the literature did not produce a questionnaire which had been tried and tested in previous studies and which focussed on the proposed areas of analysis within health libraries. Another dilemma faced was the recruitment of participants for the study who were employed within health libraries, with access to the information that was being requested, and were willing to help. A probing email sent to members of networks found within the HLISD website provided sufficient numbers for the questionnaire to be composed containing questions, which were capable of providing usable data for the analysis to take place.

3.2 - Methodology

'Do the services, staff and patrons differ from one London 'health library' to another, and if so, in what way?'

The above question will be answered through responses obtained by the way of a carefully composed questionnaire (see Appendix 5) which was sent out to health libraries in the London area and aiming to explore their services, staff, patrons, as well as any links to health organisations. Initially the intention was to find a pre-existing survey or a questionnaire which had been utilised before and would enable a comparison to increase the value of any findings. However, despite an in-depth search and analysis of the literature, and whilst unearthing many high quality questionnaires, none covered all six subject categories and an original questionnaire had to be specifically designed.

When searching for ways of finding participants the author discovered the HLISD website which has listings of libraries linked to health. Further exploration showed that there were thousands of listings and thus impossible to include all. Following some deliberation which took into account the number of health libraries located in the capital and the fact that they could be easily visited should this become necessary, made London an ideal location for an initial contact. This first contact took place through an email (see Appendix 4 - Email 1) where the author introduced himself and explained what he was trying to achieve, as well as voicing the possibility of a follow-up questions by email or in person if needed. An extension to other parts of the UK, especially the south-eastern part, was planned in case of a poor response from this first contact but was not acted on. Further emails were sent to potential participants in relations to the the questionnaire (see Appendix 4 - Emails 2 and 3).

3.2.1 - Overview

A questionnaire containing 21 carefully composed questions with the majority designed for a quick response, such as a tick in a box and few giving respondents a chance to expand on their answers. 105 libraries were approached by email at the beginning of the project in order to establish how many would be willing to participate. An email containing the questionnaire (see Appendix 4 - Email 2) was later sent to the interested parties, and a third email (see Appendix 4 - Email 3) to those that had not provided a response to the first email. It was made clear to all participants that a further contact might be needed in the case of a clarification or further information needed. This would be in the form of an email with further questions or pre-arranged visit to the library.

3.2.2 - Questionnaire design

The questionnaire consisted of 21 questions covering 6 subject categories, all of which had further sub-categories to gain further knowledge of the libraries. These can be seen below:

Table 1 - Questionnaire Design

Categories	Sub-categories	Questions
The library	Location, Ease of access, Opening hours, Out of hours access	1-5, 9
The facilities	Computers for patron use within the library, Wi-Fi access, Photocopying facilities, Meeting rooms	6-7
The staff	Librarians to support staff ration, Library staff to patrons ration, Education levels, Training and ongoing education	8, 14-16
The patrons	Users and non-users, Level of education, Information need	17-19
The library stock	Stock numbers and usage	10-13
Challenges/changes to the service	Past and present, Solutions (if any)	20-21

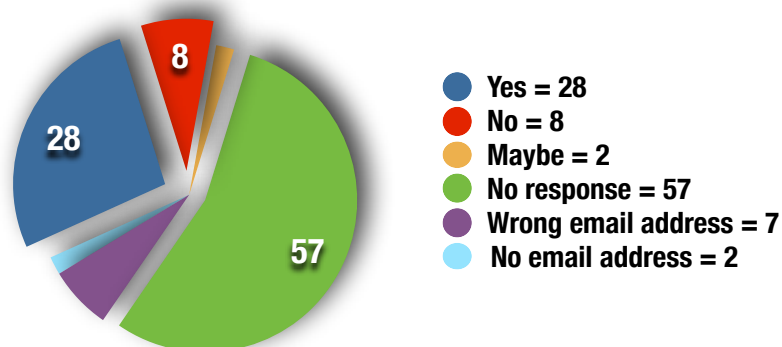
The questionnaire consisted of a mixture of open (5) and closed questions (9), as well as some questions (7) which could be considered closed but allowed respondents a chance to expand on their answers. This particular format was considered a good compromise for obtaining knowledge about the libraries without taking up too much of the respondents' time.

3.2.3 - Distribution

As explained earlier the selection of potential participants was contracted from the HLISD website, a directory of health libraries and information services in the UK. Due to the sheer numbers of listings it was decided that the focus of the evaluation would be health libraries in London and the following networks provided the potential participants: *London Health Libraries*; CHILL; *M25 Consortium of Academic Libraries*; and one member of *London North Central SHA*. 105 emails (See Appendix 4 - Email 1) explaining the nature of the evaluation and what it entailed were sent out on the 10th of May 2013 to the members of the above organisations in order to discover interested participants.

The results can be seen below:

Figure 1 - Request for participants



The second email (see Appendix 4 - Email 2) containing the questionnaire and instructions (see Appendix 5) was sent out on the 15th July to the 28 libraries that had shown interest in participating, and on the 8th August to those that had not responded the first time around (Appendix 4 - Email 3). Mr. Osborn at the London Deanery was kind enough to show an interest in the project and sent out an email asking library managers for assistance on my behalf. The combined efforts resulted in 14 health library managers- and staff who were willing to share their knowledge and experience.

Chapter 4 - Visits and Websites of Participating Libraries

4.1 - Introduction

Despite the questionnaire providing a good insight into some of London's health libraries and their services it was decided that visits would further enhance this and benefit the study. An email (see Appendix 4 - Email 4) was sent to all participants which resulted in 9 out of 14 libraries being visited during the middle of December 2013. Whilst analysing the questionnaire results and later when visiting some of the libraries, it became clear that health libraries were increasingly offering more services online. This included access to catalogue and e-resources, as well as many links thought be useful to the patrons accessing the site. With the internet becoming a huge part of daily life and affecting the way we view information, as well as how we access it, an analysis of the libraries' websites was undertaken which included presentation of its contents, as well as the content itself, and navigation of site.

4.2 - Visits

An email was sent to the participating libraries (see Appendix 4 - Email 4) where managers were given an opportunity to suggest a suitable time and date within a period of 10 days as this was deemed more likely to get a positive results. Out of the 14 libraries that originally participated in the questionnaire-part of the research project only one library declined the visit straight away and two others were unable to accommodate a visit within the proposed period. It is worth mentioning that the visits did take place at the middle of December and that it is likely that all would have reacted positively to the request had it been made at a different time or with a longer notice.

Figure 2 - Responses to request for a visit



However, arrangements were made with 9 libraries and visits took place within the period as scheduled, lasting between 30 and 90 minutes depending on the size of the library, the time available by the library staff and their duties to patrons, as in some cases they were the only staff in the library. All libraries were approached with the same objects in mind, to discover:

- About the libraries
- About the Library Management System and the Classification Schemes used
- The stock numbers
- Use of Web 2.0 technology
- Equipment and services available to patrons
- A general feel of the library

4.2.1 - About the libraries

The history of the libraries, their origins, stock material, equipment and facilities vary tremendously, and much depend on the organisation they are linked to. The oldest library was established in the 1880s as a part of a professional body linked to health, whilst the latest came about as a result of a merger between two libraries owned by a healthcare provider. Although the age of the library does not necessarily guarantee a bigger and better library service, it can often mean a larger stock, as in deed it does in this case. However, there was no clear winner when it came to the Library Management System, the software that libraries use to keep track of their stock and provide various statistics of usage, with three systems being favoured by 2 libraries each. On the other hand, when it came to choosing a classification scheme to determine the stocks' location the National Library of Medicine classification scheme was used by the majority. Schemes like Dewey's Decimal Classification scheme, favoured by libraries the world over, were not in high demand as they were unable to provide the detailed classification needed for many highly specialised health libraries.

4.2.2 - The Libraries' Stock

The stock varied between all the libraries, as did their access to online contents. Books went from 1500 - 35000, Journals from 2 - 2500, E-books from 0 - 1600 and E-journals from 29 - 1200. In addition to their normal stock some libraries a historical collections and exhibition spaces which often were directly linked to their speciality and the history of the organisation.

4.2.3 - The Equipment and Services available to Patrons

All nine libraries provided computer access for patrons as well as use of printers and photocopying facilities. Some libraries charged patrons a nominal fee for the use of their printing and photocopying facilities whilst others provided theirs free of charge. Training for patrons was provided by all of the libraries, varying from a gentle introduction to the facilities to a more in-depth training on the use of some of the online resources. The libraries' facilities for patrons ranged from a desk or two, to meeting rooms and separate study areas.

4.2.4 - Use of Web 2.0 Technology

Attitudes towards technology varied with some extremely excited about the possibilities of the Web 2.0 and others shunning it completely. A similar thing could be said about online content such as databases, E-journals and E-books,

in particular the latter as these were seen as being expensive and negotiations regarding attaining them often complicated, whilst others felt that the cost was justifiable and that this was the future. Respondents working in libraries linked to educational institutes or healthcare providers voiced a more positive approach towards technology which might possibly be explained through their user groups, and in some cases their speciality.

4.2.5 - General Impressions of the Libraries

The aim was to discover how 'welcoming' the library was and how the patron would feel when using the services. Despite difference in facilities, housing and size of the library the atmosphere created by staff was very welcoming. This impression had very little to do with the facilities, although they have to be considered important, it was more to do with the staff's attitude and how they had made the most out of the space they had, organising the stock so that it could easily be accessed by patrons. On couple of occasions the author witnessed an interaction between a staff member and a patron and was highly impressed by the in-depth knowledge that was shown of library's stock, the friendliness and the genuine desire to help.

4.3 - Websites

The website analysis included all but one of the original participating libraries as the particular webpage could not be accessed at the time.

Items looked at were:

- Design/Organisation of website
- Colour scheme
- Text
- Use of images
- Offsite availability
- Navigating site
- Type of information

Whilst it is not surprising to discover that all of the participating libraries had websites with information about their services, opening times and location, it came as a bit of a shock that not all libraries had much to do with the content of the webpages. Most were hosted by the organisation or association that ran the library and the person/s in charge of the content were not library staff. This meant that not all library webpages were obvious and easily found, as their services had not been considered to be important compared to other aspects of the organisation. There were of course exceptions and in general the ones that

were in control of the webpage were also more technologically advanced and keener to explore and take advantage of the things such as the Web 2.0 technology. One library in particular had ensured that the library tab, along with some others considered of importance by the organisation, was always visible at the top of the page, no matter which page was being looked at. Thus enabling the user to retrace their steps with a click of a button taking him/her straight to the (library) home page.

4.3.1 - Design/Organisation of website

A good website is pleasing on the eye and at the same time is able to convey the information of its owner without making it feel too cluttered and has clear instructions on how to navigate it. The analysis was based on the above but approached on layman's terms, such as the look of the website, the colour scheme used, images etc. The majority of the sites had opted for a fairly traditional look with white as a background colour and black for main text and most headlines. Text size was generally fixed, although there were few who provided the option of enlarging their size at the top of the page. Images, whether photographs or drawings, were on the whole used sparingly with the exception of one website which had 9 photographs.

4.3.2 - Navigating site

When it came to navigating the websites most provided one or more of the following: tabs at the top of the page which instantly took the user to the webpage represented by the tab, and boxes which could be featured on the left, right or at the centre of the page, with links to the library, the organisation, or both. This allowed the user to browse different services, although in some cases these were restricted to members with login details.

4.3.3 - Information

All websites provided information on the library's location, contact details and opening hours. Some contained a brief history of the library and its organisation, information about its services and stock, and a good portion allowed users to browse their catalogue and access e-resources, although this usually meant that a password and username were required.

Chapter 5 - Results and Analysis

5.1 - Introduction

The results and analysis of the data produced from the questionnaire which was sent to health libraries in London, the visits to some of those same libraries and their websites. Each component provided a slightly different view of those libraries, with the questionnaire focussing on the library, its services, staff and patrons, the visits provided more information on the stock, facilities and technological usage, whilst the website analysis focussed on the contents and how this was presented.

5.2 - Questionnaire results

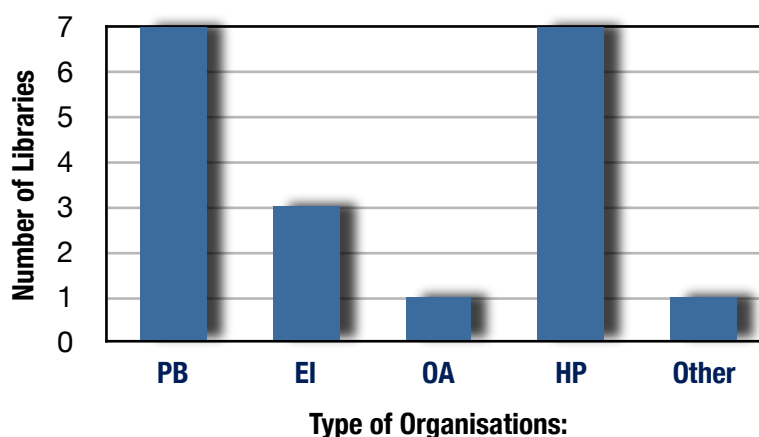
Question 1 - Is the Library run by, or linked to any of the below?

Having established that health libraries are generally linked to, or run by, one or several of the following:

- *A professional body linked to health (PB)*
- *An educational institute (EI)*
- *An organisation linked to a particular ailment/condition (OA)*
- *A healthcare provider (HP)*
- *Other*

Participants were asked to tick all of the options that applied with most describing themselves as a part of a professional body linked to health (7) or as a part of a healthcare provider (7).

Figure 3 - The Libraries are run by, or linked to:



This question can be considered to be closed but it allowed participants to choose *Other* as an option if they felt that none of the others were sufficient. One library (Library N) described itself as an ‘Independent Health Charity’, whilst three libraries (Libraries F, G and O) considered themselves to be part of more than one category as can be seen below.

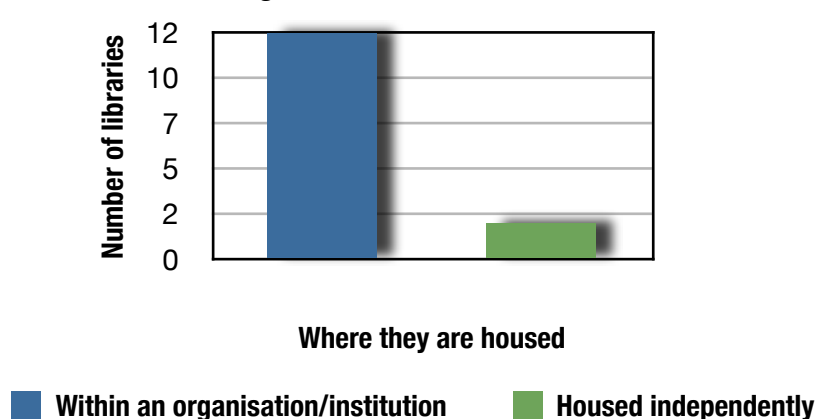
Table 2 - Type of organisations linked to libraries

Type of Organisation	Number of Libraries
PB or EI or OA or HP or Other	11
EI and HP	1
PB and EI and HP	1
EI and OA and HP	1

Question 2 - Where is the Library service located?

The location of the libraries is important as this has the potential to affect user numbers, which in turn could affect funding and ultimately their survival. Whether this location was within a particular organisation or institute or housed separately is likely to affect the running of the services, decision making regarding stock options and usage of social media, to name but few. Twelve libraries were housed within the organisations or institutions that own them, whilst two were housed independently, with one linked to a HP (Library B) and the other to EI, OA and HP (Library O).

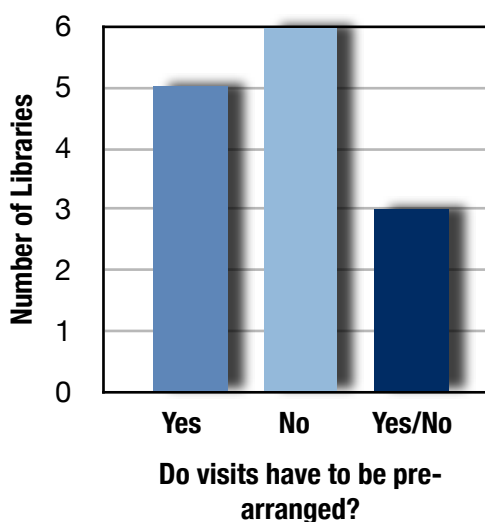
Figure 4 - Location of Libraries



Question 3 - Accessing the Library service:

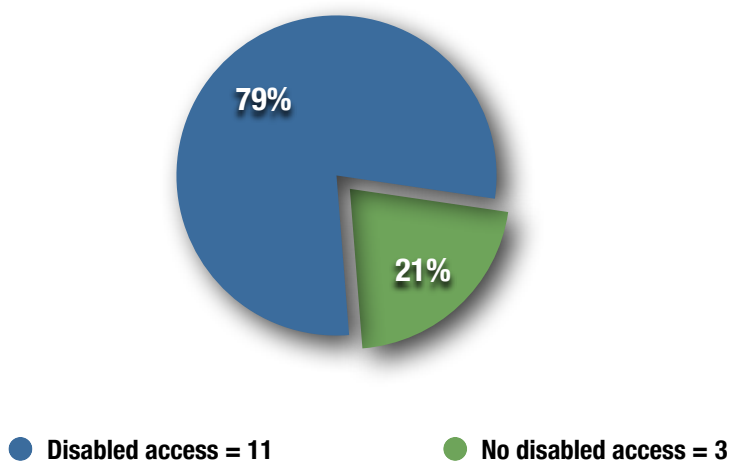
This question can be divided into three different parts and all classed as closed questions: (a) Do visits need to be pre-arranged, (b) Is the library accessible to disabled users and (c) Is access restricted to a particular user group? However, the third option allowed participants to expand their answer and explain these restrictions, with the results displayed in Table 3.

**Figure 5 - Visits to the library
(a)**



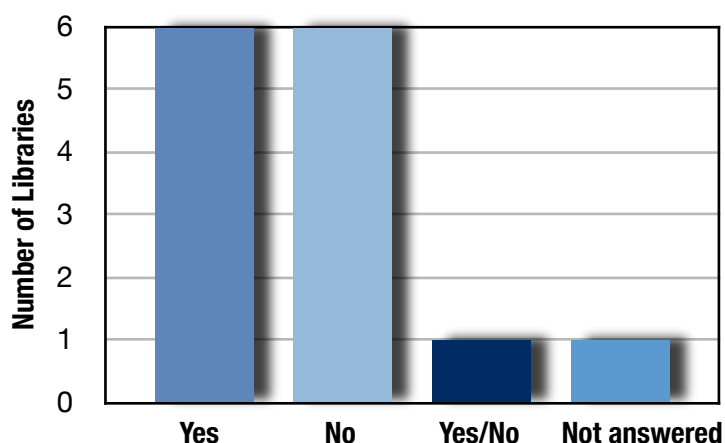
There is not much difference between the number of libraries whose visits need to be pre-arranged (5) to those who do not (6). What is interesting is the fact that three libraries chose both options when asked, represented here as 'yes/no', and signifying that this was needed for non-members

Figure 6 - Access to disabled users? (b)



There were only 3 libraries that did not have disabled access to their premises, although it should be mentioned that one library claimed that they did before adding ‘...not to wheelchairs...’. Whilst this might seem a bit strange it is important to bear in mind that disability does cover an awful lot of categories, one of which this particular library sees a lot of, which would explain their interpretation of the word. Another library manager explained how many of the library’s members suffered from visual impairment and how these members were supported whilst working at the library. This included a special keyboard and various software equipment.

Figure 7 - Restrictions to a particular group/s?
(c)



Half of the libraries claimed that they had restrictions to particular group/s which mostly was linked to trust staff (2) or trust staff and students on placements (2). However, one library did not answer this question and another opted for both yes and no, where no related to electronic access when off the premises.

Table 3 - Group restrictions and library use

Restrictions apply to	Number of Libraries
Trust staff	2
Trust staff and students on placements	2
Members of the association	1
Members of the association and students	1
Remote access and e-resources	1

Question 4 - What are the opening hours?

The libraries' opening hours varied from 30 hours to 73 hours per week, with the average hours being 41. The average hours are calculated from the opening hours of 13 libraries, as one library did not provide the information.

Table 4 - Opening hours

Opening hours	Number of libraries
Open at least 5 days a week	14
Open Saturdays	2
Open Sundays	1
Average hours of all libraries *	41
Minimum hours - individual library	30
Maximum hours - individual library	73

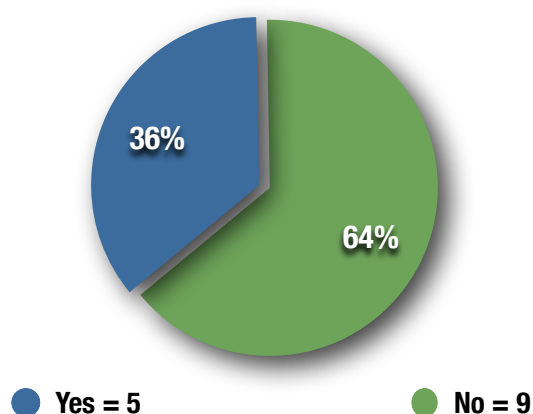
* Of 13 libraries as one library did not provide the opening hours, just the days.

The hours for each library varied between 8am to 9pm, with the majority being open from 9am to 5pm.

Question 5 - Is there an out of hours access?

Out of hours access was provided by 5 libraries, one of which was only for members (Library F), with another providing access to learning resources centre located outside the library (Library H) and three (Libraries G, J and M) which did not supply further details.

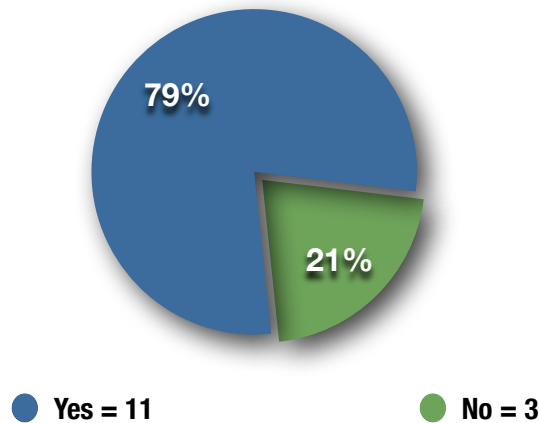
Figure 8 - Out of hours access?



Question 6 - Does the library have a Wi-Fi access?

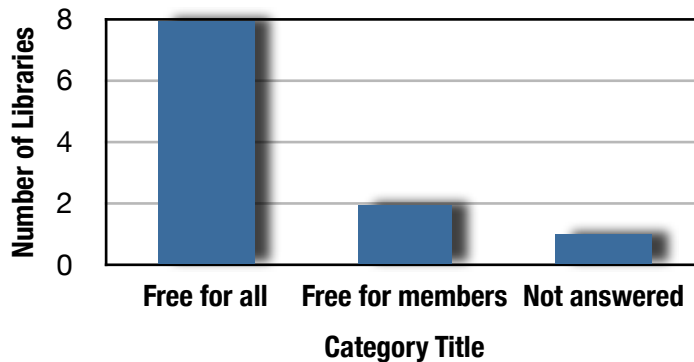
A Wi-Fi access is something that is taken for granted by many users now a days and this is being offered by the majority.

Figure 9 - Wi-Fi access?



Eleven libraries offered Wi-Fi access on their premises, out of which eight said that this access was for everyone and free of charge (Libraries A, C, E, F, G, J, K and L), one (Library D) provided access free of charge for their members, another did so for healthcare students at the educational institute, but did not stipulate whether this was at a cost. The eleventh library (Library N) stated Wi-Fi was available but did not explain any further.

Figure 10 - Charge for Wi-Fi use?



Since the questionnaire was done the number of libraries offering the service has actually risen to 12 out of 14.

Question 7 - Does the Library have any of the following facilities/services?

This question was designed to find out about the services and facilities available to patrons, providing options which contained a mixture of some that

could be considered of the past and others slightly more modern. All libraries provided computers and photocopying facilities for their patrons, and all provided interlibrary loans, apart from Libraries E and F. Libraries B, C, L and O operated a blog, with Libraries A, B, D, K and N providing RSS/Email updates to their users, and the following libraries had access to meeting room(s), A, B, F, G, H and J.

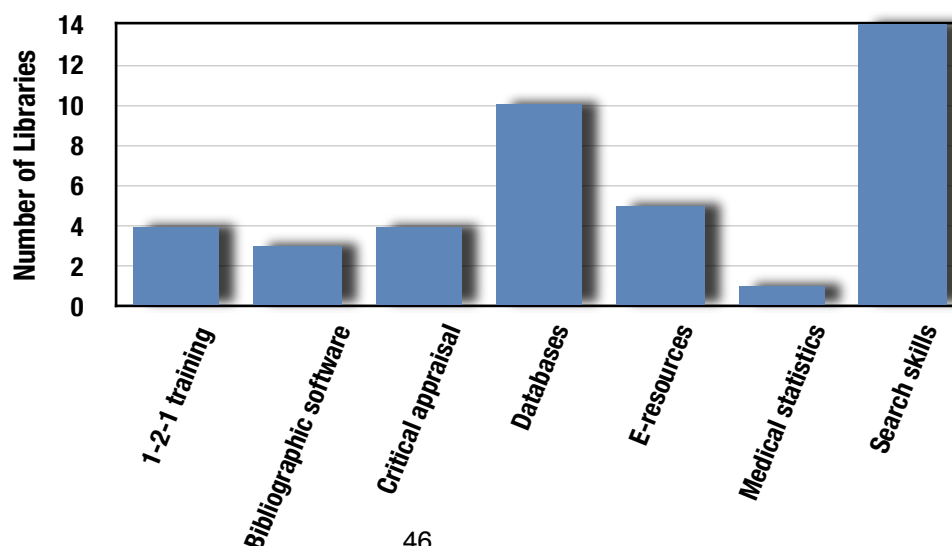
Table 7 - Library services/facilities

Questions	Yes	No
Interlibrary loans	12	2
Blog	4	9
RSS feeds/Email updates	5	9
Computers for patron's use	14	0
Photocopying facilities	14	0
Meeting rooms	6	8
Other	8	6

Participants had a chance to expand on their services, or add those not mentioned in the question itself. These included: Twitter (Library H), quiet study room (Library A), designated computer rooms for particular user groups (Library A), equipment for use in library such as DVD/VHS players (Library B), laptops (Library J) and headphones (Library B), anatomical mannequins (Library B), scanning and printing services (Libraries F and L), assistance with searching (Libraries J and K), postal loans (Library J) and document delivery (Library K).

Question 8 - Please list any training provided by Library staff to patrons

Figure 11 - Training provided by Libraries

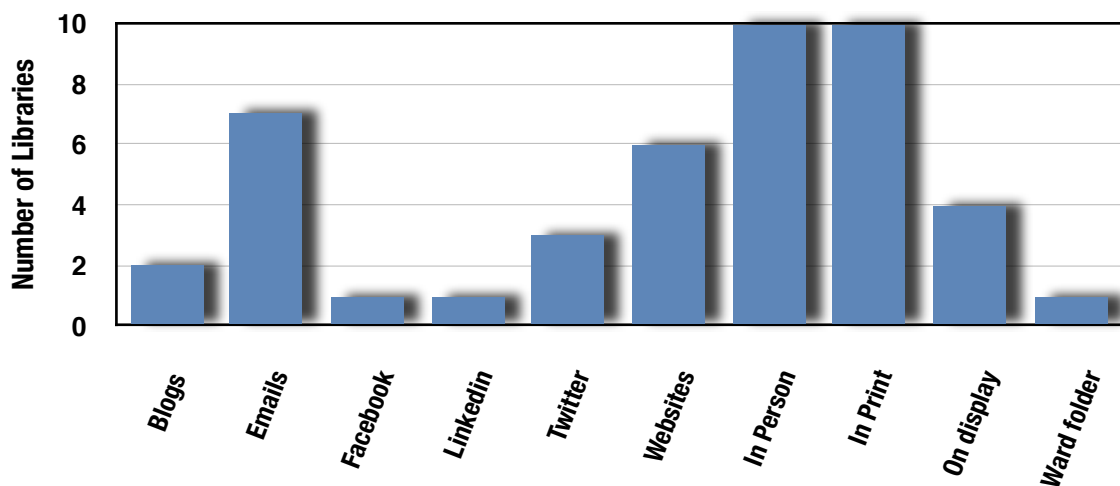


Training provided by the libraries is similar, patrons are shown the layout of the library and how to use the catalogue and access online databases. Most provide training on accessing these if needed and how to evaluate the results. 1 library even goes out and visits their patrons to introduce new technology and equipment they have required. 1-2-1 training (Libraries A, C, E and H), Bibliographic software (Libraries D, G and O), Critical appraisals (Libraries A, C, G and M), Databases (All libraries apart from), E-resources (Medical Statistics (Library D), Search skills (All),

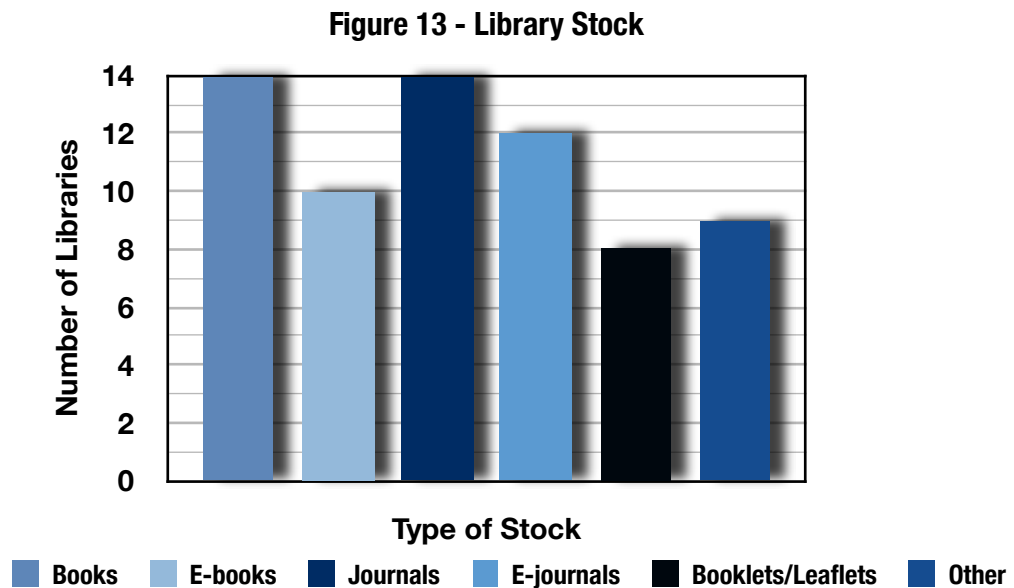
Question 9 - Does the Library promote or advertise its services? How and where does this take place?

All libraries promote their services and the way they do it is similar as well. This includes regular newsletters, emails sent to members, library website, posters, induction days, conferences and ward folders. Three libraries (C, N and O) use Twitter for promotional use, two (C and O) use blogs for the same reason, with one library using Facebook (C) and another LinkedIn (N).

Figure 12 - Library Promotion

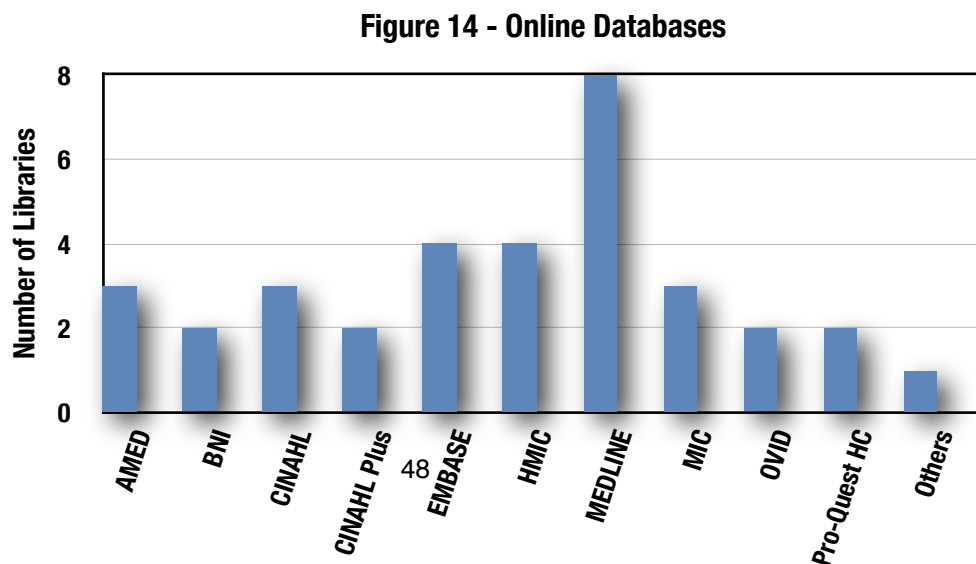


Question 10 - What does the Library's stock consist of?



When the questionnaire was sent out the libraries were asked for information on the type and amount of material in their stock with five libraries adhering to this. The stock mentioned in the questionnaire included: Books (14), E-books (10), Journals (14), E-journals (12), Booklets/leaflets (8), and other. Other material listed by the libraries were things such as grey literature, CD Roms, Videos and DVDs, medical and anatomical mannequins, and in some cases the box had been ticked but no explanation provided (3).

Question 11 - Which Online databases does the Library subscribe to?

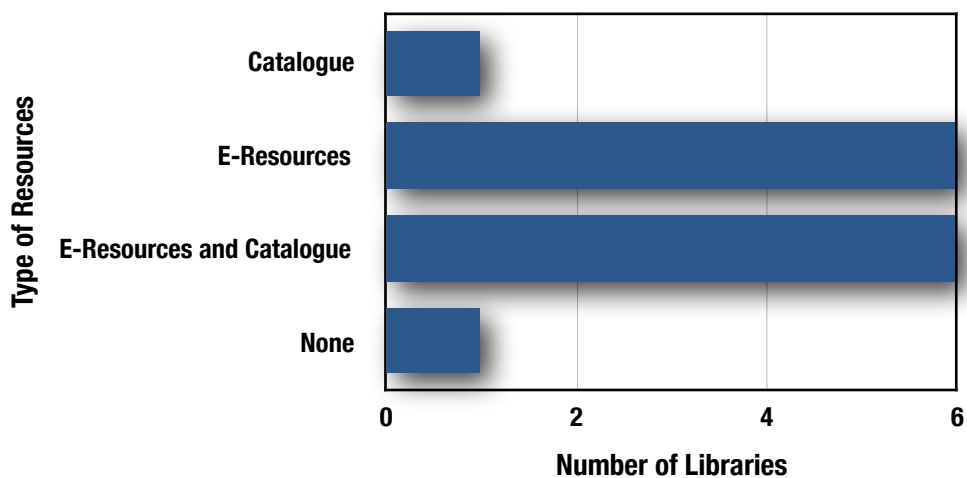


MIC stands for Maternity and Infant Care and Pro-Quest HC is Hospital Collection. There were 14 other databases mentioned, each being provided by one library, although not necessarily the same one.

Question 12 - What services, if any, are accessible off the premises?

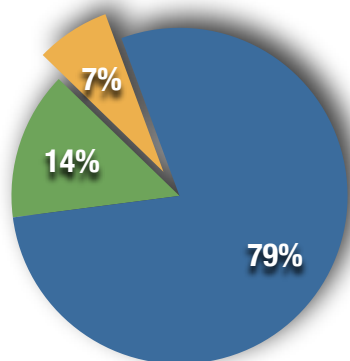
One library stated that they had no resources available to patrons after closing time (Library D). The others had services such as online databases, e-books, e-journals, as well as access to the catalogue.

Figure 15 - Resources available Offsite



Question 13 - What was the usage of the following stock/services in the last 12 months?

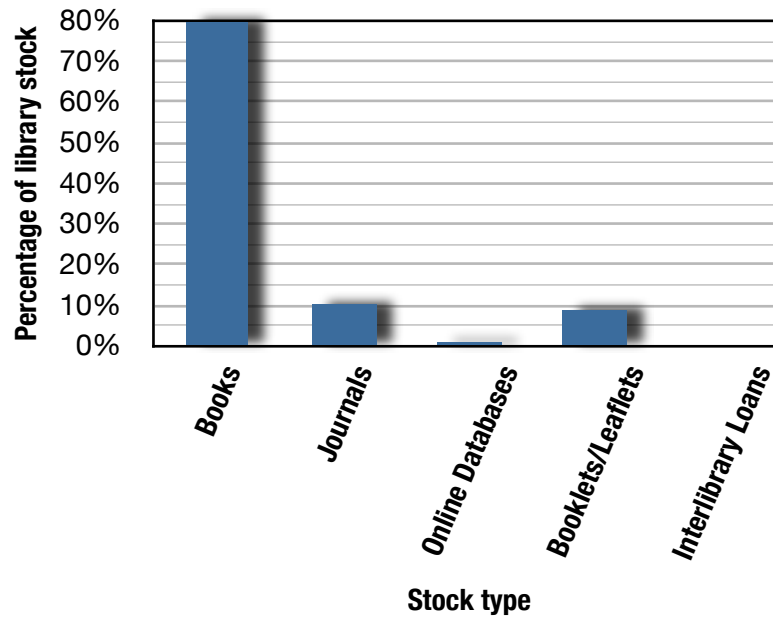
Figure 16 - Stock usage in the last 12 months



● Unable/Unwilling to answer = 11 ● Answer unusable = 2 ● Usable answer = 1

Out of the 14 libraries only one library provided information which could be used, with another library provided actual numbers for book- and journal usage during the period, and a third provided percentages which added to 330%. Comments such as 'Not sure how to interpret this question - % of what?' (Respondent 1) and 'Sorry - our usage statistics aren't available in this format' (Respondent 5) were common, with two libraries ignoring the question altogether.

Figure 17 - Question 13b

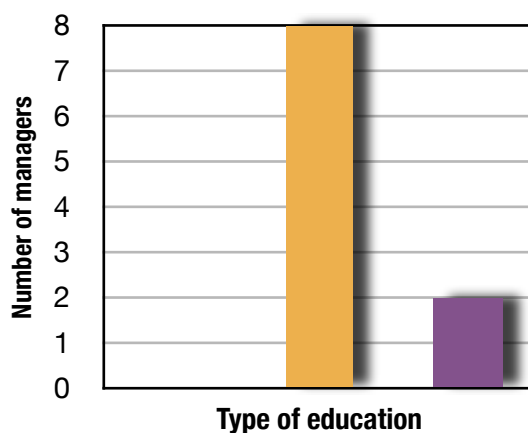


Question 14 - What is the average number of Librarians on duty; Support staff on duty; Visiting patrons, on a day to day basis?

One library did not answer this question at all. The average number of staff over the 13 libraries turned out to be 3 librarians and 2 support staff. However, many of the libraries only had 1 librarian whereas others had 4-5. The support staff numbers did vary as well, with at least 2 libraries having none, the maximum being 7 and the minimum being a 0.2 position. The visiting numbers on average were 26 people. One library however, stated that they did 'not measure footfall', two did not answer at all and one library said that their numbers varied.

Question 15 - How many of the staff are educated to the following levels?

Figure 18 - Education of Managers



■ GCSE/A-levels
 ■ BA/BSc
 ■ MA/MSc
 ■ PhD
 ■ Other

Figure 19 - Education of Librarians

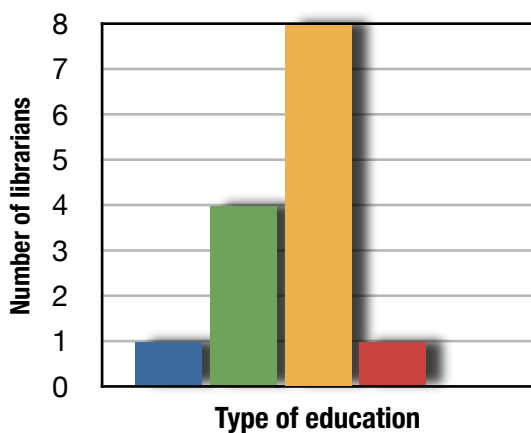
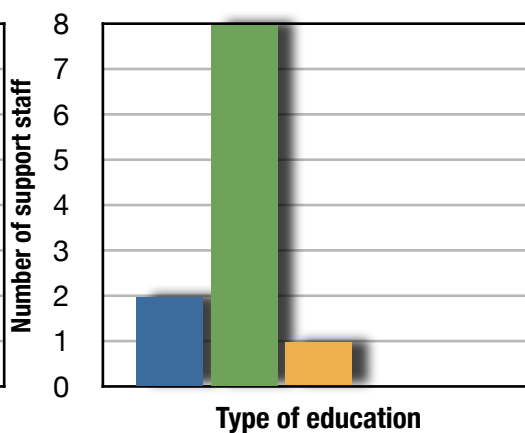


Figure 20 - Education of Support Staff



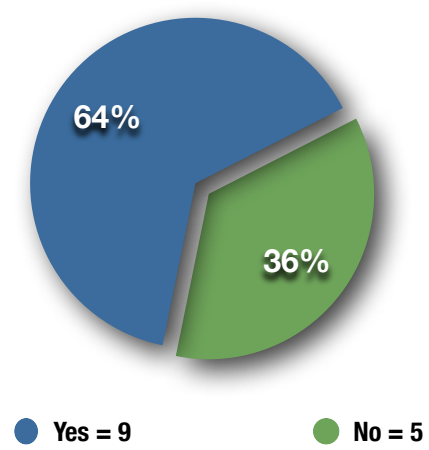
Question 16 - What are the training- and ongoing educational opportunities for staff?

Training- and ongoing education opportunities varied tremendously between the libraries, although all said that they were given some training, both for managers/librarians and support staff. For few the only training they got was an in-house training which consisted of fire training, manual handling etc. For others the training included management, literature searching copyright awareness, and other CPD related courses. There wasn't much difference

between the things on offer for support staff. The amount of training was dependent on departmental budgets, which for many has been reduced over the recent years.

Question 17 - Does the Library operate a membership scheme?

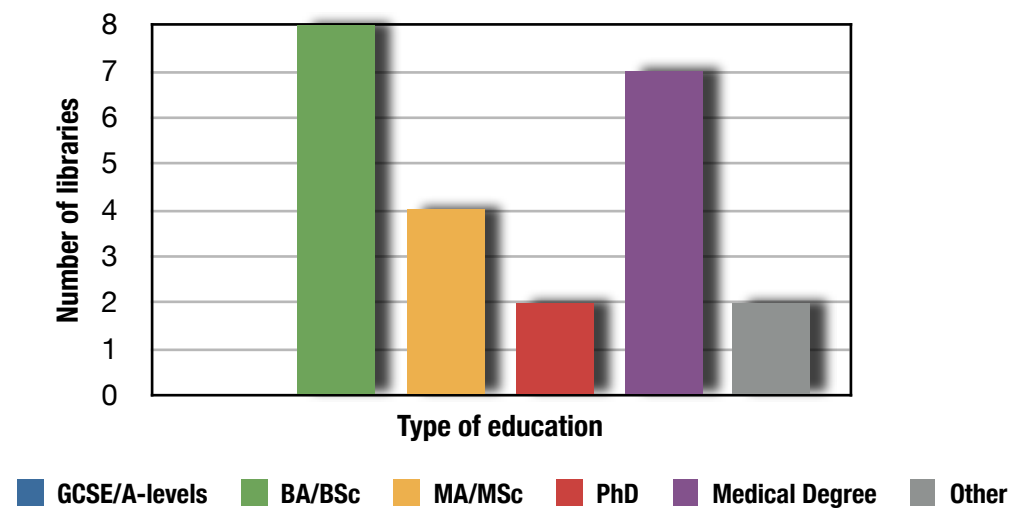
Figure 21 - Library Membership



Nine libraries out of 14 operated a membership scheme. With members varying between 350 and 410,000.

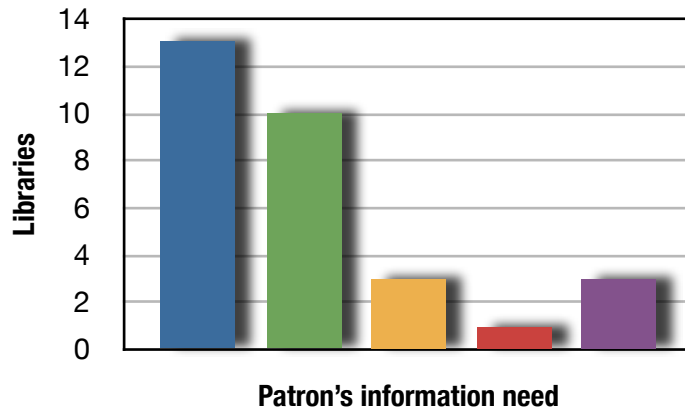
Question 18 - What is the level of education of the majority of the Library patrons?

Figure 22 - Educational Levels of Patrons



Question 19 - What is the most common nature of patrons' information need?

Figure 23 - Patron's Information Need

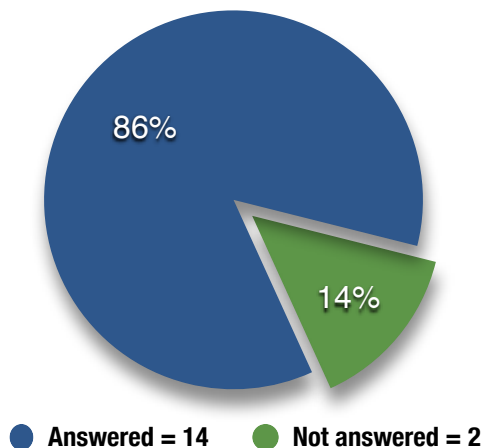


■ Professional ■ Educational ■ Patient/Sufferer ■ Carer ■ Other

Here the respondents were asked to estimate the type of information need which was bringing the patrons to their prospective libraries. 13 opined that it was professional, 10 that it was educational, 3 were considered to be patient/sufferer, and 1 a carer. An other column was included and the topics added were CPD, nursing students, nurses doing continuing education, staff, researchers and government employees.

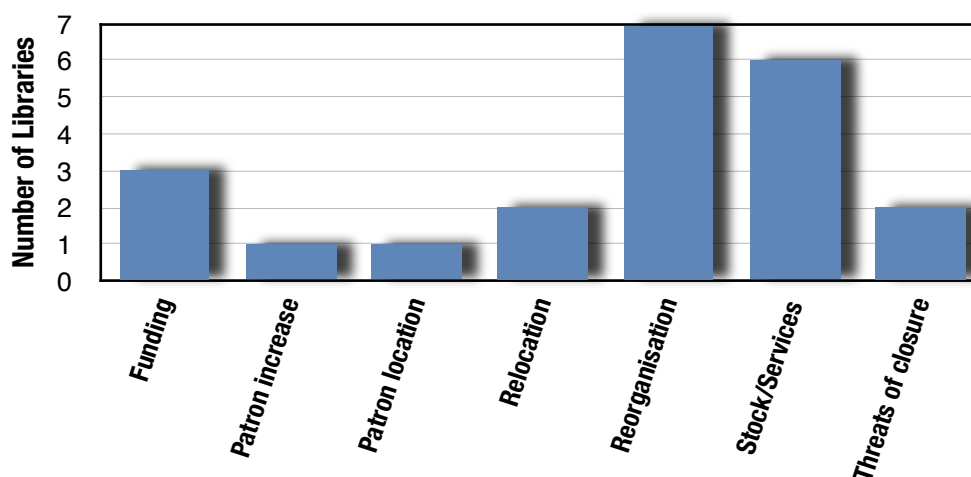
Question 20 - Has the Library service experienced recent changes, and/or challenges?

Figure 24 - Challenges or changes to the service



All but 2 participants responded to this question, and although the ones that did had faced different challenges, it was nearly always down to reduction in funding, or financial difficulties. This included mergers of libraries/departments, reduced staffing levels, restructuring of services and roles, and threats of closure. Only one library mentioned the challenge of operating a service for patrons who were remotely located and therefore with different access needs, such as postal loans, online access etc. Only two libraries claimed that their challenge/s had been solved, this included prioritising workload and working harder.

Figure 25 - Type of challenges or changes experienced



Question 21 - Is there anything else I should know?

The last question gave respondents an opportunity to highlight issues that were important to them and which had not been explained in prior questions. Most used this opportunity to further explain their services, others to highlight difficulties providing the service, and one participant explained difficulties she had when answering the questionnaire ‘...I found some of the questions quite hard to answer, e.g. 13 and 14, as we don’t collect data requested, or it is not clear how to convert what we have to the units requested...’ (Respondent 1).

Table 8 - Other information

Type of Comments	Number of Libraries
Further information on services given	5
Difficulties providing service highlighted	1
Questionnaire difficulties explained	1
Not answered	7

5.3 - Library visits

The library visits took place during a 10 day period in December to 9 libraries who had participated in the Questionnaire-part of the research project. An introduction with further information on those libraries can be found in Appendix 3.

5.3.1 - About the Libraries

Figure 26 - Library Management Systems

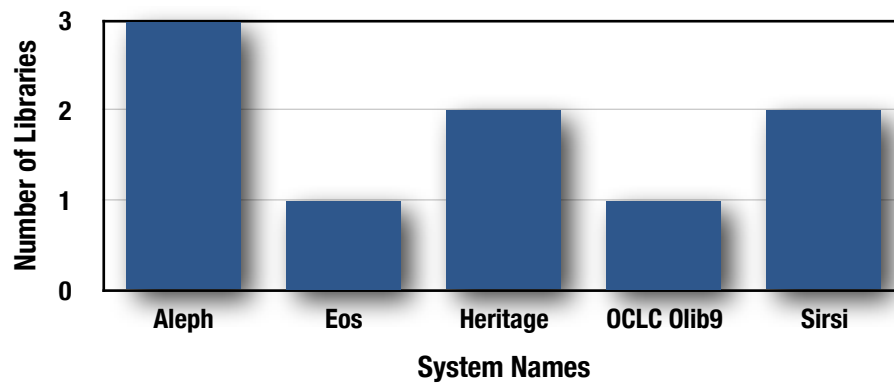


Figure 27 - Classifications Schemes used

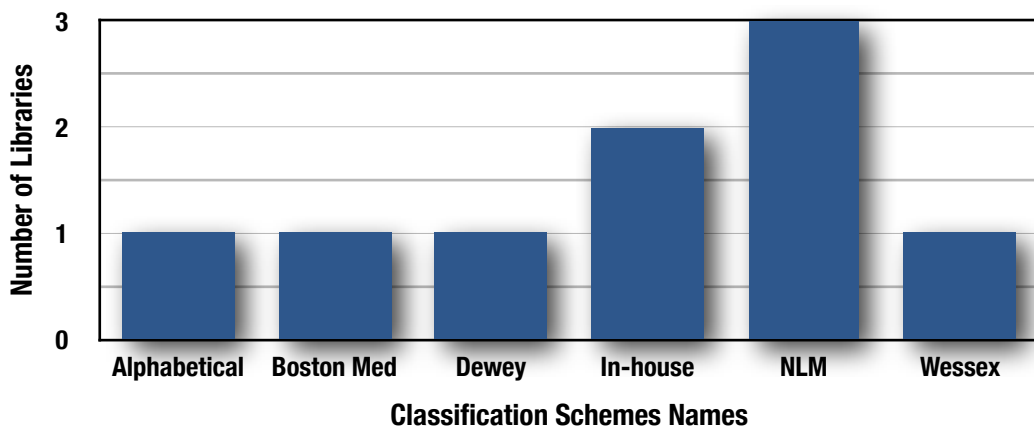
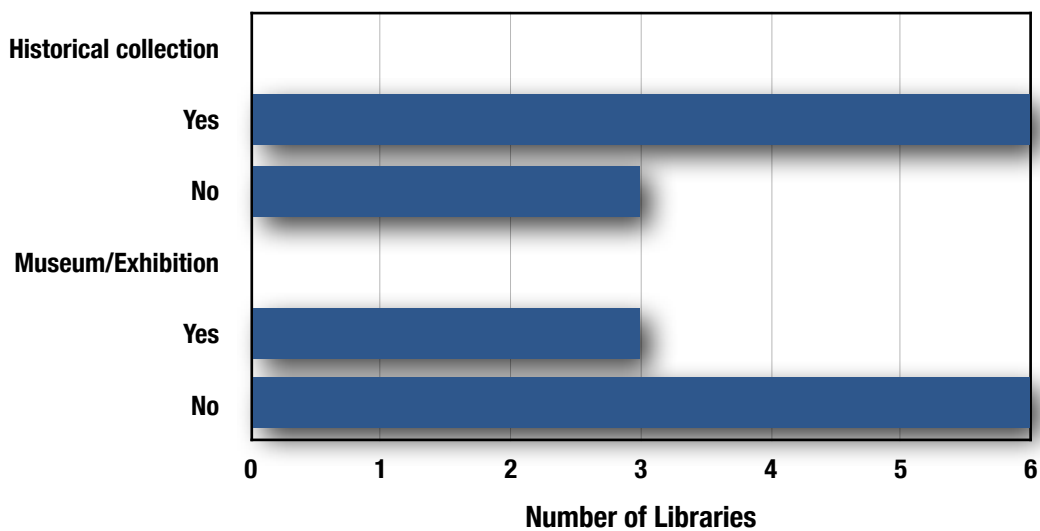
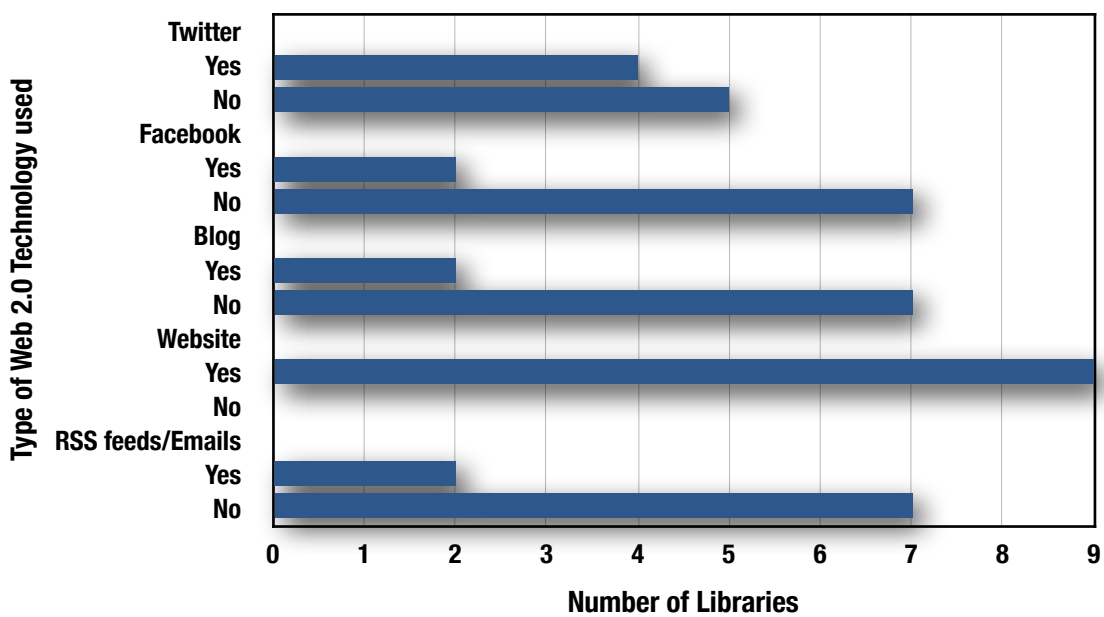


Figure 28 - Historical Collections and Exhibits



5.3.2 - Web 2.0 technology used

Figure 29 - Web 2.0 Technology



5.3.3 - A look at equipment and services available

Figure 30 - Library Services

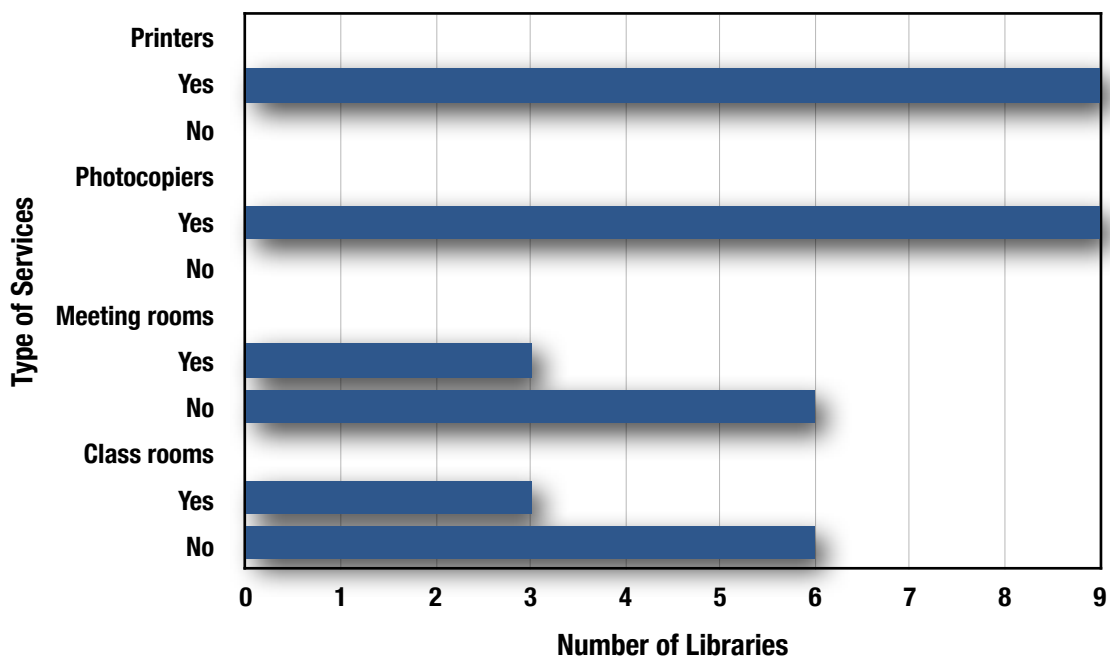
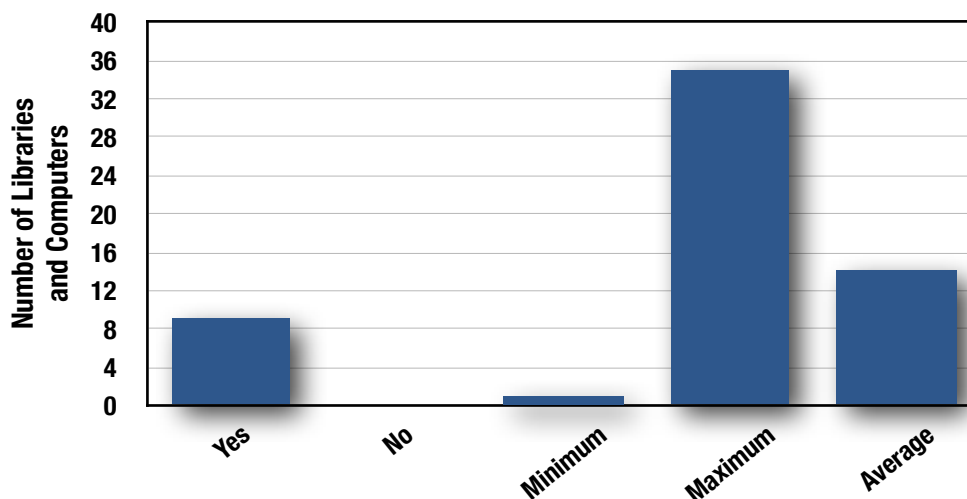


Figure 32 - Computers for Patrons



5.3.4 - List of libraries that were not visited

The following libraries were not visited: Library B, Library K, Library L, Library M and Library N

Table 9 - Libraries not visited

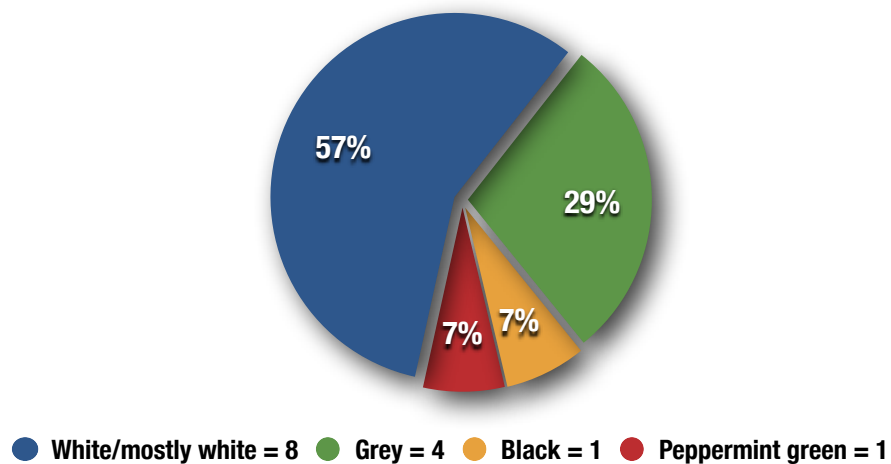
Reasons for not visiting	Libraries
Did not respond to email (See Appendix 4 - Email 4)	B, N
Proposed visiting times not suitable	K, L
Unable to receive visitors at the moment	M

5.4 - Websites of Participating Libraries

It turned out that all participating libraries had a website, though it was not always clear how much control they had over the content.

5.4.1 - Design/Organisation

Figure 33 - Website Background



All websites had opted for black as the colour for the mainline text.

Figure 34 - Colour of Headline Text

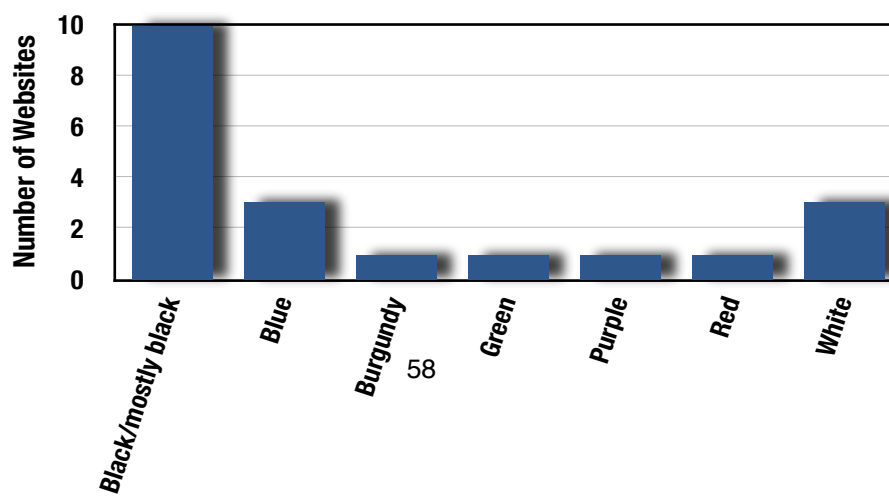


Figure 35 - Colour of Link Text

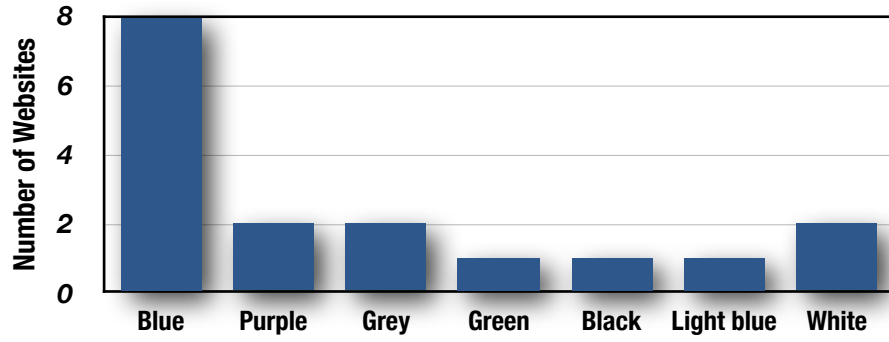


Figure 36 - Text size

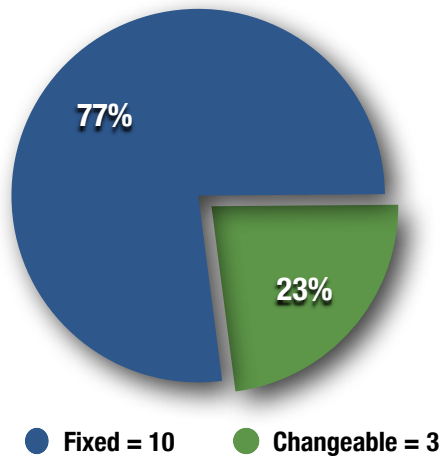
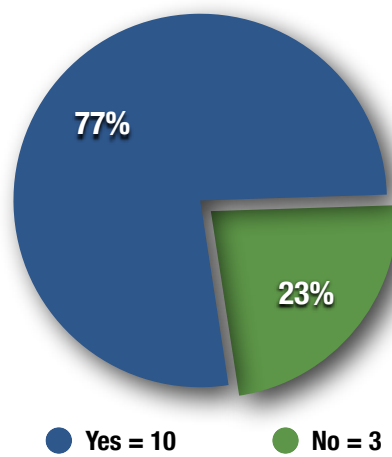


Figure 37 - Use of Images



5.4.2 - Type of information

Figure 38 - Access to Resources

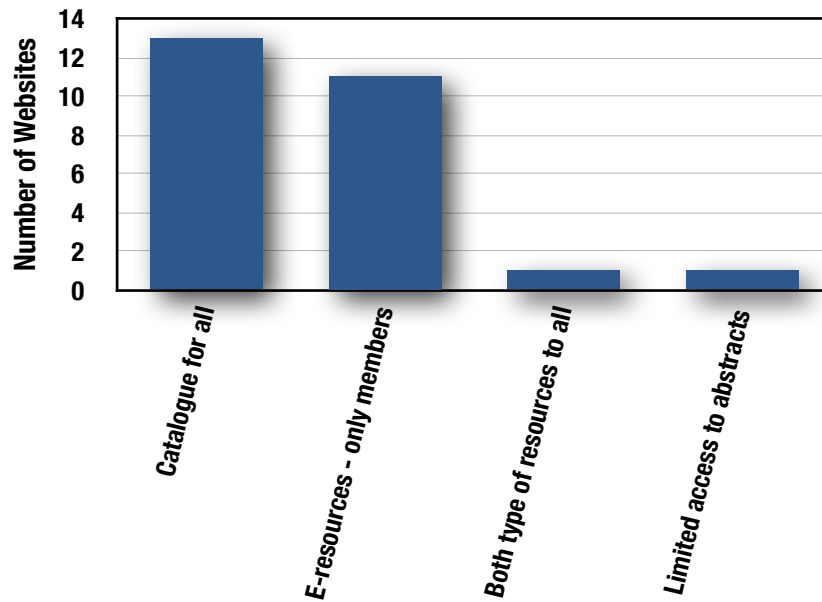
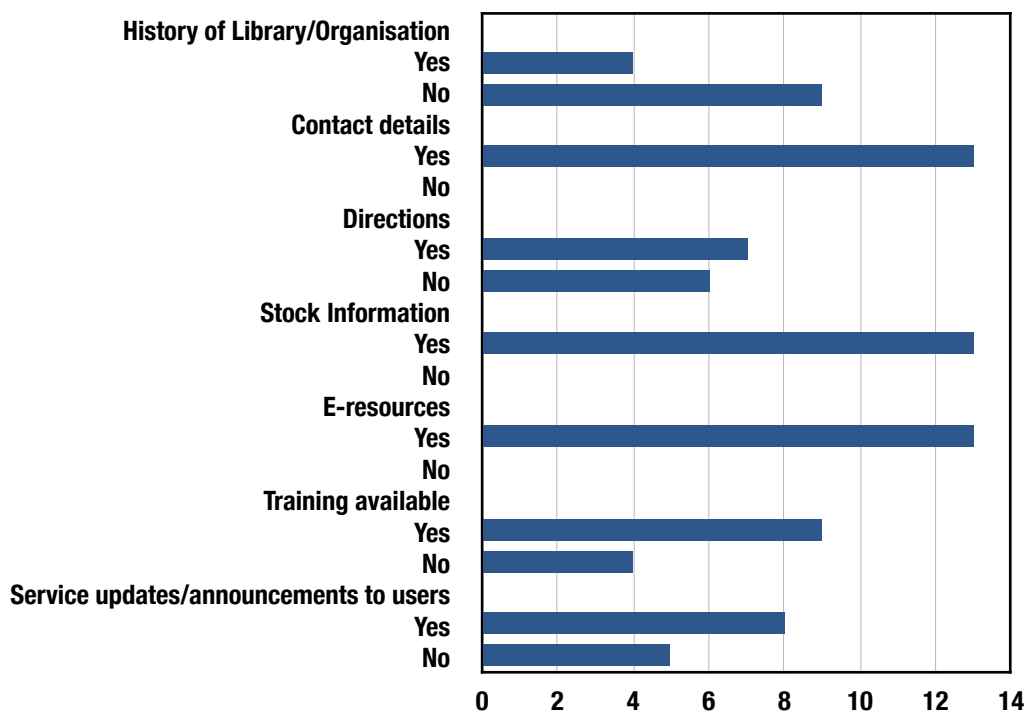


Figure 40 - Website Information



Chapter 6 - Discussion

6.1 - What qualities does a library need to have to be referred to as a 'health library'?

Deciding on qualities which determine whether a library is a health library or simply a library with some health material is not an easy task. According to Madge (2001) a library with health material is a health library, whereas Morton and Wright (1990) apply a more strict criteria which includes medical specialities and restricts their usage to medical doctors. Dictionaries are unable to help as they do not provide a definition of health libraries, which caused the author to combine two separate definitions in order to reach some sort of conclusion. On one hand there was 'health' and 'library' and on the other there was 'medical' and 'library' which led to the following conclusion, that health- or medical libraries could be considered to be institutions housing preventative or curative instructions or material, and in some cases, both, for the use of healthcare staff and the general public. This would indicate that health libraries could hold a variety of material provided that these were of a preventative or curative nature and that these could be viewed by healthcare professionals and the public. In addition these would belong to, and be run by, one or more of the following categories:

- *A professional body linked to health*
- *An educational institute*
- *An organisation linked to a particular ailment/condition*
- *A healthcare provider*
- *Other*

Depending on their context and which category they belong to, it is likely that they would belong to either a Medical/Hospital group or association, or a Higher Education group or association, and some might even belong to both types. Whilst this would provide a framework to identify some health libraries it is likely that due to the variety of organisations offering services which include health material, and their differences, be it their size, number of staff, patrons or stock, that these would not be recognised for what they are. That is not to say that libraries which possess the above should not be considered health libraries, on the contrary. However, it should not be used to exclude libraries which possess some of those qualities. The term 'health library' should therefore be considered an umbrella term, as it (potentially) refers to multitude of libraries linked to health, with their patrons either health professionals, patients or carers.

6.2 - Do the services, staff and patrons differ from one London 'health library' to another, and if so, in what way?

6.2.1 - Differences:

Libraries

The libraries, their services and facilities varied. That is not to say that the quality of these elements varied, but the fact that they were dependent on other factors such as the need of the patrons, capabilities of the staff, speciality of the library and sadly on some occasions their financial strengths. Opening hours and their variation between libraries was probably the biggest surprise. These varied from 30 to 73 hours per week, with only two libraries open on Saturdays and one on a Sunday. Another surprise was their usage, or in some case, their non-usage, of the Web 2.0 and the social media applications. When this was explored it showed that Twitter was being used by 4 libraries and Facebook and blogs by 2 each. At least two participants confessed to this being due to corporation policy, while for some others it was due to lack of interest. Less than half of the libraries provided an out of hours access. All the libraries had online databases, although these varied depending on their speciality. The most frequently mentioned, and being used by 8 libraries, was Medline, followed by Embase and HMIC, used by 4 libraries each.

Staff

Staff numbers varied between the libraries with the average number at the 13 libraries being 3 librarians and 2 support staff. However, many of the libraries only had 1 librarian whereas others had 4-5, and at least one library did not employ support staff. All the staff had an option of some training opportunities which were widely different depending on which library they worked for. These included great opportunities for advancement within the role for some, to being restricted to induction courses such as fire training and manual handling for others. However, there did not seem to be much difference between the opportunities for the different roles within these libraries. It had been planned to look at the education levels of health library staff and compare these between the roles, but although the questionnaire provided some answers, it was not enough to draw proper conclusions from.

Patrons

When it came to patrons' visits there was an interesting divide, with half of the respondents claiming that these needed to be pre-arranged, and half again stating that the library and its services were restricted to a particular user group, which in majority of cases turned out to be trust staff, or trust staff and healthcare students on placements. Patrons' daily visits varied from 2 to 169 on

average day based on numbers from 10 libraries, as 4 libraries either did not have the information, or were unwilling to submit this.

6.2.2 - In common:

Libraries

When the results of the questionnaire are analysed it is clear that there are a number of things that the libraries had in common. The majority belonged to or were linked to a professional body or a healthcare provider, most were accessible to disabled users, with facilities such as computers, printing and photocopying. Both books and journals were available at all the libraries and the most popular classification scheme was *the National Library of Medicine Scheme*, with some libraries having made an in-house version of the scheme. 12 of the libraries were able to provide some service to patrons who were not onsite, with half of those giving access to the library's catalogue, whilst the other half provided access to both the catalogue and e-resources to members with login details. All the libraries had a website which had similar information, including contact details, stock- and e-resources information. When it came to changes or challenges that the libraries had face recently, or where currently facing, reorganisation and changes to stock and services.

Staff

The training provided by the library staff was similar, including how to access e-resources and databases, and the promotion of services, which predominantly took place face to face at inductions and fresher fairs and in print through newsletters and various publications.

Patrons

The patrons' information need tended to be educational or professional for all libraries and their educational levels at a undergraduate level or higher.

Chapter 7 - Conclusion

What qualities does a library need to have to be referred to as a 'health library'?

Health libraries have been around for a long time, with some definitions making them older than others. Over the centuries these have developed, often from private collections, to fulfilling the information needs of several generations of healthcare professionals, proving the difference between survival and death of patients. They tend to have a connection to organisations linked to health and healthcare, are usually classed as health libraries due to the material they hold and/or the profession of their patrons.

The author is suggesting the following definition for 'health libraries':

Health libraries are organisations or institutions which house preventative or curative instructions or material, and in some cases, both, for the use of healthcare staff and the general public.

Do the services, staff and patrons differ from one London 'health library' to another, and if so, in what way?

The three components of the study, the questionnaire, the library visits and the analysis of the library websites indicate that there are plenty of factors which both differentiate and unite health libraries and their services. These range from their speciality, where they are housed, their access policy, the needs of their patrons and whether they are able to fulfil these. The author has learned that whilst the term 'health libraries' refer to a type of libraries, it also unites such a wide range of services that it is impossible to view it as anything else but an umbrella term. Due to the uniqueness of each library it is difficult to see that there will come a time when health libraries will not be considered useful and thus lead to their closure or mass mergers. However, it is likely that health libraries, just like any other services in the current climate will have continue proving that they are financially viable through assessments and evaluations which are able to show their value.

Further studies are needed in order to increase our understanding of health libraries and their services

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Appendix 1 - Reflection

Undertaking the research project has been one of the most rewarding experiences of my life as it has given me a chance to explore in great detail a subject which I find extremely interesting. Whilst proving thoroughly enjoyable it has also turned out to be a challenge and a creator of many worries and doubts which in turn have resulted in sleepless nights. In particular towards the end, when work commitments and pressure nearly proved too much. Due to these reasons there are parts of this work which I feel I could have explored in more detail, but there are also parts of which I feel extremely proud and would not change. At this moment it has to be said that there is great relief of having completed such a large project, but once I have rested and regained focus, I am sure that I will miss the work involved and be more than prepared to continue where I left it.

Appendix 2 - Dissertation Proposal

Working title

The working title of this dissertation is 'An Evaluation of London's 'Health Libraries', their services, staff and patrons'. It is possible that this title might change or be amended during the course of the work.

Introduction

Firstly there will be a definition of what a health library is and then the dissertation will have two research questions: 'What qualities does a library need to have to be referred to as a health library?' and 'Do the services, staff and patrons differ from one London health library to another, and if so, in what way?' In order to answer these questions an investigative inquiry of London's 'health libraries' will take place through email interviews with library managers and with the possibility of follow-up visits, and further questions by telephone or email. In addition to this, a literature review of previous studies and the history of 'health libraries' and their staff in the UK, and in particular, London, will be performed, so as to get an overview of 'health libraries' operating within the capital. The combined results will be used to perform an evaluation of the services currently provided by 'health libraries' in London.

Aims and objectives

The aim of this dissertation is to clarify what constitutes a health library and to perform an evaluation of the service they provide. The objective is to highlight characteristics of a health library through a literature review and interviews with managers of such libraries in London, in order to produce a statistical report of

the findings and evaluate the services currently provided. Positive efforts will be recognised and highlighted, as will any actions, if identified, which are preventing the service provider from reaching their full potential. Hopefully this will lead to recommendations which will be helpful for the future services of 'health libraries'.

Scope and definition

As previously stated, the dissertation has two research questions: 'What qualities does a library need to have to be referred to as a health library?' and 'Do the services, staff and patrons differ from one London health library to another, and if so, in what way?' 'What qualities' refers to common denominators which are shared by service providers and defines them as a specialised health library rather than non-specialised library. These denominators will include, but are not restricted to, a variety of factors, such as library stock, location of libraries and staff expertise.

The term 'health library' is used to describe the services of any library, either linked to a healthcare provider, such as the NHS, educational institutes, such as universities with health related courses, professional bodies linked to health, such as the *Royal College of Surgeons*, or organisations linked to a particular ailment or condition, such as the *Alzheimer's Society*. Some libraries are likely to belong to more than one category. Should this happen to be the case with any of the participants, then the particular library/libraries will be classed as different entities and analyzed within both, or all of the categories.

'London 'health libraries'' here refers to libraries located within the Greater London area in any of its thirty-three boroughs.

The scope of this dissertation will depend on the number of 'health libraries' who are willing to partake in the study. Emails explaining the extent, and requesting participants have been sent out to ninety-five libraries found on the *Health Library and Information Services Directory (HLISD)*, and located within the following networks: *Consortium of Health Independent Libraries in London (CHILL)*, *London Health Libraries*, *London North Central SHA* and *M25 Consortium of Academic Libraries*.

Depending on the response rate, additional 'health libraries', not featured within the four networks, might be approached, with the possibility of extending the perimeters outside the Greater London area in order to achieve sufficient material for the study.

Research context/literature review

The term 'health libraries' is used to mean any library that provides health information to patrons, whether they are healthcare professionals, patients or lay persons interested in a particular disease. Other terms include 'medical-', 'hospital-' and 'health sciences libraries', and are often used interchangeably. Many are open to the public, whilst others restrict their access to a particular group working within an organisation. Their services are considered essential by many, while others claim them to be of no value, which has resulted in studies and evaluations that aim to show the benefits to healthcare professionals and patients. One of the first was the so called *Rochester Study* (Marshall, 1992), where doctors from three different settings; urban, rural and resident doctors, were asked to submit information requests to one of fifteen 'hospital libraries' located within the Rochester area in New York, and later fill in a questionnaire about their search results and the effect it had. The study showed the importance of health library services and the information it provides and has since been repeated with similar outcomes (Marshall, 1992; Marshall et al., 2013).

Healthcare professionals increasingly have to justify their practice and decisions made, with concept such as 'lifelong learning' and 'evidence based practice' forming part of their job description. Whilst 'health libraries' play an important role in assisting doctors, nurses and other healthcare staff, to achieve this by providing access to reliable resources, studies have found that many are somewhat reluctant to take advantage of the service. Davies (2011) studied the awareness of UK doctors of electronic resources provided by 'health libraries', whilst Oak and Gegg (2008) looked into ways of increasing GPs access to electronic databases and other services provided by a health library in Rural Cornwall. Both parties discovered that their subjects were aware of the benefits of electronic resources, but for some reason felt more content with either asking colleagues for opinions, or consulting their own books or journals. Burton (1995), on the other hand, whose study took place in New Zealand, claims that the majority of her sample, all doctors, were accessing the library at least once a week to assist with diagnoses, plan care and keep up with the latest research.

The non-use of 'health libraries' has been the subject of many studies. Recently O'Dell and Preston (2013) studied the factors for non-use of library resources by 22 health professionals, including nurses, clinical- and non-clinical support staff, administrators and managers, and a doctor. The study confirmed what previous studies had shown before, stating three main reasons for staff shunning the library services; they did not know of its existence, they had no need for information and some believed that the library was only for doctors (O'Dell and Preston, 2013). It is interesting that three out of five nurses and the participating doctor had not been to the library in the twelve months prior to answering the questionnaire, despite knowing about the service. Similarly, Dee and Stanley (2005) found that clinical nurses and nursing students preferred asking colleagues, looking things up in books, or on a handheld device, than

seeking information from a health library. However, when necessary, the student nurses were more confident when it came to accessing the online databases (Dee and Stanley, 2005).

Many hospital trusts have introduced Clinical Librarians (CL) responsible for providing information service to medical staff, participating in ward rounds and often linked to a ward or a medical speciality. The CL role has proved to be a popular topic of research, particularly in the USA, and mostly focusing on the impact on patient care, despite difficulties measuring such an impact. Brettle et al. (2010) claim that it would be better to evaluate the impact of the CLs information provision and the effect it has on the healthcare provided by doctors and nurses. Sargeant and Harrison (2004) and Harrison and Sargeant (2004) looked at the development of the CL role in the UK since its introduction in the 1970s, covering responsibilities, expectations of employers and employees, training and ongoing education. By reviewing CL job advertisements and interviewing five CLs, they came to the conclusion that there were some communal responsibilities, but the overall structure of the role varied from post to post. In addition to this, CLs interviewed, stated that they had had little, or no, training when recruited and few guidelines in place to assist them in their role.

There have been many changes in landscape of English 'health libraries' since 2004, when Harrison and Sargeant published their study. Whilst 'health libraries' are still expected to show value of services provided to prevent closure, the *Hill Report on NHS England Libraries* (2008) provided suggestions to improve the service, and eventually led to the *NHS Library Quality Assurance Framework* (LQAF) (2010), which ensures that all NHS libraries are providing the same product. Both publications are expected to be of use when researching and writing the dissertation.

Whilst passed research has focused on information behaviour of various healthcare professionals, numerous aspects of service delivery within a health library and the role of CL and its effectiveness, none has tried to incorporate all of these elements. As previously mentioned, libraries which are categorised as 'health libraries' are usually linked to one, or more, of the following four categories: healthcare providers, educational institutes, professional bodies linked to health and organisations linked to a particular ailment or condition. It is, in other words, an 'umbrella term'.

According to Hamasu and Kelly (2013), assessments and evaluations are extremely important in the running of libraries, especially in the current economical climate, where any service has to prove itself financially viable. In addition this ensures that the service stays current and of use to library patrons (Hamasu and Kelly, 2013).

The proposed research questions would clarify what a health library is, as well as providing an insight into its multidimensional role, which no doubt will depend

on the institution it is linked to, and lead to knowledge which possibly might be used to improve the service.

Methodology

The first research question, 'What qualities does a library need to have to be referred to as a health library?', will be answered by undertaking a literature review which will aid in identifying particular features and qualities which must be present before a library can be identified as a health library. This will include the history of 'health libraries' in the United Kingdom, with possible references to evolvment of a similar service in other countries.

The second question, 'Do the services, staff and patrons differ from one London health library to another, and if so, in what way?' is the evaluation part of the dissertation. In order to answer it, a survey will be performed by emailing a list of questions to participating library managers, addressing the following:

- The library → location, ease of access, opening hours, out of hours access
- The facilities → computers for patron use within the library, Wi-Fi access, photocopying facilities, meeting rooms, etc.
- The staff → librarians to support staff ratio, library staff to patrons ratio, education levels, training and ongoing education
- The patrons → users and non-users, level of education, information need
- The library stock → percentage of books, journals, online databases, what is accessible off the premises, statistics of stock use
- Challenges and/or changes to the service → past and present, solutions (if any)

Any clarification needed regarding the answers will be addressed by emailing the library in question, or by visiting in person, if necessary. The plan is to display the results in a chart form best suited to convey all the relevant details of the study, before discussing what these mean for the health library sector.

The only reservations at present are regarding the number of responders and whether the perimeters of the study might have to be extended in order to receive enough participants to make this study feasible.

Work plan

	17th May
	-Dissertation Proposal submission
Proposal Checkpoint	20th May - 2nd June
	-Selection of Participants continues
	-Start writing Questions for the Study

	-Send Questions to Supervisor
Start-up Checkpoint	3rd June - 16th June
	-Questions adjusted according to Supervisor comments
	-Questions emailed to Participants
	-Literature Review starts
	17th June - 7th July
	-Moving house, -Holiday (23 rd June - 6 th July)
	-Literature continued on a small scale
	8th July - 21st July
	-Literature Review continues
	22nd July - 4th August
	-Literature Review finished
	-Chase libraries that have not returned the survey
	-Start analyzing the data
Mid-term Checkpoint	5th Aug - 1st Sept
	-Continue analyzing data and start compiling charts
	-Start writing 1 st half of dissertation
	2nd Sept - 15th Sept
	-Continue writing 1 st half of dissertation
	16th Sept - 29th Sept
	-Revise/rewrite 1 st half according to Supervisor's comments
	30th Sept - 13th Oct
	-Start writing 2 nd half of dissertation
	14th Oct - 10th Nov
	-Continue writing 2 nd half of dissertation
Final Checkpoint	11th Nov - 1st Dec
	-Revise/rewrite 2 nd half according to Supervisor's comments
	2nd Dec - 15th Dec
	-Proof reading and final editing
	16th December
	-Aim to hand in dissertation

Resources

The resources needed to carry out the project include a computer with an internet and email access, word-processing equipment, and a printer. In addition to this an 'on-and-off' access to the City University library and its material, as well as an Oyster travel card for travelling within the Greater London area, are required.

The author currently possesses a printer and a computer with the above qualities, and in addition has access to the computer facilities at City University, when working on the premises.

Anticipated costs include printer cartridges and paper, which is likely to be no greater than £50, and travel cost, which has been given a generous budget of

£150. In addition to this, £50 has been put to one side in case of incurring cost for obtaining library material and possible late charges.

Other resources and charges are not anticipated at this stage.

Ethics

There are no ethical issues anticipated in relation to this project. The information needed for the evaluation of London's 'health libraries', collected by the means of an email interview with library managers, will not include any personal information on either staff or patrons. Library patrons will not be approached at any time, and any library visits deemed necessary, will be done by prior arrangement with the person in charge, so as to prevent any confidential information being seen accidentally.

Research ethics checklist form

Confidentiality

There are no issues of confidentiality anticipated in relation to the project.

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Appendix 3 - List of participating Libraries that were visited

Library A

About the library:

The library was founded in the 1970s following a grant made available for starting a multi-disciplinary site for the use of various healthcare professionals despite meeting considerable resistance. The library, which has resided in different areas over the years, is currently run by a healthcare provider and housed on its premises, albeit in a temporary location until restructure has taken place within the trust. The opening hours are from 10:00-16:00, Monday to Friday, with no out of hours access. Use of the library is restricted to staff of the Trust and students on placements at the Trust and local authority public health staff. Visits do not need to be pre-arranged and the library is accessible to disabled users. Wi-Fi access is provided free of charge to patrons.

The library uses 'Heritage' Library Management System and the classification scheme is an in-house scheme based on that of the Royal College of Psychiatrists' Library.

Promotion of the library and its services takes place both electronically, via email, in person, on corporate e-induction package and events, and via posters, Trust magazine and newsletter.

About the services/facilities:

The library stays in touch with its patrons through RSS feeds/email updates following the closure of its Twitter account (at the request of the hospital trust). Facilities include a meeting room with a large plasma screen which can be used for presentations, a study room for doctors with access to 6 computers and a small printer. Further 4 computers can be found in the main library area and an access to a multi-functional device (MFD) capable of printing and photocopying. Patrons can access the catalogue, various online databases, e-journals and e-books via the internet. Books are borrowed from the library in person although a postal loans pilot is in progress. Interlibrary loans

can be arranged by the staff when needed and online material is available to registered patrons when offsite.

About the stock:

The stock consists of Books (3,000), E-books (58), Journals (2), E-journals (400) and a small collection of grey literature. Users with access to the following databases via the NHS National Core Content collection: MEDLINE, CINAHL, EMBASE, HMIC, BNI, PSYCHINFO, AMED and a local subscription to ProQuest Hospital Collection, EBSCO's Psychology and Behavioural Sciences Collection.

About the staff:

The staffing levels will shortly be increased from 2.7 to 3.25 (FTE), a library manager, an assistant librarian and 2 part-time support staff. All have access to in-house statutory and mandatory training, with additional training available via the London Health Libraries. In addition there is a small budget for external training events and an in-house admin and clerical staff development forum.

The staff provide training for patrons who want to access Athens resources, on how to do a literature research and critical appraisal and an addition training is provided to teams on requests, both onsite and offsite, as well as drop-in sessions when promoting new resources.

About the patrons:

Currently the library has nearly 600 members, although it is not clear how many of them are regular users. Their education levels are generally BA/BSc and above, and their information need is professional. Daily visitors numbers are not measured.

About the website:

The library's website is easily locatable and its resources, facilities, services and contact details displayed in an organised manner. It is made clear that additional services are available to patrons who possess NHS Athens account.

About challenges faced:

Recent challenges include a relocation from a larger space two years ago and increased user numbers due to the growth of the Trust.

Library C

About the library:

The library, which was founded in the mid 1880s, is owned and run by a professional body and currently housed within the same organisation. The opening hours are from 09:00 - 18:00, Mondays to Fridays, and no out-of-hours access. Access is restricted to members of the association, other visitors do need to prearrange a visit. The Library is accessible to disabled users. Wi-Fi access is provided free of cost to patrons.

The library uses ALEPH Library Management System (managed off site) and the classification scheme used is the National Library of Medicine Scheme.

Promotion of the library and its services takes place both electronically and in person, via leaflets, give aways, Facebook, blog, Twitter, conferences, events, inductions and student freshers fairs.

About the services/facilities:

The library is seen as an 'information hub' by members of the organisation with staff being asked for directions and information about various departments, as well as the services provided within the library. The staff use Twitter, Facebook, blog and online communities to stay in touch with the patrons. Facilities include 20 computers for patron's use and access to printing and photocopying, as well as operating interlibrary loans and postal loans scheme for those members who live farther away, with catalogue and e-resources available 24 hours via the website.

About the stock:

The stock consists of Books (35,000), E-books (1,600), Journals (2,500), E-journals (80) and Booklets/Leaflets.

About the staff:

The staffing levels consist of 9 librarians and 5 support staff, which all having access to internal- and some external courses relevant to their grade and job responsibilities.

The staff provide courses for patrons which include accessing databases, critical appraisal and medical statistics, as well as 1-2-1 on-request training.

About the patrons:

The library does not operate a membership scheme as all members of the organisation automatically have access to its facilities. There are approximately 50-60 visitors per day, all of whom possess a medical degree, or are working towards one, and their information need is either professional or educational (or both).

About the website:

The website is well designed with information about the library, opening hours, location, e-resources as well as general advice on services available and how to use them.

About challenges faced:

The library has faced threats of closure in the past, most recently in 2006, and are constantly aware of the need to provide proof of profitability. Other challenges include the move to the present location which included re-designing the space to make it suitable to host a library, relocation of the stock and re-structure of the services.

Library D

About the library:

The library, which is owned by a professional body, was founded in the 1920s and is housed within the same organisation. The opening hours are from 09:00 - 17:00, Mondays to Fridays, with no out of hours access. The library is accessible to disabled users and provides equipment and software which is suitable for those with sensory disability. There are no restriction on who can visit but visits do need to be pre-arranged. Wi-Fi access is provided free of charge to members of the organisation.

The library uses OCLC Olib9 Library Management Scheme and the classification scheme used is the Wessex scheme.

Promotion of the library and its services takes place through organisational publications, reception area screen, the website and leaflets.

About the services/facilities:

The library stays in touch with patrons via email updates and the website but does not take advantage of other Web 2.0 technology as this is not yet corporate policy. There are three computers specifically intended for the use of patrons and a Multi-functional Device (MFD) enables printing, scanning and photocopying. Additional services include: interlibrary loans, postal loans, photocopying services, literature search services, an online catalogue and bibliographic databases for members. A Resource Discovery Access Tool is soon to be obtained. All e-resources are available 24/7.

About the stock:

The stock consists of Books (1500), E-books (32), Journals (350), E-journals (113), E-documents/reports (1500), Theses (530) and Booklets/Leaflets (200). The library provides its members with access to the following databases: MEDLINE, PEDro, CINAHL Plus, SPORTDiscus, Cochrane Library, AMED and more.

About the staff:

The library staff consists of 2 librarians Monday to Wednesday, and 1 from Thursday to Friday, as well as 0.5 support staff. All members of the organisation's staff are able to take advantage of the services and in-house training on offer.

The staff provide training on how to use the library catalogue, databases and Endnote to library patrons.

About the patrons:

The library does not operate a separate membership scheme, all members have library rights, and has on average two patron visits per day. Their educational levels are generally undergraduate to PhD and the information needs can be professional, educational, or as a patient.

About the website:

The library's web pages on the website of the organisation that owns it contains useful information links about the library and its services. These in turn provide further links and information if chosen, including online journals and databases, current awareness, online catalogue etc. The background colour of the page is white and there are photographs with large lettered text next to it. There is also a side panel on the left hand side with the same options without the photographs and in smaller print. The website is well organised and easy to navigate.

About the challenges faced:

Challenges include members residing all over the UK and the difficulties in making as much stock and services available no matter the location. This includes postal loans and services provided over the internet. The demand for e-journals is high as many members do not have access to Athens.

Library E

About the library:

The library is run by a professional body linked to health and housed within the same organisation. The library is very much a historical representation of the society that owns it, with material that represents it in some way, much of which has been donated by individuals and other societies. Opening hours are from 09:00 - 17:00 Mondays to Fridays with no out of hours access. Access is restricted to the organisation's members and students of the speciality. Visits do not need to be pre-arranged and the library is not accessible to disabled users. There is a free Wi-Fi access to all library users.

The library uses the Heritage Library Management System and the Dewey classification scheme for organising its stock.

Promotion of the library takes place through literature and fortnightly e-news sent to members.

About the services/facilities:

There are two computers for patron use, a self-service photocopier and a printer, as well as a selection of historical books and archive material, which is looked after by the curator, and a small museum area representing the history of the profession. The library operates a postal loan service for patrons who live outside the London area and an offsite access to E-books and E-journals for users with Athens account.

About the stock:

The library stock consists of: Books (6,500), E-books (6), Journals (was 100, currently 39), E-journals (29), Booklets/leaflets (included in the figure for books), and DVDs.

About the staff:

On an average day the library staff consist of: 1 librarian, 0.5 support staff. All library staff have access to a variety of both in-house and external training courses, including general IT courses.

The staff provide individual courses on skills for literature search on request.

About the patrons:

The library does not operate a membership scheme. Patrons tend to be either students or fully fledged professionals, with the majority educated to BA/BSc level and an information need that is both professional and educational. Average visits to the library are two per day.

About the website:

The library webpage is a sub-page of the organisation that owns it. Links to navigate the webpage can be found both on the left hand side in a panel, or through the same options with a photographs at the centre of the page. Options include Library News, Library Services, the History of the Library and Library Catalogue, among others. These in turn provide further options and links when chosen. The pages are easy to navigate and well organised.

About the challenges faced:

Possible threats about the library being downsized due to other parts of the building getting busier.

Other:

Researchers can use the library for reference purposes by appointment and for a charge.

Library F

About the library:

The library, established in the 1920s, is run by an organisation which serves as a professional body linked to health, an educational institute and a healthcare provider, and is housed on the organisation's premises. Opening hours are from 13:00 - 20:00 Mondays, Tuesdays and Thursdays, 10:30 - 17:30 Wednesdays and 10:30 - 17:00 Fridays. Library users who are not members or students with the organisation must arrange their visits in advance. The library is accessible to disabled users and is not restricted to a particular user group. Wi-Fi access is provided free of charge for patrons of the library.

The library uses the EOS Library Management System and the books are listed in alphabetical order by the author's last name, rather than using a particular classification scheme.

The library and its services are promoted through the institution's website and publications, as well as various library listings.

About the services/facilities:

The library has a computer for patrons' use, as well as printing and photocopying facilities, and the use of four meeting rooms. The library catalogue can be viewed online off the premises and patrons can request scans and copies of material which are provided under CLA licence.

About the stock:

The library's stock consists of Books (20,000) and Journals (200) as well as some booklets and leaflets, and access to online databases. Much of the stock has been donated by members and includes a number of books of great historical interest, as well as foreign journals.

About the staff:

On an average day the library has 1 librarian and a 0.20 support staff. In addition there is an archivist who works approximately 20 hours per week. The archivist is based in the library but primarily deals with the archives of the organisation. Training for staff has included courses on copyright and speed reading, but these are only applicable to the librarian post, as the support post is a volunteer position.

The following training is provided by the staff: Patrons are shown the layout of the library, how to use the catalogue and the databases.

About the patrons:

The library primarily serves the members and students of the organisation and currently has about 350 of these, of whom 100 are regular users. The average educational level is MA/MSc and their information need is professional.

About the website:

The library's website is very comprehensive containing information about the history of the organisation, as well as the library itself, its services, stock and policies.

About challenges faced:

Amongst the challenges at present faced are library staffing levels: these were recently restructured and currently allow for one full time librarian. A new electronic library catalogue was installed and surplus stock is being deaccessioned. Problems of space and budget are forcing the library staff to reduce and rationalise stock holdings and to be more focused on material related to the organisation's speciality.

Library G

About the library:

The library was established in the 1940s as a result of a merger between three hospitals. The library is run by an educational institute, has links to a healthcare provider and is housed within the former organisation. Opening hours are 08:00 - 21:00 Mondays - Fridays, and from 9:00 - 13:00 on weekends, with staffed hours being from 9:00 - 17:00 Mondays - Fridays. The library is not restricted to a particular user group,

visits do not need to be pre-arranged and it is accessible to disabled users. A Wi-Fi connection is provided free of charge for all users.

The library uses ALEPH Library Management System and the classification scheme used is based on the National Library of Medicine scheme.

Promotion of the library and its services takes place through regular user emails, a weekly hospital newsletter and NHS Athens registrants updates.

About the services/facilities:

There are ten computers for the use of healthcare professionals and another twenty for the use of the healthcare students. Each network will give access to slightly different things, which have been deemed appropriate for use of each patron group. For a number of years the library has had various items on show linked to its heritage which can be viewed by visitors. In addition to this there is a silent group training space and a flexible space which can be used in a variety of ways. Services include interlibrary loans, and photocopying- and printing facilities. When off the premises patrons can access e-journals and various databases, although the titles vary depending whether they are healthcare students or healthcare professionals.

About the stock:

The library stock consists of Books (6,000+), Journals (1,800), E-journals (900), DVDs and CDs. Additional stock includes drawings, paintings and around 900 historical books dating between 1585 and 1920. These have all been catalogued and are kept in a locked storage cupboard. The library provides access to a variety of databases, although individual accessibility might vary depending on patron's status.

About the staff:

The library staff consists of 1 part-time (0.8 FTE) and 2 full-time librarians. There are a number of training opportunities for staff to take advantage of, including management courses, effective leadership and critical appraisal, to name but few.

The librarians provide training to patrons on how to search databases, finding material for research work, critical appraisal and Endnote.

About the patrons:

On average the library has around 50 visitors per day. The students and staff of the educational institute that runs it automatically become members, whereas for the healthcare staff and visitors the decision to join is optional. Educational levels of the patrons is listed as BA/BSc, MA/MSc, PhD and Medical degree, with their information need being professional and/or educational.

About the website:

The library's website can be accessed through the host's website which belongs to the healthcare provider and educational institute which owns the library. The website itself

is well organised with information on services, opening hours and location details, subject guides and news relevant to the service.

About challenges faced:

Over the years, a number of changes have taken place, with parts of the service being discontinued and further mergers resulted in increased material which needed to be gone through and sorted.

Library H

About the library:

The current library services is a result of a merger between two libraries few years ago. The library is run by a healthcare provider and housed on its premises. Opening hours are from 9:00 - 17:00 Mondays to Fridays, with out of hours access to learning resource centre located just outside library. Access is restricted to staff and students linked to the healthcare provider with possession of a swipe card, their visits do not need to be pre-arranged and the library can be accessed by disabled users. The library provides Wi-Fi access to all of its users free of charge.

The Library Management System used is SIRSI and the same system is used for stock classification.

The library promotes its services through Twitter, trust publications, direct marketing, and by operating a stall at inductions and learning events.

About the services/facilities:

The library and the learning resource centre have 15 computers between them for patrons' use, with both areas having printing- and photocopying facilities. The library has a meeting room on its premises, and offers interlibrary loans and postal loans for its members that live farther away. Immediate plans include formal IT training for staff and users and this will shortly form part of the services.

About the stock:

The library stock consists of Books (10,000), E-books (core collection and 2 large subject specific bundles), Journals (40), E-journals (core collection and 2 large subject specific bundles) and 330 AV and health education models. The patrons have access to the following databases: Core NHS Databases.

About the staff:

The library employs 1.5 (FTE) librarians and 1 support staff to operate the service, in addition to the library manager whose position is divided between the library (0.5) and the Learning Resource Centre (0.5). Various job related training which aids professional development is on offer and support staff undertaking MA/MSc library qualification can apply for financial support and study time to complete the programme.

One-to-one information literacy training is provided to patrons by staff and further IT training is being planned for the near future.

About the patrons:

The library operates a membership scheme and currently has a 1727 members. Their educational levels vary from BA/BSc, MA/MSc and a medical degree, and their information need can be either professional or as a patient/sufferer. Average numbers of daily visitors are 35.

About the website:

The library's website can be accessed through the host's website which belongs to the healthcare provider which owns the library. The website itself is well organised with opening hours and location details, and information on services, collections and online resources available to patrons.

About challenges faced:

Integrating services, publicity and promotion of the libraries when the merger between them took place few years ago.

Library J

About the library:

The library was established in 1920s and is run by a professional body linked to health and housed within the organisation. The opening hours are from 9:00 - 19:00 Mondays to Fridays, and 9:00 - 17:00 on Saturdays, with an additional out of hours access. Accessible to disabled users, the library is not restricted to any particular user group and visits do not need to be pre-arranged. The library has a Wi-Fi access for patrons which is free of charge.

The library uses the SirsiDynix Symphony Workflows Library Management System and the classification scheme used is the Boston Medical Library classification scheme

The library promotes its services via organisation's website, through events and exhibitions in the new library space, and at fresher's fairs.

About the services/facilities:

The library has computers for patrons' use, laptops that can be borrowed whilst onsite, as well as printing and photocopying facilities. There are quiet study areas, a meeting room, an exhibition space and a shop linked to the organisation within the library building. Members can access databases, e-books and e-journals when offsite. Additional services include interlibrary loans, postal loans, virtual enquiry service (online chat) and online training sessions, as well as literature search service for members with results delivered by email and photocopying service for those members who live further afield.

About the stock:

The library stock consists of Books (30,000+), E-books (1,000+), Journals (800+) and E-journals (1,000+), as well as providing access to various databases linked to its members' speciality.

About the staff:

In total there are 25 members of staff in the team that regularly work shifts in the library or on the library telephone/virtual chat. This includes 2 temporary workers who are here until the end of January and one other member of staff who does one shift a week in the library. It also includes 4 members of staff who only work Saturdays. There are also 2 managers that do not work in the library or on telephone/virtual chat. 15 of these would be the equivalent to librarian posts, and 12 would be support staff. Librarians have access to a management development programme and other courses relevant to their grade and needs, whilst the support staff can access general IT training, customer service courses and others relevant to their needs and grade.

Online and onsite training for databases and e-resources are provided to members by library staff.

About the patrons:

The professional body that runs the library currently has 410,000 members, all of whom are entitled to access the library and its services, including the online resources. The majority of patrons hold a diploma in Nursing or a BSc, or are working towards one, and their information need is either professional and/or educational. Based on figures from August the library has around 160 patrons' visits per day.

About the website:

The library's website is well organised with information on services, opening hours, location details, as well as glimpses of history of the healthcare profession it represents, the organisation and the library. There are links to the catalogue, databases and other electronic resources, with suggestions on how to stay informed about the organisation, the library and its services.

About challenges faced:

The library has been undergoing a remodelling for the last few years which has resulted in a much improved library space, facilities and services to its members. This has caused some challenges in the shape of technological glitches and new working methods, but these have gradually been resolved by staff.

Library O

About the library:

The library was established in the 1970s and is run by an educational institute with links to a particular ailment, and a healthcare provider, although it is housed independently. Opening hours are from 9:00 - 19:00 Mondays and Tuesdays, and 9:00 - 17:30 Wednesdays to Fridays, with no out of hours access. Visits do not need to be

pre-arranged and the library is not accessible to people in wheelchairs. There is a Wi-Fi access for healthcare students while on the premises.

The Library Management System used is Aleph and there are two classification schemes in operation, with the lower floor utilising the National Library of Medicine classification scheme, whilst the upper floor uses a Faceted classification scheme developed by Ruth Daniel in the early 1970s.

The library promotes its services by sending occasional emails to hospital staff, through its library blog and Twitter account.

About the services/facilities:

The library provides five computers for patrons use with printing- and photocopying facilities. Other services include: interlibrary loans, enquiries handled over the phone and electronic material available to healthcare students when offsite.

About the stock:

The library stock consists of the following: Books, Journals, E-journals and Booklets/ Leaflets, along with archival and historical material related to library's speciality. The estimated stock numbers are considered to be 18,000 on the upper floor and 6,000 on the lower floor. The library provides access to various online databases which are relevant to its speciality.

About the staff:

The staff consist of 1 librarian, 1 head of issue desk and one support staff. All members of staff have access to courses through the educational institute that runs the library, but these tend to be induction courses, and once completed there is no need to repeat.

The library staff perform searches for doctors, provide training to users on how to search databases and the use of bibliographic software.

About the patrons:

Initially the library was run as a gentleman's club with a selective membership, the membership criteria consisted of being a consultant of the library's speciality, but this is no longer the case. All healthcare students and healthcare staff with links to either the trust or the educational institute can register, with public visitor having to settle for a reference access. On average visits tend to be somewhere between 25-30 per day. The patrons' educational levels vary from diplomas, BA/BSc, MA/MSc, PhD and a medical degree , whilst their information need is in most cases educational.

About the website:

The library's website can be accessed through the host's website which belongs to the healthcare provider and educational institute which owns the library. The website itself is well organised with information on services, opening hours and location details, subject guides and news relevant to the service.

About challenges faced:

The library has suffered staffing problems for a number of years. Threats regarding the current location of the library, as well as lack of funding and budget cuts, have resulted in difficulties when it comes to modernising or adding to the library stock.

Appendix 4 - The four e-mails sent to participating Libraries

Email 1:

From: PG-Orlygsson, Oskar [<mailto:Oskar.Orlygsson.1@city.ac.uk>]
Sent: 10 May 2013 18:59
To: Undisclosed recipients
Subject: Request for material for a MSc Dissertation in Information Science - City University

Dear Sir/Madam;

My name is Oskar Orlygsson and I am a MSc student in Information Science at City University in London. Having previously studied BSc (HONS) in Adult Nursing, I am very interested in Libraries that provide health information to either healthcare professionals, or the public.

For my MSc dissertation I am planning to do an evaluation on health libraries in London and the service that they offer, and I am hoping that either yourself, or someone in your organisation would be willing to assist.

This would consist of a survey with questions which I would email to you, and the option of a clarification, either in person, or by email, if needed. The questions would cover the following areas:

- The library: services offered, staff, opening hours, out of hours access etc.
- The facilities on offer within the library
- The patrons
- The library stock: classification system, online databases, stock material, interlibrary loans etc.
- Technology: remote access, computers onsite, Wi-Fi access
- Challenges and/or changes to the service (past or present)

There are no plans about approaching your patrons, or to ask for any personal information about them. The questions would be focused on their profession and their use, or non-use of the service.

I am fully aware that everyone's workload is extremely high and will endeavour to take up as little of your precious time as possible. In return for your participation I will send you a digital copy of my results, which should be extremely helpful when planning future service delivery.

I would be extremely grateful if you and your organisation saw it fit to participate in this study, as more participants will add dimensions to this interesting topic and lead to more worthwhile results.

I look forward to hearing from you soon.

Kind regards,

Oskar

Oskar Orlygsson
MSc Student
School of Informatics
City University, London

Email 2:

From: PG-Orlygsson, Oskar [<mailto:Oskar.Orlygsson.1@city.ac.uk>]
Sent: 15 July 2013 11:37
To: Undisclosed recipients
Subject: Questionnaire for London's Health Libraries - MSc
Dissertation Project

Dear All,

I hope this email finds you well and enjoying the warm weather that we have been experiencing.

As I explained in a previous email, I am undertaking a study of London's Health Libraries, their services, staff and patrons, for my dissertation project, in the form of a questionnaire and a literature review. For various reasons, which I won't dwell on here, the process of getting the questionnaire ready has taken longer than anticipated, but the time is finally here and it is attached to this email, along with an instruction sheet.

Aware of everyone's time constraints and high work loads, I have tried to minimise the number of questions, as well as finding ways of answering them quickly, without compromising on the information needed for the project. The result is 21 questions, most of which can be answered by ticking boxes, and few that allow the respondent to explain things in more detail.

I hope you are still in the position of being able to participate in this study and very much appreciate your time in doing so.

I look forward to receiving your results, and should there be anything that needs clarification please do not hesitate in contacting me.

Many thanks in advance.

Yours sincerely,

Oskar

Oskar Ingimar Orlygsson
MSc Student
School of Informatics
City University, London

Email 3:

From: PG-Orlygsson, Oskar [<mailto:Oskar.Orlygsson.1@city.ac.uk>]
Sent: 08 August 2013 11:12
To: Undisclosed recipients
Subject: Questionnaire for Health Libraries in London

Dear Sir/Madam,

At the middle of May this year I sent out a request by email to a number of Health Libraries in London (please see below for the original email), asking for assistance with a questionnaire in relation to a dissertation project that I am undertaking at City University. I have now completed the questionnaire and am hoping that you and your library will be in a position to help out.

I enclose the questionnaire and instructions.

Many thanks in advance.

Yours sincerely,

Oskar

Oskar Ingimar Orlygsson
MSc Student
School of Informatics
City University, London

Email 4:

From: PG-Orlygsson, Oskar [<mailto:Oskar.Orlygsson.1@city.ac.uk>]
Sent: 11 December 2013 14:28
To: Undisclosed recipients
Subject: A possible visit to your library

Dear All,

Following your participation in my MSc project, a study of health libraries in London and their services, I am hoping to be able to visit your libraries over the next 10 days or so. Each visit would last approximately 30 minutes to an hour, enabling me to ask few questions and get a better feel of your library services. It would also give you a chance to ask me any questions about the project.

When it comes to visiting times, I am fairly flexible, although I work Tuesdays and Thursdays in the afternoon, and will do my utmost to fit in with your schedules.

Please let me know if there are any times/days that visits would not be possible, or if you are unable to receive me at all.

I look forward to hearing from you, and hopefully seeing you all very soon.

Kind regards,

Oskar

Oskar Ingimar Orlygsson
MSc Student
School of Informatics
City University, London

Evaluation of London's Health Libraries Questionnaire

1. Is the Library run by, or linked to any of the below? (please tick all that apply):

A Professional body linked to health
Organisation linked to a particular ailment/condition

An Educational institute
A Healthcare provider

Other – Please explain: _____

2. Where is the Library service located?

Housed within the organisation/institution that it is linked with
Housed independently

3. Accessing the Library service:

Do visits need to be pre-arranged?	Yes	No
Is the Library accessible to disabled users?	Yes	No
Is access restricted to a particular user group?	Yes	No

If yes, which group is the library restricted to? _____

4. What are the opening hours?

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

5. Is there an out of hours access?

Yes No

6. Does the Library have a Wi-Fi access?

Yes No For all Members only Free
At a cost £ _____

7. Does the Library have any of the following facilities/services?

Interlibrary loans	Yes	No
Library blog	Yes	No
RSS feeds or email updates for patrons	Yes	No
Computers for patrons' use within the library	Yes	No
Photocopying facilities	Yes	No
Meeting rooms	Yes	No

Other:

8. Please list any training provided by Library staff to patrons:

9. Does the Library promote or advertise its services?

Yes No

If the answer is yes, how and where does this take place?

10. What does the Library's stock consist of?

Books ____ E-books ____ Journals ____ E-journals ____ Booklets/leaflets ____
Other ____

11. Which Online databases does the Library subscribe to?

12. What services, if any, are accessible off the premises?

13. What was the usage of the following stock/services in the last 12 months?

Books ____% E-books ____% Journals ____% E-journals ____% Booklets/leaflets ____%
Online databases ____% Interlibrary loans ____% Other ____%

14. What is the average number of _____ on a day to day basis?

Librarians on duty ____ Support staff on duty ____ Visiting patrons ____

15. How many of the staff are educated to the following levels?

Managers: GCSE/A-levels ____ BA/BSc ____ MA/MSc ____ PhD ____ Other ____

Librarians: GCSE/A-levels ____ BA/BSc ____ MA/MSc ____ PhD ____ Other ____

Support staff: GCSE/A-levels ____ BA/BSc ____ MA/MSc ____ PhD ____ Other ____

16. What are the training- and ongoing educational opportunities for staff?

Managers/Librarians:

Support staff:

17. Does the Library operate a membership scheme?

Yes No

If yes, how many are currently registered as members? _____

Of the registered members, how many are regular users of the Library and its services?

18. What is the level of education of the majority of the Library patrons?

GCSE/A-levels BA/BSc MA/MSc PhD Medical degree Other

19. What is the most common nature of patrons' information need?

Professional Educational Patient/sufferer Carer Other

20. Has the Library service experienced recent changes, and/or challenges? How were these solved?

21. Is there anything else I should know?

**Instructions for completing
"The Evaluation of London's Health Libraries Questionnaire"**

Q 1 - Who are your service users? Is the library linked to a particular professional group, an illness or an organisation? An example of a professional body would be 'The Royal College of Surgeons', and educational institute would be a university, or an institution that provides a medical/health related training, an example of an organisation linked to a particular ailment or condition could be 'The Alzheimer's Society' or 'Cancer Research', and an example of a healthcare provider would be 'The NHS'.

Many libraries will have multiple use and links, so please choose all that apply. However, if you feel that none of the above describe your organisation, then please fill in the 'Other' option with a fitting classification.

Q 2 - Is the library further linked to a particular group or an organisation due to its location?

Q 3 - Is access to the library restricted in any way, either due to location, membership requirements or staffing levels?

Q 4 - What are the opening hours of the library service?

Q 5 - Is there any access to the service out of those hours mentioned in previous question?

Q 6 - Does the library provide Wi-Fi access to users, if this is the case, does one have to be a member to access it? Is there a charge for the service?

Q 7 - What services and/or facilities does the library offer their patrons?

Q 8 - Is there any training on offer to library patrons, such as accessing the internet or online databases?

Q 9 - Does the library promote its services, either to a particular user group, or the public? How does this take place?

Q 10 - How many books, journals, leaflets, etc. are featured in the stock of the library?

Q 11 - Does the library subscribe to any online databases, and if so, what are they?

Q 12 - Does the library allow any part of its services to be accessed off the premises?

Q 13 - If known, please list in percentages the usage of services offered by the library in the last 12 months?

Q 14 - What is the ratio of staff on duty to visiting clients on an average day?

Q 15 - What are the education levels of the staff, based on their grade?

Q 16 - Do the staff have access to training that compliments their roles?

Q 17 - Questions about library membership, users and non-users.

Q 18 - What are the education levels of the majority of the library patrons?

Q 19 - What is the reason for the patrons' visits? If the answer is 'Other', then please expand on the lines below.

Q 20 - Changes or challenges can refer a variety of things, such as staffing levels, new computer software, user access problems, housing situation, financial situation and possible solutions to these.

Q 21 - Is there anything else that I should know that has not been covered in previous questions?

If you have any questions, or need a clarification of any of the questions, do not hesitate to contact me on the below email.

