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HEALTH SCIENCES LIBRARIES GROUP

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IRISH HEALTH LIBRARIES: NEW DIRECTIONS

REPORT ON THE STATUS OF HEALTH LIBRARIANSHIP & LIBRARIES IN IRELAND (SHELLI)

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NOTES

Please note that throughout this report the term 'library' is used to describe organisations and institutions; the term should be taken as encompassing all types of health library and information service.

Commercial health-related libraries (for example, in the pharmaceutical industry) in Ireland have not been included in the scope of this research.

ACRONYMS

The following acronyms have been used throughout this report:

ALIA	Australian Library and Information Association
CI	Clinical informationist
CILIP	Chartered Institute of Library and Information Professionals
CPD	Continuing professional development
DATH	Dublin Academic and Teaching Hospitals
DoHC	Department of Health and Children
EBM	Evidence-based medicine
FTE	Full-time equivalent
HEA	Higher Education Authority
HIQA	Health Information and Quality Authority
HLISD	Health Library and Information Services Directory
HSE	Health Service Executive
HSLG	Health Sciences Libraries Group
ICRAM	International Campaign to Revitalise Academic Medicine
ICT	Information and Communications Technology
IDAAL	Intellectual Disability and Allied Libraries
IL	Information literacy
ILL	Inter-library loan
INMO	Irish Nurses and Midwives Organisation
KPI	Key performance indicator
LAI	Library Association of Ireland
LIS	Library and information services
LISU	Library and Information Statistics Unit
MLA	Medical Library Association
NGO	Non-Governmental Organisation
NHS	National Health Service
PC	Personal computer
PDA	Personal digital assistant
RCSI	Royal College of Surgeons in Ireland
RSS	Rich Site Summary; Really Simple Syndication

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FOREWORD

Health services in Ireland face many challenges at present. Pressure is increasing to provide additional and more extensive services at a time of financial constraints. The challenge is being addressed by staff at every level, in different ways and with varying priorities depending upon their responsibilities and perspectives. Irish citizens can be reassured that their health service is being delivered by a sector that is committed, professional and energetic.

Reliable information is an essential component across every area of health service delivery, from building administration to evidence-based practice, from human resource management to primary care and beyond. Effective use of information requires its provision and also skills in sourcing, analysing and applying research to given situations and opportunities. The sector's library and information service delivers both – information provision and development of research skills among health care workers. It is an investment that underpins best management practice and commitment to the continuing professional development of all staff for the benefit of patients and their families.

The health sector's library and information services straddle government and the voluntary sector. Academic, HSE and NGO libraries create a matrix of co-operating agencies with centres of excellence and specialisms as well as more comprehensive core collections. At least 75 library units exist in Ireland, with almost two-thirds delivering services from hospitals countrywide. This is an impressive increase on provision in the 1990s when health information services were in their infancy. Cost-effective growth over the past two decades has been made possible by the vision of senior management in the health sector and by the expertise of their professional librarians who have applied their technical skills, e-opportunities and their commitment to co-operation to nurture and develop this national network of health information centres.

Within the health sector, library services, like all other areas, are struggling with reduced budgets, loss of expert staff and increased demand from users. The network so carefully built is now under serious threat. Co-operative initiatives and economies of scale are at risk. The national network could collapse if its role is not acknowledged and if essential elements are not protected. In these circumstances, it is no surprise that health sciences librarians have taken an initiative to inform themselves and their managers regarding remedial actions necessary at a strategic level. This report was commissioned to inform strategic development and sustainability for the health sector's library and information services, by recording the current status of library and information services, and by offering insights into best international practice relevant to the Irish situation. Objective and independent, it makes a case for enhanced management and focus to further build a body of evidence demonstrating the impact of competent information services on health outcomes. The report outlines a route for development that will depend on health librarians taking on a significant workload, which will be possible only if it is supported by the management of their organisations. At a time when cost-effective action is a cornerstone for national recovery, continuing support for a library and information service to deliver better services to citizens by helping all health care workers in their daily work and practice would be prudent as well as enlightened.

Fionnuala Hanrahan
President
Library Association of Ireland

The concepts of the credible, reliable and efficient service of both the library and librarian in the health arena in Ireland are well-established.

EXECUTIVE SUMMARY

Health librarians in Ireland face significant challenges. The country's financial crisis means that the resources needed to support professional development, to maintain knowledge-based information resources and to overcome existing gaps in service provision will be hard won. This report argues that, despite these difficulties, health librarians in Ireland have the capacity to match international best practice and to continue to make a significant contribution to Irish health care. For this capacity to be realised, health librarians must see that the diverse and valuable role they currently play in the health system is fully recognised. Greater advocacy and systematic evaluation of health libraries will provide the evidence base that will consolidate the supportive view of the profession held by stakeholders and academia. It is essential to leverage this support so that health librarians can fully play their role in the development of an efficient, evidence-based and progressive health service in Ireland.

Why was this report commissioned?
The Health Sciences Libraries Group (HSLG) of the Library Association of Ireland (LAI) commissioned this study for the following reasons:
» to gain a broad understanding of what is happening in practice;
» to gain knowledge about international best practice; and
» to inform the strategic development and sustainability of health libraries and librarianship in Ireland.

The Department of Information Science and the Library and Information Statistics Unit (LISU) at Loughborough University undertook the study between December 2010 and March 2011.The research gathered both stakeholder and librarian views. Stakeholders include leaders of service users in academia and in clinical settings and policy makers in the Department of Health and the Health Service Executive (HSE).

110,000

health service staff in Ireland.

75

health libraries and information services of different types of which **49** of these services were located at hospital sites, including academic teaching hospitals.

Health services and health libraries
The health service is a very knowledge-intensive industry. There are 110,000 health service staff in Ireland who need to be able to access research information for their workplace skills and continuing professional development. The health service in Ireland is funded by the government and by the voluntary sector, and this dual source of funding is reflected in the types of libraries that make up the landscape of the Irish health library sector. The sector is further sub-divided by the academic, HSE and voluntary provision. The study identified 75 health libraries and information services of different types and this sets the lower boundary on the size of the sector. Forty-nine of these services were located at hospital sites, including academic teaching hospitals; 34 HSE libraries were identified. Staff associated with these library services numbered 23 subject librarians in academic libraries and 46 library staff (FTE) in the HSE sector. Twenty-two per cent of the individual members of the Library Association of Ireland are HSLG members; this translates into a significant, strong and active professional voice.

Stakeholder views
The consensus view of the stakeholders interviewed/surveyed, especially the representatives of the major service users – doctors and nurses – was an appreciation of the value, role and contribution of libraries and librarians in health care services. The views and actions of the representative of the Department of Health interviewed are both encouraging and positive. These individuals are therefore identified as champions of the Irish health library service and of health librarians. However, there is also a perception among health librarians of a lack of understanding at senior management level and throughout the wider health service as to what the library service offers the health service. Librarians also identified a lack of visibility of libraries, and perceived a lack of understanding of the value of the library services, within the health service.

Health librarians' views
Health librarians, particularly those outside the academic sector, feel that their services are vulnerable to cuts in staffing, which have already affected their ability to provide

a comprehensive service to their users. The loss of resources also impacts on their continuing professional development, and on efforts to develop the skills of their junior staff. Irish health librarians receive generic rather than specific librarianship training and learn the health context for their role on the job. There is therefore potential for a significant skills gap in the future as senior staff retire.

The range of activities undertaken by health librarians in Ireland is broad, and there appears to be a blurring of distinctions between the roles of professional and para-professional staff in some areas.

Inequality of access to information
The research also found considerable disparity in the level of information which is readily available to practitioners, for example between doctors and nurses, and between those in academic institutions and in hospitals. This is a growing concern as libraries are closed and amalgamated. User access to electronic resources is seen as a key issue by health librarians in all sectors. The issue is particularly marked where members of academic institutions work alongside colleagues employed directly by hospitals or the HSE, with different licensing arrangements. Physical access to the technology required to search for information online is also an issue in some clinical settings.

Future directions and international practice
Future health library provision is seen to be dependent on information technology and the capacity to provide a range of services when and where they are needed. While advances in this area will rely on suppliers to provide appropriate mobile phone applications to enable access to resources, health librarians are ideally placed to support and promote such initiatives. Health librarians perceive their role to be changing, and expect a greater emphasis in future on user training and induction, literature searching and analysis, and involvement in clinical meetings and ward rounds. Little evidence was found of the use of clinical librarians in hospital settings in Ireland, and this is a role which could be expanded.

Ireland does not have the required body of evidence to show the impact of health libraries and health librarians on clinical practice and patient outcomes. Building this body of evidence is crucial to the future of the health library service. The worth of health libraries and librarians has been demonstrated in the abstract and international experience points to innovative ways of working which can help overcome the perceived a lack of understanding of the value of the library services.

The Irish health library community has a strong national professional voice in HSLG; committed and skilled health librarians working throughout the nation providing a range of services form a strong community of practice. Irish health libraries and librarianship are at a pivotal point in their history. While existing users value them, they are under threat. In order to develop their roles in support of the Irish health sector, investment in resources and staff is essential. Health libraries are seen to play a vital role in the delivery of clinical services internationally, and this is the desired standing for Irish health libraries. The gap between best international practice and Irish health librarian practice can be bridged. Given the diversity of the Irish health library sector and the current lack of a professional voice in government and the wider health service, HSLG is judged as the most appropriate body to drive forward the changes required to sustain services, effect change and develop Irish health librarians and library services.

Recommendations
The evidence gathered in the study culminates in the following recommended actions, grouped in three strategic areas:

Identify champions and promote visibility

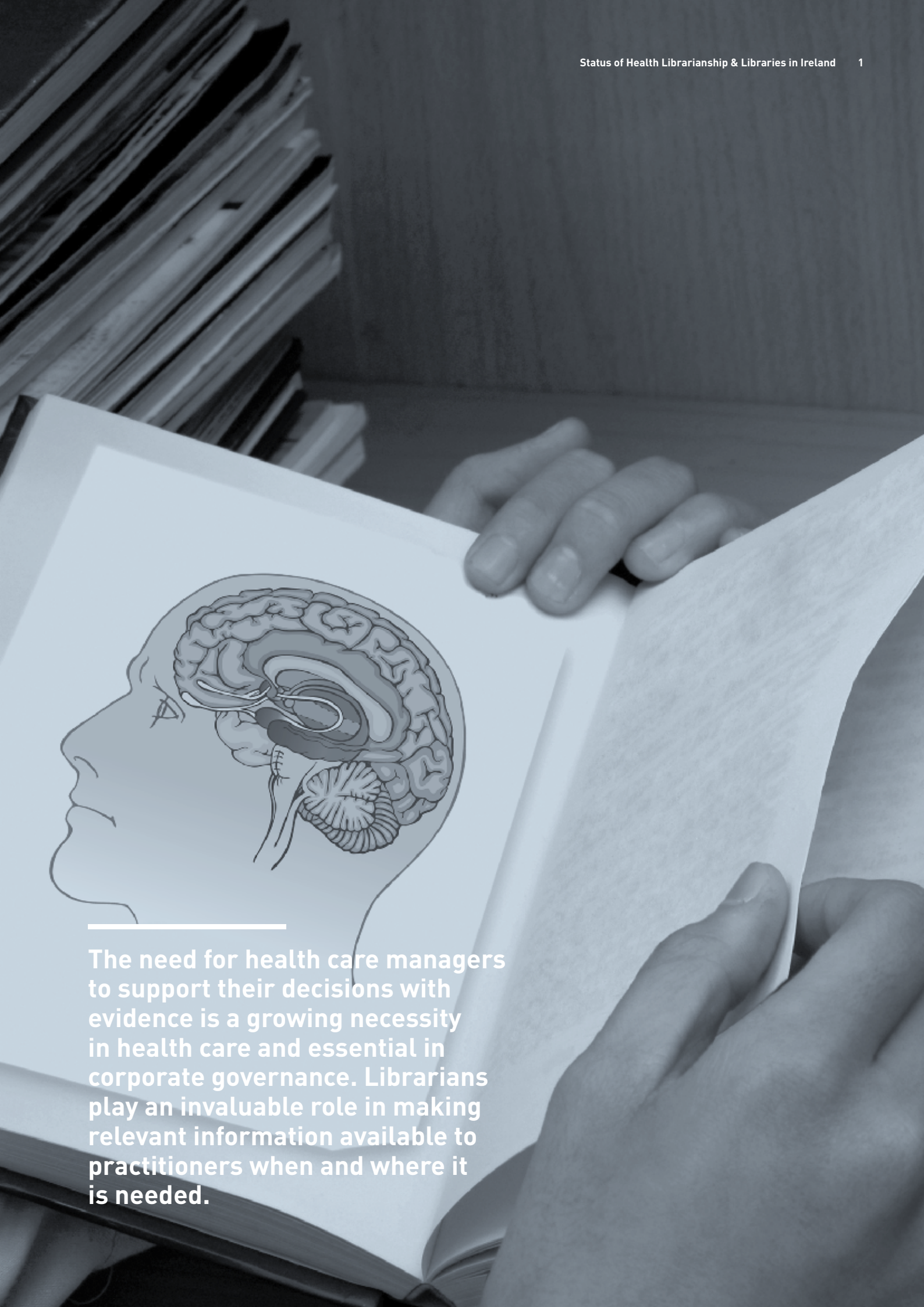
» HSLG should positively develop their relationship with the Department of Health. The re-establishment of a library function in this department is a golden opportunity to gain a voice at government level for libraries, and national recognition. This is key to broadening the understanding and influence of libraries in health services and the wider community.
» All health librarians should identify a clinical and a corporate champion in their workplace and engage with them, building partnerships to raise the profile of the library services and promote their value more widely.
» Health librarians should market to clinicians, hospital managers and other stakeholders their expertise in EBM, information literacy, and specialist information and search services within the academic and health service environments.
» HSLG should develop a range of promotional materials and use these both within the health sector and more widely among stakeholders and the general public.
» Health libraries should examine the relative positioning of their online presence within their organisations, and work to improve this if necessary.

Establish a body of evidence

» Health library standards in Ireland should be reviewed. The Department of Health should adopt the standards, and HIQA should monitor library performance against them.
» Performance indicators, tailored to the missions and major objectives of individual health library services, should be adopted in line with international standards.
» HSLG should consult the academic library sector for best practice exemplars of data collection and monitoring.
» All Irish health libraries should collect systematic evidence of the impact of their operations in improving patient outcomes and providing cost-effective health services.
» Individual libraries should pro-actively use evidence to demonstrate the value and impact of library services to clinical managers and chief executives.
» HSLG should co-ordinate and act for the sector in the collection and wide strategic dissemination of evidence.
» HSLG should build an evidence base of successful projects to provide support for individual librarians.

Staff and service development

» HSLG should support the development of clinical librarian services by building an evidence base of good practice in this specialist area.
» Hospital librarians should consider how clinical librarian services might operate in their own circumstances.
» Health librarians should identify clinical research opportunities in all sectors, and offer their information and knowledge skills to the research team.
» HSLG should work towards defining a core collection for all health libraries.
» HSLG should initiate a strategic discussion to prioritise practical and innovative ways to provide common levels of access to electronic resources.
» The hospital sector and the university sector should conduct a feasibility study on the provision of integrated information services within defined geographical areas.
» Health librarians should aim to unify as a single nationwide purchasing consortium and enter into a new dialogue with all suppliers.
» Health libraries should prioritise access to quality information via mobile phone applications and Web 2.0 technologies.
» HSLG should work with LAI, CILIP and the higher education sector to encourage the inclusion of specialist health information content in university LIS courses.
» HSLG should facilitate a mentoring scheme for new and solo health librarians.
» HSLG should initiate a dialogue to promote practical and innovative ways to ensure equal access to electronic resources for all users. Contributors to this dialogue should include representatives of medical schools, the nursing profession, the Department of Health and hospital management, as well as librarians and resource providers.



The need for health care managers to support their decisions with evidence is a growing necessity in health care and essential in corporate governance. Librarians play an invaluable role in making relevant information available to practitioners when and where it is needed.

1. INTRODUCTION

Health librarianship and libraries in Ireland have been well researched over the past 15 years and standards of service are acknowledged and established. The concept of the credible, reliable and efficient service of both the library and the librarian in the health arena in Ireland is well established. In line with that in other western countries, health care provision in Ireland has, in recent years, been underpinned by several government strategies and by legislation. Those involved in areas such as the education of health professionals, evidence-based practice, patient safety and health research require access to accurate, current, clinical information and medical research. Health libraries and librarians play an invaluable role in making this information available to practitioners when and where it is needed. Government policies and strategies in these areas therefore have tangible implications for health sciences librarianship.

This research was conducted between December 2010 and April 2011. Key stakeholders were interviewed, health librarians were surveyed, and the evidence triangulated via a focus group. The international context was addressed by desk research. Full details of the methodology are given in Appendix 1. Evidence gathered from all these strands of investigation has been analysed and synthesised into this report.

1.1. CONTEXT FOR THE RESEARCH

In Ireland, health librarians primarily operate within three acknowledged environments:

» Academic medical, nursing or health sciences libraries in the universities and the higher education sector.

  The number of health sciences librarians (subject librarians) specifically attached to broad health sciences disciplines in all institutions is estimated to be 23. Large teaching hospitals are primarily associated with the medical schools and their related clinical research activities in Dublin, Cork, Galway and Limerick.

» Hospital and health service libraries within the Health Service Executive (HSE).

  Since its inception in 2005, the HSE is administratively divided into four geographical regions. Libraries, however, were not reorganised under the new Health Service Executive. There are five regional librarians in the HSE who continue to operate under the pre-2005 structure (i.e. the Health Board structure).

» Libraries with a focus on health in voluntary, private, government, state and semi-state agencies.

  This area of the health information environment is wide-ranging and disparate, and includes, for example, the National Disability Authority, the Irish Blood Transfusion Service, and the COPE Foundation.

Health librarians and information specialists in each of these environments provide resources and services that support the teaching and learning, clinical practice, and research activities undertaken in these settings.

This research into the current status of health libraries and librarianship in Ireland is timely; it is now six years since the second edition of the **Standards for Irish health care library and information services** was published (LAI, 2005). This fact, as well as the socio-economic situation currently prevailing in Ireland, and changes in the Irish health sector and in the wider public sector, suggests that a review of the health library sector is warranted. The timing of the research is also in line with the international perspective, particularly that of the Hill report on the NHS health library services in England published in 2008, which identified four key purposes of health libraries, namely, to support:

» Clinical decision making by patients, carers and health professionals
» Commissioning decisions and health policy making
» Lifelong learning by health professionals
» Research

An analysis of current trends indicates that health librarians deal with diverse issues, including: the use of space; information retrieval; the increased involvement of patients in health care decision making; new roles; and new places of work. The rapidly changing environment in which health sciences librarians work, and their own efforts both to adapt to, and to lead, such change are reflected in job titles such as 'Information and Knowledge Manager', used to describe an expanding role.

The information profession in general is adapting to an environment that offers increasingly easy access to electronic information from a range of locations. Many health library collections are already largely electronic. Health librarians are likely to be involved in managing the provision of complex information resources and designing a different type of working environment as the migration from print-based to digitally based collections accelerates.

The role of health sciences librarians is associated with the practice of evidence-based health care through supporting access to published evidence which in turn supports health-related activities and decision making. Documents underpinning health policy, medical education, professional standards and patient care highlight evidence-based practice and the necessity of using knowledge-based resources, most often provided through hospital library services, to support this.

Two inter-related issues with regard to health information for patients and individuals with health information needs are access to quality information and the ability to understand and interpret health information. In this regard, health information literacy and consumer health information services are linked issues, both of which are likely to become increasingly prominent in Ireland in the future. There is a clear role for health services librarians to play in supporting the provision of quality health information to the public.

1.1.1. Health care context

The **Department of Health and Children** has a statutory role to support the minister for health in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services, carried out in conjunction with the Health Service Executive (HSE), voluntary service providers, government departments and other interested parties.

The **Health Service Executive** administers all government-funded health services in Ireland. Within the HSE there is a small department, Health Intelligence (part of the Quality and Clinical Care Directorate), responsible for 'capturing and utilising knowledge to support decision making to improve the health of the population'.

The academic medical and nursing sector in Ireland consists of medical, nursing and allied health schools of third-level education institutions listed on the websites of the Irish Higher Education Authority (HEA)[1] and Education Ireland.[2]

1.1.2. Socio-economic situation in Ireland

The socio-economic situation in Ireland in 2011 is grave, and this has a major impact on the health sector and, as a consequence, on the health library sector. This has been reflected in the public sector by a freeze on recruitment and on replacement of personnel. A new agreement between government and the public sector trade unions has been reached whereby junior staff can be redeployed up to 40 km away from their

[1] http://www.hea.ie/en/AboutHEA, accessed 05/05/11
[2] http://www.educationireland.ie, accessed 05/05/11

original base.[3] This affects clerical staff, including library assistants, who may be moved to another library but are more likely to be moved to an entirely different role. The harsh reality is that a library assistant may be moved to another department, such as payroll or medical records, without being replaced. HSE libraries, in particular, are known to have lost staff under this new agreement. Thus, the health library service is impoverished and the skills and knowledge of the members of staff are both disregarded and lost. This has resulted in some health librarians now facing an inevitable situation of fewer staff, shortened opening hours and, in some cases, closure of services. These moves lessen health librarians' ability to provide appropriate services, or indeed any services at all.

It is no consolation for Irish health librarians, but is worth noting that Ireland is not alone in this new economic reality. There are reverberations all around Europe, where countries are in similar or worse economic situations. For example, the National Library for Health in Latvia has closed, the librarians have lost their jobs, and the collection has been moved to the university sector (Morgan, 2011).

The findings of the present research indicate that the mood of Irish health librarians should be judged as generally at a level of resigned determination to protect and develop services and to show value for money despite the harsh socio-economic conditions that currently prevail. This mood was illuminated by focus group participants – 'we're rare so we are valuable' was the statement of one health librarian, while another commented that 'an economic argument is needed'. These attitudes can be consolidated into a determination to demonstrate the value of Irish health libraries and librarians to others, illustrated by one phrase which emerged from collective thinking at the HSLG annual conference in February 2011 – 'Information saves lives'.

1.2. CHARACTERISTICS OF THE HEALTH LIBRARY SECTOR

The health service in Ireland is funded by government and by the voluntary sector. The health library sector derives much of its financial resource, either directly or indirectly, from the same sources, and funding, particularly state funding, is seen as 'vulnerable'. In recent years there has been considerable investment in training health service practitioners, including the provision of health library and information services. However, many hospitals are now run by chief executives who do not have a medical or health service background, and health service librarians fear that their role is not understood at senior level – 'health libraries have lost visibility due to changes in the service'. The findings of this research suggest that health librarians feel that health library services are under threat, in both academic and hospital settings. For instance, comments from focus group participants and survey respondents include:

- The state of library services reflects the fragmented nature of health services in Ireland.
- Although libraries contribute a lot to this sector, it is either not publicised or people aren't aware the library is involved.
- The librarian's job is being eroded and job roles are being stretched to include projects and other service area deliverables.
- The brand name of librarianship is probably irreparably damaged in the public/organisational mind.
- The health sector is creaking, something is about to give.
- Irreversible decline which will be accelerated by the increasing problems that this country faces.

[3] Public Service Agreement 2010-2014, also known as the Croke Park Agreement – see http://www.impact.ie/iopen24/-t-297_546_549.html

Health libraries are seen as an easy target for cuts in public spending, and any moratorium on recruitment affects career progression and the ability of library staff to develop their services. As one survey respondent noted, 'My fear is that we will continue to lose our clerical support staff and that in a few years time professional librarians will be the only staff working in libraries, and our time will be spent performing administrative duties and not providing high-level information support for the benefit of patient care.' Librarians are undertaking more work in their own time, including reading, to keep up to date with professional activities. This is considered necessary by many, as there is now little or no opportunity for travel and training for those in the public sector. Librarians in academia are faring marginally better. Several focus group participants concurred with the statement 'If it's free, it's not valued: so put a price on it.' It is clear that health librarians need to market their services more effectively in this new environment of health care in Ireland.

The re-establishing of a library function in the DoHC is a very positive sign for health librarians. A key stakeholder interviewed for this report said that there had not been any resistance to re-establishing the library and that the purpose of the library and its emphasis on evidence-based resources was clear. The physical space is to be called a reading room, not a library. The interviewee said that 'there are 110,000 health service staff and libraries have a role to play in equipping the workforce with information they need'. and that 'the Health Service is a very knowledge-intensive industry'.

1.2.1. Size of the sector

This research identified a total of 75 health libraries and information services of different types in Ireland; this sets a lower boundary on the size of the sector.

Professional library membership

Statistics from the Library Association of Ireland (LAI) show a total of 563 members (504 individual and 59 institutional) for the year 2010. Of these, 107 were members of the Health Sciences Libraries Group (HSLG). This suggests that the HSLG represents about 19% of the entire library sector. The figures for 2011 (as of 31 March) record 326 LAI members (289 individual and 37 institutional) who have renewed their membership. Of this number, 65 (22%) are HSLG members.

The HSLG mailing list has some 186 contact addresses, distributed over 93 organisations; the figures have remained at this level over a number of years. However, not all health library professionals are members of HSLG, and some libraries have more than one staff member in HSLG.

Types of health library service

Academic libraries

There are five higher education institutions with undergraduate schools of medicine (National University of Ireland, Galway (NUIG), Royal College of Surgeons in Ireland (RCSI), University College Cork (UCC), University College Dublin (UCD), and Trinity College Dublin (TCD)), and two institutions with a graduate entry programme for medicine (RCSI and University of Limerick (UL)). Schools of nursing are located in six universities (Dublin City University (DCU), NUIG, UCC, UCD, UL, and TCD), in the RCSI, and in six of the institutes of technology (Athlone, Galway–Mayo, Tralee, Letterkenny, Waterford and Dundalk). Allied health schools, including dentistry, pharmacy, physiotherapy, occupational therapy, and veterinary sciences, are fewer in number and are located within the universities and the RCSI. Technician-level and some health promotion and health-related courses are also offered by several institutes of technology and by some

private colleges. It would be a safe assumption that all of these course providers offer library facilities to their students; what is less clear, however, is the extent to which this provision is arranged jointly with local hospitals.

The number of health sciences librarians (subject librarians) specifically attached to broad health sciences disciplines in all institutions is estimated to be 23. Large teaching hospitals are primarily associated with the medical schools and their related clinical research activities in Dublin, Cork and Galway.

HSE libraries

The HSE website lists 49 hospital sites; this includes academic teaching hospitals. Thirty-four HSE libraries have been identified in hospitals that are considered to be outside the academic sector.

The HSE has four administrative regions; there are, however, five regional librarians. The current structure of the health service is such that there is no strategic and professional lead for health libraries. There were some 46 full-time equivalent (FTE) library staff in the HSE sector in 2010 this figure may have fallen since then as a result of a moratorium on recruitment in the public sector in Ireland.

Other health libraries

It was not possible to establish the exact number of health sciences libraries and librarians in the voluntary, private, semi-state, government and state agencies sector. Identification of relevant institutions, and whether or not they have LIS facilities, is particularly problematic. Sixteen such libraries and information services responded to this survey; a further four were identified from web-based directories such as the Health Library and Information Services Directory (HLISD) and Intellectual Disability and Allied Libraries (IDAAL).[4]

1.3. THE SHRINKING HEALTH LIBRARY SECTOR

Although it is not possible to accurately measure the size of the health library sector in Ireland we can say that it is shrinking rather than growing. One survey respondent emphasised this: 'I am staff down with huge reductions in spending on books and journals ... like many libraries my service is shrinking.' The closure of health library services can have a marked impact on the services available to users, particularly in clinical contexts. For example, one stakeholder described the consequence of a merger between a hospital nursing library and a nearby academic library, even though there had been no reduction in resources or staff, '... if you are not studying in the university and you are working in the hospital, you can't use it'.

Ireland is not alone in this situation, however, and lessons from experience reported in the USA may be valuable in developing strategies to counter further reductions. In 2005/6 the president of the Medical Library Association (MLA), MJTooey, established the Vital Pathways project[5] to assess the validity of reports that hospital libraries were closing and librarians losing their jobs, and to study and develop strategies to support hospital librarians. In an overview of the project and its outcomes, Tooey (2009) wrote that, although hospital librarians might appear doomed, there were success stories and strategies which could help in achieving a more secure future for the profession.

[4] http://www.hlisd.org/index.aspx; http://www.idaal.com/, accessed 09-03-11
[5] http://www.mlanet.org/resources/vital/

These included:
» understanding and aligning with the missions, goals and priorities of their key stakeholders;
» promoting themselves, their expertise, and their services; and
» keeping the services offered relevant to users' needs, and efficient.

The present research found that, while health libraries in Ireland promoted their services to users and potential users in a variety of ways, little appeared to be done to advocate for the profession at a more strategic level. As one stakeholder noted, '...if you don't have policy makers seeing it as important, then what hope have you at the bottom level...'.

The value of library services in delivering effective patient care has been demonstrated internationally, initially, and most notably, by Marshall (1992) in the Rochester study. In a study based on the Vital Pathways project, Holst *et al*. (2009) detailed a variety of current and future roles for hospital librarians and concluded that there was evidence to show that:

> From saving hospitals thousands of dollars per year to saving patients' lives, hospital librarians fulfil many mission-critical roles in today's hospital. ... Hospital librarians effectively manage huge volumes of information, providing the right information at the right time to enhance medical staff effectiveness, optimize patient care, and improve patient outcomes. They save clinicians time, thereby saving institutions money. They provide an excellent return on investment for the hospital, playing a vital role on the health care team from a patient's diagnosis to recovery. The services that hospital librarians provide are a real employee and community benefit, building staff satisfaction with their jobs and patient and family satisfaction with the health care that they receive. (p. 290)

A new approach, building on earlier work, is being employed in the USA by the National Network of Libraries in Medicine in a study on the value of library and information services in patient care.[6] The study, which includes 150 hospital libraries, aims to understand and demonstrate the value of health libraries and librarians.

Irish health libraries do not appear to have the body of evidence required to demonstrate the types of impact described in the studies mentioned above, locally or at a national level. There is awareness among health librarians that such evidence is needed. Although most health libraries appear to engage in service evaluation, this appears to be largely confined to operational matters. There is currently little, if any, evidence of the impact of health information services – how the use of library services and/or resources feeds into direct patient outcomes or financial benefits.

[6] www.nnlm.gov/mar/about/value.htm

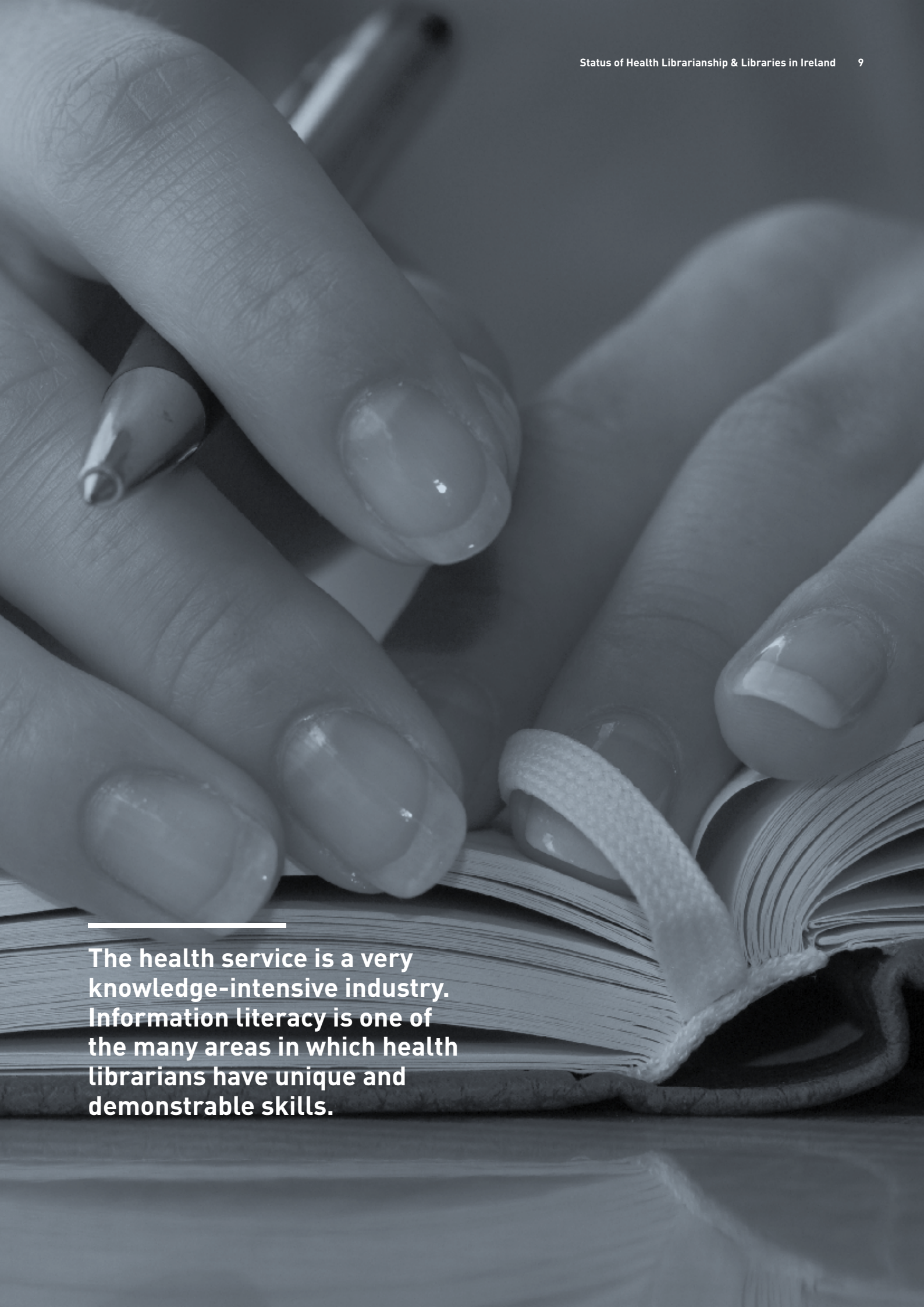
A body of evidence needs to be established, not only about the performance and value for money of health library services, but also on the value of these services in terms of patient outcomes. This evidence should be in a format suitable for both local and national use. Both qualitative evidence of individual patient outcomes and quantitative evidence of the size of library operations are needed to present a case for the value of health library services. Given the diversity of the health library sector in Ireland, HSLG is the most appropriate body to co-ordinate the collection of such evidence and its dissemination to government, senior hospital and health service managers and the general public.

RECOMMENDATIONS:

1.3.1. Health libraries should systematically collect evidence of the impact of their operations in improving patient outcomes and providing cost-effective health services.

1.3.2. HSLG should act as a collecting agency for such evidence, and use it strategically to demonstrate the worth of health library services to relevant government agencies, institutional managers and taxpayers.

1.3.3. Individual libraries should pro-actively use such evidence to demonstrate the value and impact of library services to clinical managers and chief executives.



The health service is a very knowledge-intensive industry. Information literacy is one of the many areas in which health librarians have unique and demonstrable skills.

2. HEALTH LIBRARY STAFF

Health librarians across the world have common unifying themes which identify them as a distinct group of library professionals. Health librarians provide:

» information and library services as part of the education and training of medical, nursing and other health care staff; and
» health information and evidence to facilitate health care practitioners in the direct treatment of patients.

There are many different economic models of health care across the world; however, the environment that the health librarian inhabits is usually that of an academic or hospital institution.

2.1. THE PERCEIVED STANDING OF THE PROFESSION

There was a clear perception, from the interviews, survey and focus group, that health libraries as physical spaces with collections of print material, study spaces, and knowledgeable staff are not fully appreciated or understood by policy makers, but instead are seen as irrelevant to the provision of ongoing health care.

One of the key stakeholders said that attitudes within the DoHC and the HSE were not exactly encouraging of librarians, a very good library in the DoHC was closed down over ten years ago and it is only very recently that a new library function was established. HSE priorities are to develop clinical care. Another stakeholder commented that libraries were seen as 'a luxury we can't afford', particularly in reference to physical provision. When asked how a statutory body got its information, one interviewee responded 'Not from a librarian', and noted that access to databases of published scientific research such as Embase, ScienceDirect, PubMed and Cochrane was available. As a result, most users were thought able to access full text for what they needed, and would buy individual articles if required.

According to one stakeholder, 'When the Health Boards were amalgamated into the HSE, the regional libraries were dismantled. There is still a role for regional librarians within the HSE library, although there has been a dilution of library influence at senior level.' Ten years ago there was a well-developed library at the DoHC, with good access and resources. This had declined considerably when staff changed; HSE support has now helped this to be re-built. There had not been any resistance to re-establishing the library in the Department of Health, and help and guidance had been received from the HSE. However, according to one key stakeholder, 'it's not going to be called a library, the physical space will be called a reading room and there is ongoing discussion about branding of the service. There will need to be a clear message to users and senior managers as to the services and resources available.'

Librarians expressed the opinion that they and their services are perceived as free, or at best, as having no cost to the user, agreeing with the statement, 'If it's free it's not valued'. The need for information is acknowledged by users, but with this goes a view that it is all available electronically, so that health libraries are luxuries, making them vulnerable in times of financial stringency. This suggests that health librarians are not always advocating and promoting their services at strategic level, within their parent institution or on a national scale.

Associated with the lack of a strong voice at strategic level is the issue of de-professionalisation. The erosion of the role of the health librarian is not unique to the sector in Ireland, and the causes are complex and various. One example is the failure to replace professional staff who retire – 'a lot of the roles have actually gone down to the library assistants' – while at the same time making 'an effort to up-skill para professional staff'.

It is clear that the absence of a voice at government level contributes to the low profile of health library services nationally. Raising the profile of health libraries and librarians will not be achieved overnight, and will require evidence of the value and worth of the

service, presented in terms that government and stakeholders understand, in order to be successful. The interviews with stakeholders undertaken during this research suggest that there is now an opportunity to begin a dialogue with the DoHC to build relationships for the future.

RECOMMENDATION:

2.1.1. HSLG should take advantage of the opportunity presented by the re-establishment of a library function at the DoHC to build a relationship with government stakeholders in the health sector.

Health librarians responding to the survey were asked to indicate their level of agreement with a number of statements describing the standing of libraries and librarians within health services. These statements were grouped (using factor analysis) into three broad areas – value within the organisation, the users' perspective, and the professional nature of health librarians. The responses are summarised in Figures 2.1 to 2.3 below.

Respondents' perceptions of the value their organisations placed on the librarians and the library service were generally positive, although no respondents 'strongly agreed' that their organisation regarded their function as indispensable (Figure 2.1). Attitudes concerning users were less positive overall (Figure 2.2), with a general feeling that users did not value health library and information services, or librarians, as highly as did employers. Not surprisingly, statements concerning professionalism elicited the most positive responses (Figure 2.3).

Figure 2.1 Perceptions on how organisations value library services

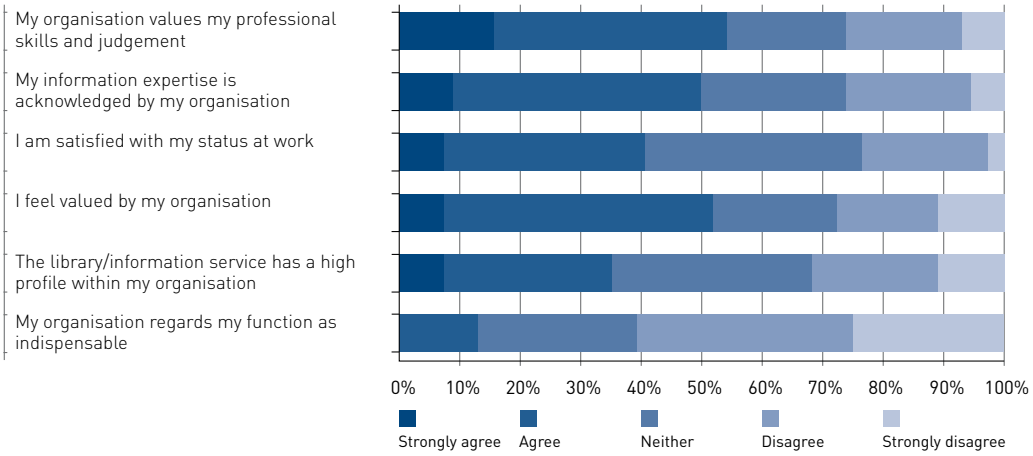


Figure 2.2 Perceptions of users' perspective

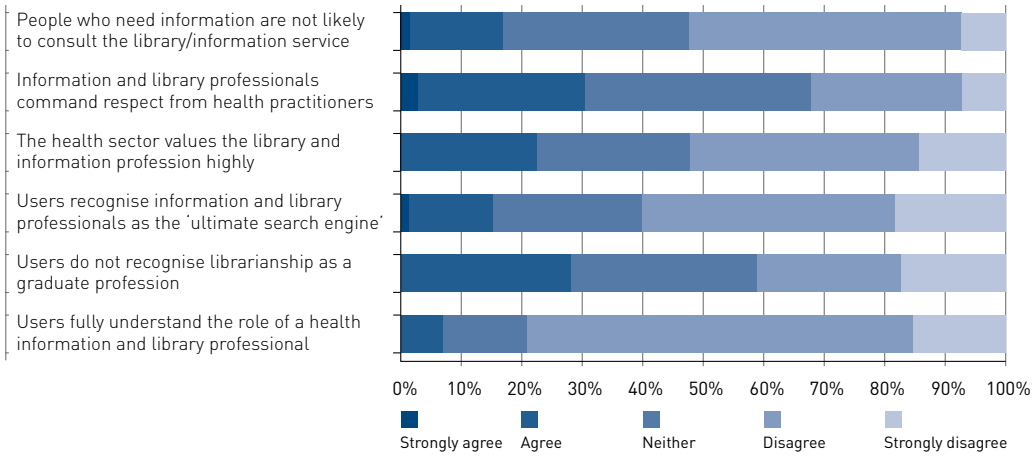
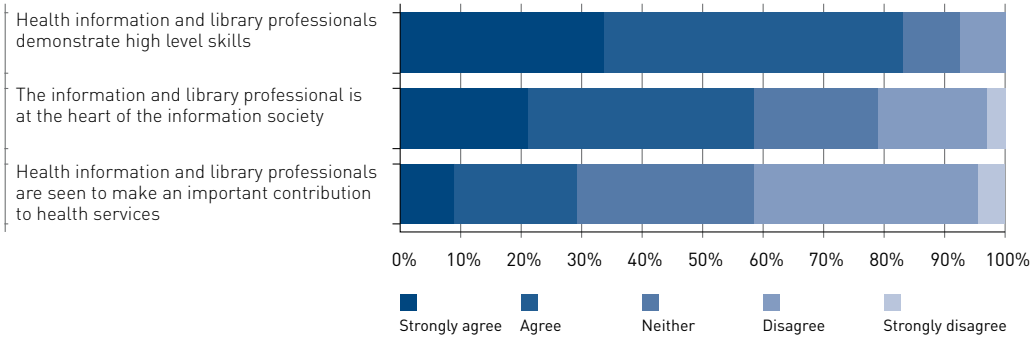


Figure 2.3 Perceptions concerning professionalism



Regrettably, there was insufficient spread of data to enable investigation of potential differences between respondents from different types of library on any of the individual statements. Factor analysis allows composite scores to be calculated for each factor, and these can be compared between groups using analysis of variance methods. When four responses relating to 'other' library types were excluded, there was no statistically significant difference between the mean scores for respondents from the four main groups of HSE, non-HSE hospital, academic, and voluntary, private, semi-state, government and state agency health libraries in their attitudes to organisational value, nor their attitudes towards professionalism.

There was a difference in attitudes concerning the user perspective, however, with those in academic and HSE health libraries having a more positive attitude than respondents from voluntary, private, semi-state, government and state agency health libraries.

There are clearly issues related to status which need to be addressed by health librarians in Ireland. Although some users and organisations clearly appreciate their value, others do not. Some of the non traditional Irish users are strategic members of the community in the health sector. Irish health librarians should begin a campaign of positive identification of these supporters of their services and unashamedly look for opportunities to strategically engage these individuals. The overriding message for health librarians to send out is that information is not free, and that without specialised health libraries and librarians health information would not be available as readily as it is now. Health service managers should be reminded that without the backing of relevant, timely and accurate information, decisions made can be very much harder to defend. A corporate and a clinical champion are required to promote the value of health libraries.

RECOMMENDATIONS:

2.1.2. All health librarians should identify both a clinical and a corporate champion in their workplace, and engage with these individuals to promote the value of their service more widely throughout their institution.

2.1.3. HSLG should develop a range of promotional materials highlighting the skills and contribution of health librarians, and seek opportunities to use these both within the health sector and more widely with stakeholders and the general public.

2.2. HEALTH LIBRARIAN ROLES

The literature review element of this study revealed the diversity of roles undertaken by health librarians across the world. The health care environment is forever changing and therefore the health librarian is forced to assess and re-assess skills and services. Booth (2007) examined 'the requirements for the 21st century health care information workforce in meeting the challenges of a fast-changing work arena'. He noted that 'across the Atlantic there is increasing championing of the "information specialist in context" role'. The emerging health profession of the 'informationist' was further explored by Grefsheim *et al*. (2010) in order to establish the effects of informationists on information-seeking behaviours of clinical research teams in the USA.

Much research has centred on the use of volunteers in the public library sector. Nicol and Johnson (2008) noted that using volunteers might be a high-risk strategy and might lead to the loss of library jobs. However, recent research in the hospital library setting has concluded that volunteers at the library desk bridge the gap 'between insiders and outsiders', and can become advocates for librarians and library services, helping to promote library services to the outside world (Calman, 2010).

Focus group participants commented that they had to work harder to be noticed and to do more with what they had. This takes energy and is not easy in a de-motivated environment with limited resources. Motivation of junior staff is a large part of the role of many health librarians. This motivation is taking the form of encouraging staff to volunteer for events, for example, taking part in bibliotherapy events and Library Ireland Day. This strategy was described by one focus group participant as a 'virtuous circle'.

Respondents to the survey were generally senior staff, having an average of 10 years' experience in health libraries. The most frequent job title was 'Librarian'. None were aged under 26 years, and the majority (78%) had postgraduate academic LIS qualifications (e.g. MA, MSc). More than half of all respondents did not hold formal professional qualifications (e.g. CILIP Chartership), however. One third were solo librarians, and half had staff management responsibilities. Less than one quarter of respondents were in Library Assistant roles, perhaps because of the methods used in this survey to reach health library staff.

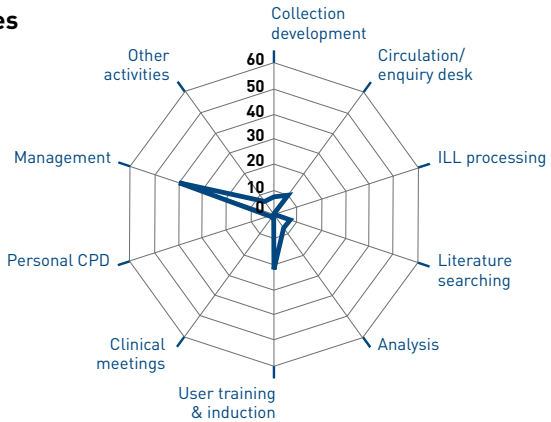
As well as asking for job titles, the survey also asked respondents to describe their role, and to indicate what proportions of time they spent in various activities. The three most common job families were Librarian, Assistant Librarian and Library Assistant. The job families identified are profiled in Figure 2.4, with each profile taken from an actual response, selected as having a typical activity pattern for respondents within that job family. The distinction between professional and para-professional roles can be seen in the relative importance of the various activities undertaken.

Figure 2.4 Indicative job family profiles

Head/Deputy Head of service

» **Job title:**
Deputy Head of Library Academic Services (Life Sciences)

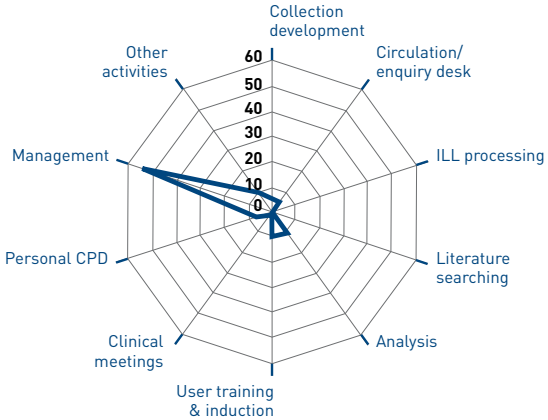
» **Key function:**
Day-to-day management of the Health Sciences Library and development of services for the Life Sciences community.



Regional posts

» **Job title:**
Regional Librarian HSE

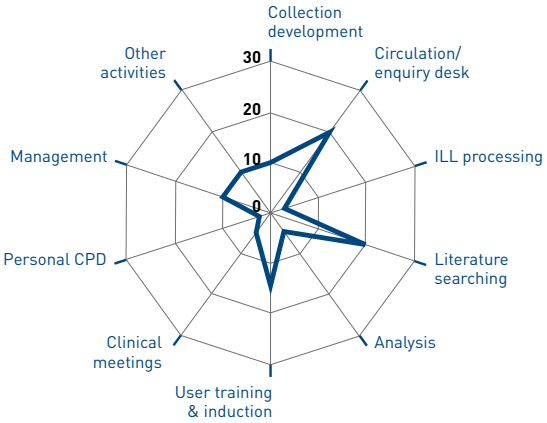
» **Key function:**
Manage and co-ordinate LIS services in HSE (region).



Librarian

» **Job title:**
Librarian

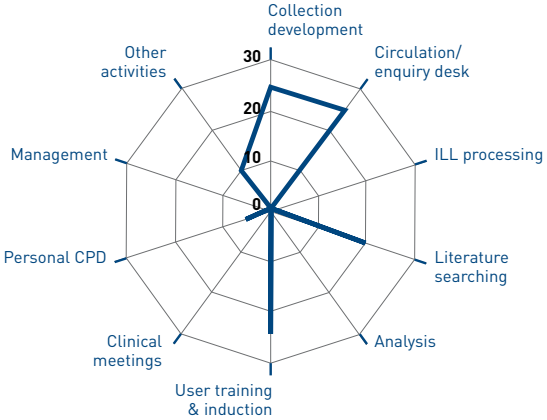
» **Key function:**
Responsible for all aspects of library service provision from three hospital locations.



Assistant Librarian

» **Job title:**
Assistant Librarian (Nursing and Midwifery)

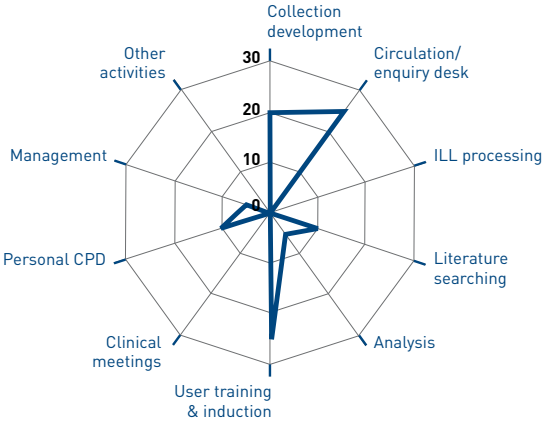
» **Key function:**
Training users in databases and searching, selecting books, supporting students and academics



Specialist roles

» **Job title:**
Subject Librarian – Health Sciences

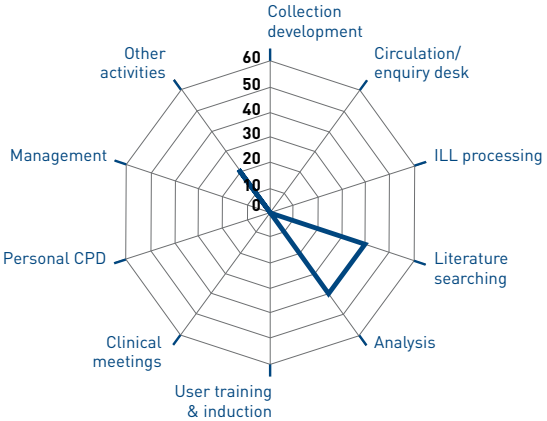
» **Key function:**
Providing IL training and course materials to several departments within (school).



Information roles

» **Job title:**
Information Scientist

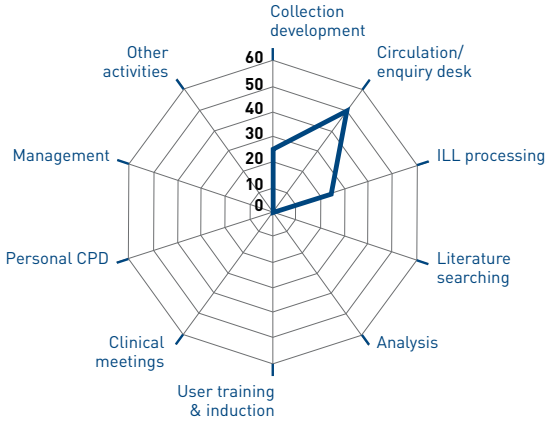
» **Key function:**
Research Officer for pilot child care information sharing project



Senior Library Assistant

» **Job title:**
Senior Library Assistant

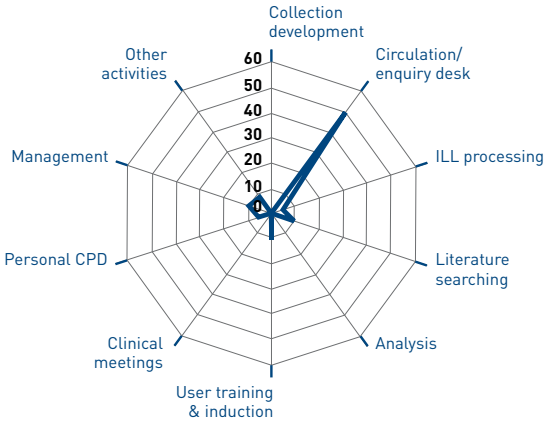
» **Key function:**
Giving service to undergraduate and postgraduate readers. Keep records up to date and sending for inter library loans



Library Assistant

» **Job title:**
Library Assistant

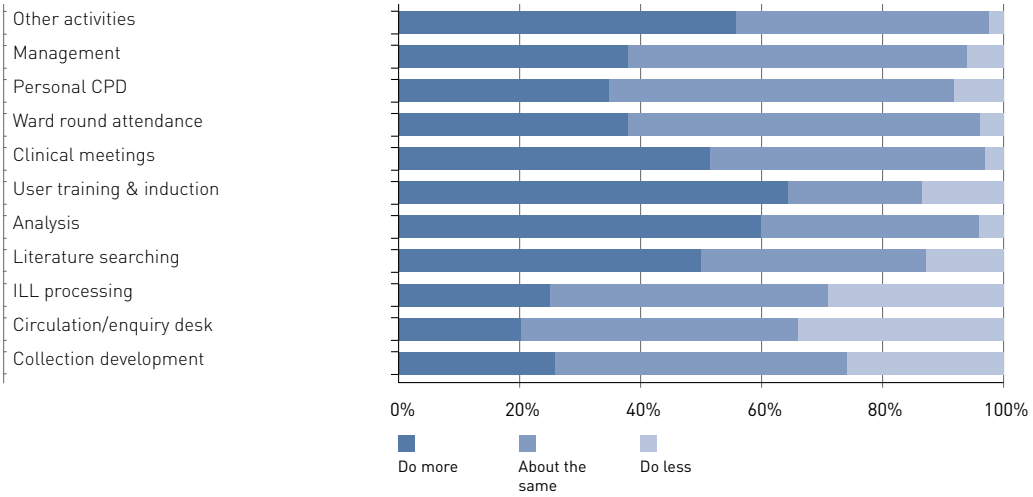
» Key function:
Circulation. ILL. Journals. Collections management. Repository. Accounts. Supplies



Interestingly, library assistants commented that because of lack of staff numbers their duties often far exceeded their stipulated roles. The majority of library assistants were pleased to be able to develop their skills in this way, with one saying, 'I would have been bored to death if I was only allowed to do what I should, and I would have died ages ago!' A great sense of professional achievement was evident among focus group participants; one library manager commented that 'people appreciate being asked to do more challenging things', and another said 'career progression is not always about the money'. However, the opposite view was expressed by one key stakeholder, who commented that 'non-professional staff might be a bit more reluctant when asked to do extra roles'. This participant went on to explain, 'we are very unionised here in Ireland. The non-professional staff have a very powerful union.'

Figure 2.5 shows how survey respondents thought their activities might change over the next five years. On balance, most activities were expected to increase in importance, with only inter-library loan (ILL) processing and circulation and enquiry desk duties expected to diminish. This may be as much a reflection of anticipated career progression as of any expected change in the nature of the health librarian's role, however.

Figure 2.5 Change in activities over the next five years



The adoption of new and appropriate technologies in the health library sector accords with the speculation of respondents regarding their activities in the next five years, where user training featured highly as an activity that will increase.

2.2.1. Clinical librarian services

The rise of the 'Clinical Librarian' and their role in EBM has been the subject of much research (Harrison and Sergeant, 2004; Ward, 2005; Harrison and Beraquet, 2010). Other terms for a similar role also feature in the literature, such as 'Clinical Informationist' (Rankin *et al*., 2008). Clinical librarian services are established worldwide. Because the role is contextually based, and, as there is a variety of services in existence, there are therefore different role profiles emerging as is demonstrated by the literature.

An Irish viewpoint on emerging trends was succinctly presented in 2009 by Kelly, who summarised key issues in relation to policy and discussed future roles for librarians in relation to the growing importance of EBM. What a clinical librarian is expected to do is found in the work by Harrison and Beraquet (2010), where a new model for clinical librarianship is given. In 2010, Beales described how, by serving in a risk-management capacity, medical librarians were ideally placed to help medical practitioners and health care facilities avoid unnecessary hazards arising from 'knowledge–practice gaps'. Brettle *et al*. (2011) provide a systematic review of the evaluation of clinical librarian services. Booth (2011) discussed the difficulties of evaluating the roles of clinical librarians, noting that previous systematic evaluations had encountered a number of difficulties.

Interesting and useful studies of users' attitudes towards clinical librarian services are available. For example, an account of a 'Just-in-Time Librarian Consultation' service offered to 88 primary care clinicians in Canada was given by McGowan *et al*. (2010). This service included a streamlined evidence-based process to answer questions in less than 20 minutes, whereby a contact centre was accessed through a web-based platform. The potential for ward-based clinical librarians to be used as facilitators for nurses' use of evidence-based practice was explored in a Swedish study by Määttä and Wallmyr (2010).

Of particular interest in the present study is the proportion of time survey respondents spent in clinical meetings and attending ward rounds – activities which form a defining element of the clinical librarian role. Just eight survey respondents were involved in clinical meetings; six spent no more than 5% of their time, equivalent to two hours per week, in this way, one spent 10% (half a day a week), and the other around one third of their time. All but one thought they would do more of this over the next five years. Ten respondents who were not currently spending time in clinical meetings also thought they would be doing more over the next five years. Just one survey respondent was involved in ward rounds, spending 10% of their time on this. This respondent also expected to be

doing more over the next five years, as did ten respondents not involved in ward rounds at present.

There is also a sub-strand of clinical librarian emerging, that of 'clinical informationist', as noted above (Section 2.2.1). Flynn and McGuiness (2011) recently analysed hospital clinicians' information-seeking behaviour in two medium-sized teaching hospitals in Ireland, as well as the clinicians' attitudes towards the clinical informationist. The authors found that 'Clinicians struggle to fit information seeking into a working day, regularly seeking to answer patient-related enquiries outside of working hours. Attitudes towards the concept of a CI were predominately positive' (p. 23). Further, they identified that clinicians thought that clinical informationists, 'would be definitely a worthwhile addition ... especially in encouragement and streamlining of more evidence based medicine and continuing referral to the latest literature, rather than going along with what has traditionally been done' (p. 29). One participant in the study compared clinical informationists to librarians, stating that 'many librarians already do this work' (p. 29).

However, the present research found that clinical librarianship is an under-developed aspect of health libraries in Ireland. Of 70 respondents, none identified their role as Clinical Librarian, although, interestingly, one respondent did give their role as a 'Clinical Informationist'. The role of the clinical librarian was discussed at the focus group at length, and the value to the profession and the health service was summed up succinctly by one participant: 'Clinical librarians are key to our survival at hospital level.'

There is clearly potential for development of a clinical librarian role in Ireland. It is also widely acknowledged in the literature and by the health care professions that 'best' clinical evidence is essential for health service and academic staff to do their jobs effectively, i.e. to deliver the best available health care appropriately; to inform the development of safe practice guidelines, to ensure the development of corporate governance standards, and to inform clinical research. The ability to conduct a systematic literature review and disseminate the results appropriately is essential for the delivery of EBM, and is the preserve of the health librarian. The art of translating the found evidence into knowledge is not a 'dark art', it is what librarians do and are good at. It needs to be established in all Irish hospitals and university medical faculties that the professional with the requisite skills to find this evidence and lead the EBM direction and encourage development is the health librarian. The present research found that many Irish health librarians are just one step away from clinical librarianship. The job family profiles within the specialist and information roles (Figure 2.4) show that user training and literature searching and analysis are the two significant areas of activity. These two areas are key to the successful delivery of clinical librarianship.

Using the best available evidence is also essential for corporate governance. To bridge the gap between health librarian and clinical librarian, Irish health librarians need to aggressively market and sell their expertise in EBM to hospital managers and clinical staff. This expertise should be seen as the 'golden egg', difficult to find and highly prized. The health librarian will need to set the parameters for their service and communicate these effectively. The creation of a business case to support a clinical librarian or clinical librarian service is the most effective and structured way to express this.

Marketing should begin by offering expert search services for clinical teams. Both email approaches and presentations should be made to prospective clients. The marketing message should be simple, i.e., librarians are the only professionals, and libraries the only places, delivering this service, and that the service is essential for the delivery of the best health care.

Clearly, local knowledge of the environment is essential and health librarians may already be working in this way with one or two clinicians. If this is the case then the successes should be used to enhance the marketing message. If not, a succession of quick wins is required, i.e., a successful search highly praised by a member of the clinical

staff and publicised widely via email and in person. Success with individual clinical staff should be recorded and individuals courted to develop loyalty for the clinical librarian service. The ultimate goal is to nurture and develop relationships with the clinical staff so that they become 'champions' of the service and thus effectively become a marketing tool for the service.

Peer-to-peer influence is recognised as a great motivator and marketing tool. Publicity about a good clinical librarian service will spread far and wide via doctor-to-doctor, rather than librarian-to-doctor, exchanges. The building of a solid body of experience will provide an invaluable tool for the future development of the service. Health librarians who establish their credentials among health care professionals as excellent systematic reviewers may gain an added advantage in being invited to offer this service to clinical/academic research teams. All major clinical research projects need a literature review to support the work.

Expertise in EBM is a unique selling point for Irish health librarians to use and exploit. Promoting a greater awareness of this expertise will undoubtedly serve to raise the profile of both health libraries and librarians and get them noticed in the wider health care environment.

RECOMMENDATIONS:

2.2.1. Health librarians should market their expertise in EBM to clinicians, managers and other stakeholders.

2.2.2. HSLG should support the development of clinical librarian services by building an evidence base of good practice in setting up such services.

2.2.3. Hospital librarians should consider how such services might operate in their own circumstances, and whether redefining roles to allow for greater involvement in clinical meetings and ward rounds would be possible within existing financial parameters.

2.2.2. New roles for health librarians

Research is ongoing in many countries to understand the emergent roles for health librarians. Examples from the literature of two new ways to expand and develop the roles of health librarians – improving medical communication, and contributing to 'disaster preparedness' – are given here.

Steyn and de Wee (2007) discussed the ever-changing profession of health information specialists with particular reference to South Africa. A paper by Miranda *et al*. (2009) attempted to define a new role for health sciences librarians in improving medical communication and reporting. A group from the Australian Library and Information Association (ALIA) is currently undertaking a research project to determine the future requirements for the health librarian workforce in Australia. The first stage of the project was reviewed by Hallam *et al*. (2010) and included an 'in-depth literature review exploring the Australian health care system and health library sector and international trends in health libraries that may impact Australian health librarian education'.

It is also worth considering the work by Reynolds and Tamanaha (2010), who stated: 'Medical librarians have often been overlooked as important contributions to hospital disaster preparedness.' Reynolds gives an account of her activities on her appointment as a disaster information specialist at Sarasota Memorial Care System, Florida. Disaster planning is definitely on the management agenda and therefore should also be on the health librarian's.

Given this new departure into non-clinical information provision by health librarians worldwide, it would be prudent to develop the Irish health librarian as the information specialist in hospitals. The need for health care managers to support their decisions with evidence is a growing necessity in health care and essential in corporate governance.

Hospital managers need timely and accurate information to make informed decisions. Information provision for hospital managers should aim to make an impact and inform the management decision-making process. A good example of this new type of librarian, i.e., a corporate librarian within the health information field, is to be found at the University Hospitals of Leicester, UK, where the post has been established and the service is being used by management to assist them in gathering evidence for decision making.

Librarians wishing to undertake this new role should, therefore, begin by offering expert search services. For a corporate health librarian, a particular project should be identified as a starting point for developing such a service. Both email approaches and group presentations detailing the potential benefits of including the librarian in general hospital management should be made to prospective clients; for example, the disaster-planning initiative noted above (Reynolds and Tamanaha, 2010) could be used by Irish health librarians to engage hospital managers in dialogue on the expansion of services. One-to-one training of senior executives in information management, including evaluation and dissemination of evidence, could also be offered. Health librarians should make it very clear to health care managers that the skills of the librarian are essential to successful management of the hospital, and that by using the librarian's skills the mysteries of information management can be solved. The marketing message should be simple, i.e., librarians are the only professionals, and libraries the only places, delivering this service, and that the service is essential for the delivery of the best health care. As with the delivery and development of EBM, a succession of quick wins is required, i.e., a successful search, the inclusion of the librarian on a management project team, the successful outcome of such activity (highly praised by the individual manager or team), needs to be publicised widely via email and in person. The services of a corporate health librarian are designed to get information and librarians higher up the management agenda and out of the library.

RECOMMENDATIONS:

2.2.4. Health librarians should undertake marketing of specialist information and search services to Irish hospital managers and health care stakeholders.

2.2.5. HSLG should build an evidence base of successful projects to provide support for individual librarians in this area.

2.3. EDUCATION AND TRAINING OF HEALTH LIBRARIANS

The new roles and changing demands of the health care context have signalled changing educational needs for health librarians. There are examples of good practice and no shortage of guidelines in the literature. Hallam *et al*. (2010) provided a fairly comprehensive overview of international trends in health libraries and the implications for health librarianship education. They noted that traditional library work was diminishing, and their paper was supported by an extensive list of references to official documents relating to policy. The 'new Web generations' were, according to Miranda *et al*. (2010), having a considerable impact on library and information services: 'Librarians need to adapt to the new mindset of the users, linking new technologies, information and people' (p. 132). Spring (2010) emphasised the importance of teaching information skills to the 'Google generation' of health professionals, who, although they were born into a digital world, often lacked efficient search skills, lacked deep engagement with material found on the web, and rarely evaluated information as a matter of course.

The SPECTRAL project, a training needs analysis for providers of clinical question answering services, was reported by Booth and Beecroft (2010), who used a mix of respondents from within and outside the UK. Ritchie (2011) presented a case study on the implementation of an e-learning strategy for staff of the Northern Territory Department of Health and Families Library in Darwin, while the assessment of the educational needs of health sciences librarians in relation to the development of an

e-science web portal at the University of Massachusetts Medical School was the theme of a paper by Creamer (2011).

There appears to be little opportunity for career progression within the Irish health library sector, which has a relatively flat grading structure. The current moratorium on public sector recruitment also leads to potential stagnation, with health librarians unable easily to move to new positions in different organisations. Funding cuts have also affected health librarians' ability to undertake training away from their normal workplace, and to attend conferences. Focus group participants were agreed that staff should seize any opportunity to get training now. HSLG is proactive in determining the types of CPD training its members want, and in seeking to provide this in ways which members can access. This was appreciated and valued by focus group participants.

None of the focus group participants had undertaken health information modules in their formal education. It was reported that University College London had an optional module available and that University College Dublin had a module which included sessions by practitioners in a variety of disciplines, including health. However, neither the University of Wales at Aberystwyth nor the Robert Gordon University, where Irish health librarians have traditionally trained, currently offer modules specifically in health information.

However, focus group participants did not think that the absence of health information modules in their training had been particularly detrimental to their role as health librarians, as the library sector in Ireland is too small to encourage specialisation at an early stage of a librarian's career. It was considered more important to have received a good basic training in information skills which could be applied to any subject discipline. There was perceived to be a difference between information scientists with science backgrounds (and postgraduate LIS qualifications) and librarians with an arts background. It was agreed that it was not essential to have a scientific background to be a health librarian, but that it could be an advantage. Most participants had worked in a variety of library sectors during their careers.

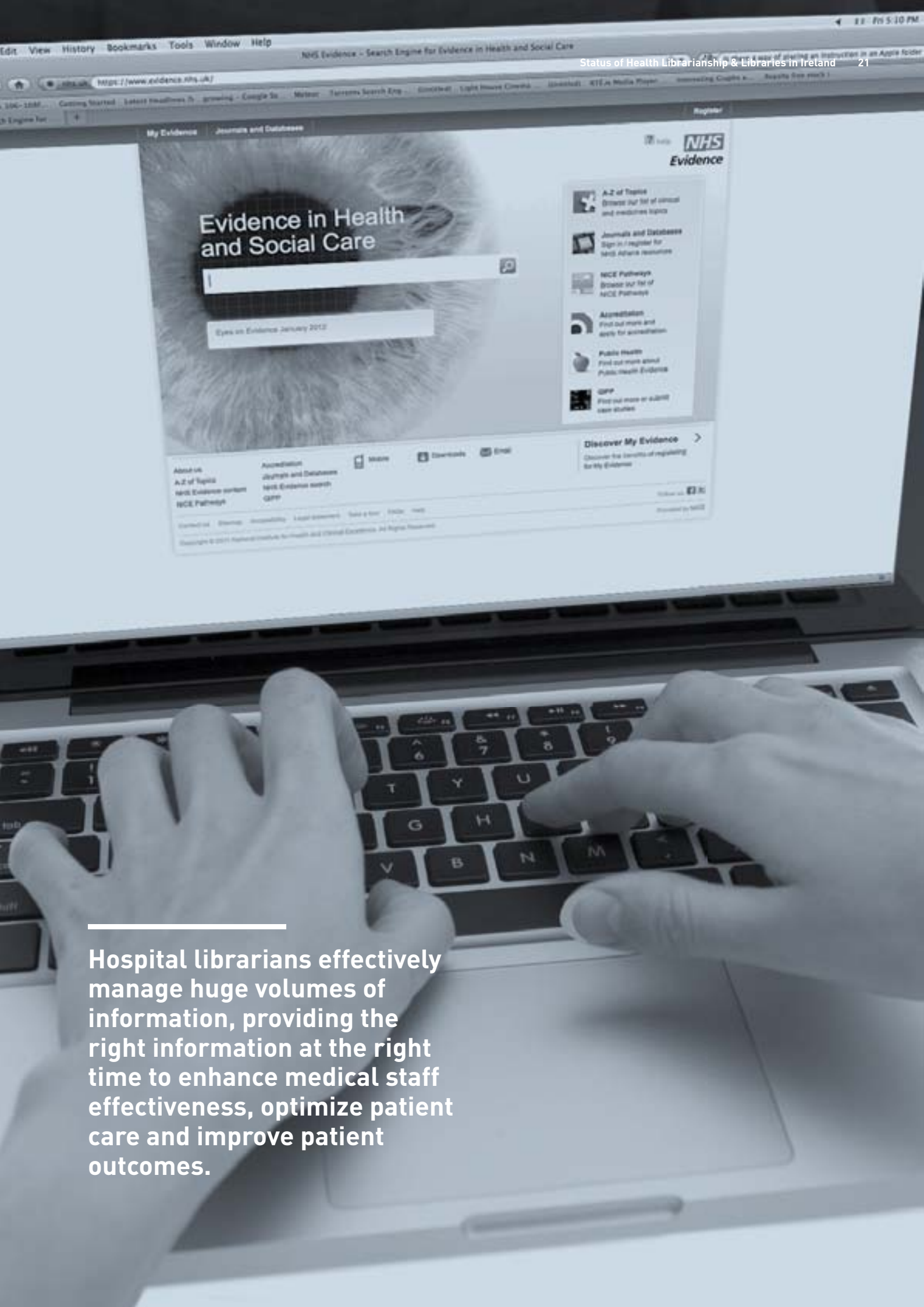
Focus group participants were strongly of the opinion that on-the-job training is key, and felt that some of the changes which have come about in the health library sector could not have been prepared for in training. There was also an emphasis on learning from colleagues and other librarians. It was seen to be an advantage to 'speak the language of the client', although, again, most participants agreed that this could also be learnt on the job.

As this is the de facto position with regard to training, there are a number of actions which could provide support, particularly for new and solo librarians. Irish health librarians could build on the excellent relationships that already exist among their community of professionals by establishing a 'buddy scheme', whereby experienced librarians could be identified, via HSLG, to provide guidance and support for others. This form of mentoring could be done via local networks or virtually, and its existence should be widely disseminated among the health services in general, not merely among librarians. An identified support network can be very powerful and motivating for participants. It also signals strength in the profession and professional services to others. The buddy scheme should be marketed to management as a positive strategic initiative.

RECOMMENDATIONS:

2.3.1. HSLG should work with the CILIP Health Libraries Group and higher education authorities to encourage the inclusion of specialist health information content in both postgraduate and undergraduate LIS courses in universities in the UK and Ireland.

2.3.2. HSLG should facilitate a mentoring scheme for new and solo health librarians.



Hospital librarians effectively manage huge volumes of information, providing the right information at the right time to enhance medical staff effectiveness, optimize patient care and improve patient outcomes.

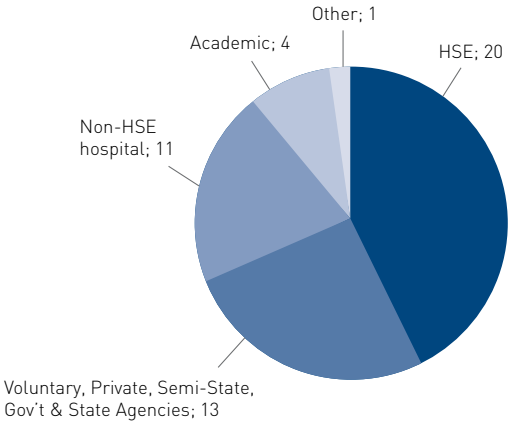
3. HEALTH LIBRARY SERVICES

It was generally agreed by focus group participants that the proposed re-organisation of health services in Ireland would have a major impact on how health library services are run operationally. There was a feeling of uncertainty and powerlessness, as health libraries are a small part of the health sector – 'disbanding HSE may present opportunity but libraries may be too small to get on the agenda'. It was felt that, if the HSE is disbanded, then HSLG will need to lead more forcefully and with more vigour. However, the commissioning of the present research was seen as a very positive action, and participants acknowledged the existing commitment of HSLG.

The survey element of this study included a section asking about the respondent's place of work, i.e., their health library/information service. In all, 49 different health libraries/ information services were represented in the 89 survey responses received. In the analysis of responses to questions concerning services as a whole, the data have been weighted according to the number of respondents from each health library type.

Following an initial analysis, and discussion with the HSLG members who commissioned this report it was thought that the original typology as set out in the survey was not the most appropriate for this research. The responding health libraries were therefore re-classified, to identify non-HSE hospital libraries. The number of health libraries of each type included is shown in Figure 3.1.

Figure 3.1 Types of health library



Although much of the analysis has been presented by health library sector, separate data are not presented for health libraries classified as 'Academic' or 'Other' as the numbers responding were small. Some respondents in the 'Other' sector were not working in formal library settings, and have not been included in the library analyses. Even excluding these, there were generally insufficient data to formally test the statistical significance of any apparent differences in response patterns between the three larger sectors; where this was possible the results are noted in the text.

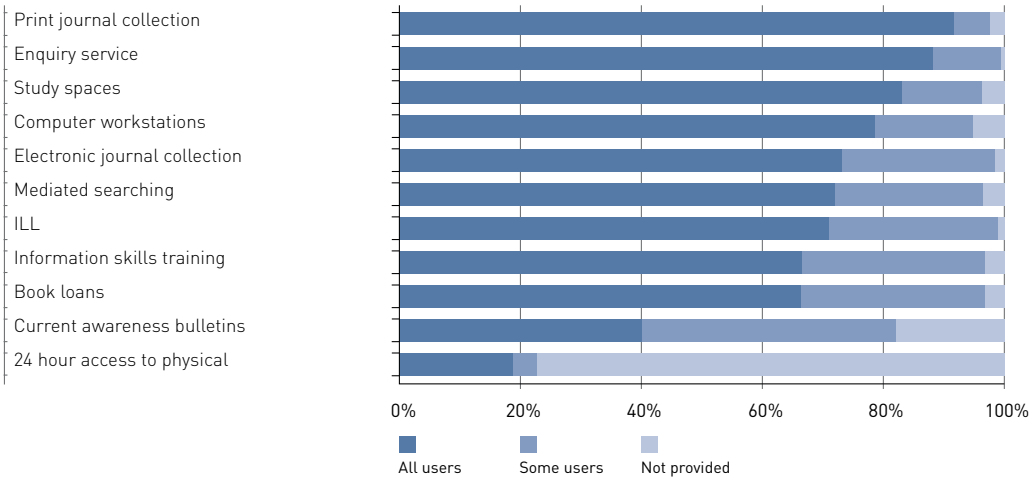
3.1. LIBRARY SERVICES

The changing and new roles for health librarians across the world have resulted in changed services, although perhaps these services should be more accurately described as evolving services. This situation is somewhat chicken-and-egg-like; it is rather difficult to say which came first. Research by Barrett (2010) revealed the extent to which a health sciences library reference service in the USA had changed over the last twenty years: 'The inception of chat and email services has broadened the patron base ... the adaption of electronic resources and databases has created an immense need for library instruction' (p. 310). However, she also noted that reference transactions had decreased in the same period.

Provision of services to many across institutional boundaries seems to be another emergent theme. Urquhart *et al*. (2010) outlined results of a study commissioned by the Knowledge, Resource and Information Service (KRIS) in the Bristol area of the UK. This study assessed the impact of current services in health promotion, health service commissioning and public health, and canvassed views on desirable improvements. The University of Washington's Health Sciences Library developed a web portal that allowed eligible licensed providers across the state to access evidenced-based information in support of patient care (Lawrence *et al*., 2010). Dennie (2010) researched the need for bioinformatics services in academic libraries across Canada, while Giuse *et al*. (2010) gave an account of how the Eskind Biomedical Library of Vanderbilt University Medical Center in Nashville, Tennessee, linked resources to the institutional electronic medical system in order to provide specific EBM information as requested.

The present survey revealed wide variation in the level of services available in Irish health libraries, with an enquiry service being the only facility provided by all health libraries, and then not always to all users (Figure 3.2). All non-HSE hospital libraries provide, for all or some users, study spaces, computer workstations, inter-library loans, print and electronic journal collections and training in information skills. All HSE libraries provide, for all or some users, computer workstations, book loans, electronic journals and mediated searching. All voluntary, private, semi-state, government and state agency health libraries provide inter-library loans; none provide 24-hour access to physical resources for all users. One of the key stakeholders working in a university library, 'we do have access to a 24-hour reading room but it is only study space and it's swipe access'. This respondent believed that the provision of library services would increasingly involve a self service element – the technologies have been available for many years and there is an acceptance that it is going to happen, especially with short loan collections: 'It is absolutely an effort to get staff off the counters because we are very labour intensive with the counters.'

Figure 3.2 Library services



The idea that re-badging services and charging can increase use and perception of the library's value has grown apace. Some libraries now call searches 'clinical queries' and literature searches are 'one-to-one research consultations'. One of the most valuable things that the librarian can demonstrate is how to validate a website. This knowledge is appreciated by all types of health service worker. The ability and knowledge to understand and undertake searches in support of EBM is also a great 'jewel in the crown' of health librarians, since clinical staff need this evidence to do their jobs well. Focus group respondents stated that when users are asked why they used a library, direct patient care, EBM and CPD all featured equally among the responses.

3.2. RESOURCES

Perhaps surprisingly, resourcing of Irish health libraries did not emerge as a major issue in the present research, other than in terms of staffing, and the background of public sector cut-backs. Sources of funding appear diverse, but are largely from the public purse in all health library sectors. Much funding stems from the HSE, and library funding is seen as vulnerable when compared with the more pressing demands of funding for direct patient care. Academic health libraries receive funding via their parent universities, and additional, ad hoc funds may be available for specific projects. Such diversity of funding is not unique to Ireland: statistics compiled in 2006 for the NHS Regional Librarians Group recorded twelve major sources of recurrent funding for NHS libraries in England, not including small local sources and income generation.[7] One key stakeholder noted that the funding model appeared to work, but felt that there was 'not enough money'. Focus group participants, on the other hand, recognised that funding was an issue, but generally felt that 'enough money is being spent, but it is not properly organised'. Resource levels vary; although some libraries consider themselves to be well resourced, they cannot match what is available at Trinity College Dublin, for example, which is a copyright deposit library.

3.2.1. Key information resources

A wide range of online information resources is available to health librarians, practitioners and the general public in Ireland, but access is not equally available to all. A number of the Irish websites and catalogues of information identified in this research are described briefly below. Note that publishers' journal collections and international sites (for example, PubMed Central) have not been included in this listing.

- HSE employees have access to the HSE Library, which provides online access to medical and patient care information. The online gateway offers access to a wide range of medical resources. (http://www.hselibrary.ie/)
- The Health Information and Quality Authority (HIQA) publishes the **Catalogue of national health information sources in Ireland**,[8] which is a comprehensive and descriptive review of all health information sources available in Ireland as of 2009/2010. (http://www.hiqa.ie/)
- Nurse2Nurse is '**an online one-stop-shop of educational resources created for Irish Nurses and Midwives as a source of nursing information and content that is comprehensive, credible, convenient, and current**'. Access is restricted to members of the Irish Nurses and Midwives Organisation (INMO). (http://www.nurse2nurse.ie/Home.aspx)
- The Institute of Public Health (IPH) portal brings together important resources and latest publications, especially in the areas of health impact assessment (HIA), health intelligence, public health policy and health inequalities. The electronic library of the IPH is also a gateway to many other health-related resources, and is a searchable database of information resources for health professionals. (http://www.publichealth.ie/)
- The Health Well, managed by a team at the IPH, aims to become Ireland's authoritative source of information and data for evidence-based practice and policy by bringing together online health information sources. To date the Health Well contains about 23,610 resources, across six catalogues and two hubs. (http://www.thehealthwell.info/)
- Lenus is the open access archive providing free access to Irish medical research and reports of the Health Service Executive. It is maintained by the Regional Library & Information Service at Dr Steevens' Hospital, Dublin, and is aimed at practitioners and policy makers. (http://www.lenus.ie/hse/)
- Irishhealth.com is an Ireland-based independent website providing up-to-date health-related information to patients and the general public through a user-friendly interface. It is in some ways similar to NHS Direct in the UK.[9] (http://www.irishhealth.com/)

[7] LISU (2007) **A survey of NHS libraries 2004–2005**, available at http://www.library.nhs.uk/nlhdocs/LKDN_statistics_2004_05_revised.pdf
[8] http://www.hiqa.ie/publication/catalogue-national-health-information-sources-ireland
[9] http://www.nhsdirect.nhs.uk/

- HealthPromotion.ie is provided and maintained by the HSE. Focusing on specific health issues, including alcohol, smoking, breastfeeding, young people, mental health, physical activity, drugs, sexual health and health literacy, the website does not provide direct health information, but redirects people to appropriate websites and/or other useful information. It is aimed at the general public and also at health care staff, schools, voluntary organisations and community services. (http://www.healthpromotion.ie/)
- The National Documentation Centre, based in the Health Research Board, maintains an electronic repository of drug-related research in Ireland.
- The Health Research Board is the major funder of health research in Ireland. It sponsors the availability of the Cochrane Library[10] throughout Ireland (http://www.hrb.ie/health-information-evidence/)
- e-publications@RCSI is an open access repository of the research and scholarly output of the Royal College of Surgeons in Ireland, maintained and managed by RCSI Library. (http://epubs.rcsi.ie/)
- IDAAL (Intellectual Disability and Allied Libraries) is a consortium of five libraries, established in 2002 to provide easy and comprehensive access to up-to-date information on intellectual disabilities, mental health and related subjects to the staff and parents of their respective organisations. It supports research, best practice and education by collectively subscribing to a selection of online databases and full-text journals, provided through the website, which includes links to free databases and other relevant organisations. (http://www.idaal.com/)

The diversity of these resources, and the different focus of each, may suggest that access to relevant information is straightforward. The present research has found that this is not the case, highlighting issues around inequity of access related to the service users' roles and employers.

3.2.2. Access to electronic resources

The stakeholder interviews and the comments of survey respondents indicated that access to electronic resources was recognised as a significant issue. There are two main strands to the problems described – licensing restrictions on subscribed content, and access to IT.

Users who are members of academic institutions – academic staff and students – generally have a high level of access to a wide variety of resources, subscribed to by their academic library. They work alongside colleagues employed by hospitals and other organisations who cannot access academic subscriptions unless they physically visit the library (and sometimes not even then). This problem was highlighted by one of the key stakeholders, who noted the closure of a large hospital library in a mid-west hospital in 2010. The resources were amalgamated into the university library, with a devastating effect on the users. In her words, 'If you are not studying at the university and are working in the hospital you can't use it.' This is a particular issue for health service staff wishing to undertake CPD or further study.

It is acknowledged that the HSE holds subscriptions for its employees, but what is available varies by region. Those in the voluntary and private sector may have very limited access indeed. This was noted as being of particular concern to health libraries serving users undertaking distance learning or professional development. Interestingly, nurses and midwives who are members of INMO may be in a better position than doctors in the voluntary and private sector because they have access to the Nurse2Nurse database.

[10] A collection of six databases that contain different types of high-quality, independent evidence to inform health care decision-making, and a seventh database that provides information about groups in The Cochrane Collaboration. See http://www.thecochranelibrary.com/view/0/index.html for more information.

Issues concerning access to licensed electronic resources for 'non-members' of the licensee library are not confined to health libraries, nor to Ireland. The Research Information Network[11] in the UK examined this issue in depth in 2009 in the context of UK research libraries and researchers, and made a number of wide-ranging recommendations. While these were set within the context of UK higher education, and so would not all be applicable to the Irish health library sector, the recommendations on collaborative acquisition and innovative licensing models seem particularly pertinent. The Irish health library sector is small, but suppliers of electronic resources must not be allowed to divide and rule. Most suppliers view Ireland as a single sales area, or perhaps include it with the UK. The consortium approach to purchasing can greatly reduce the cost and is not a new idea for Irish health librarians. The NHS has had some success with this approach in the UK, negotiating agreements for core content available in all health libraries.

The specialised knowledge of context that health librarians have is fundamental to the success of this type of consortium purchasing, which should be led by skilled, experienced, negotiators. It is essential that health librarians are involved in purchasing decisions, and that these are not left to health service managers. A good approach would be to invite the suppliers to pitch at one event in open competition, rather than the one-on-one situation that has prevailed. The question of open access to resources has not been discussed or exploited to any great degree by Irish health librarians. Also, the pay-per-view concept needs to be fully explored, especially in straitened times.

RECOMMENDATIONS:

3.2.1. HSLG should instigate a strategic discussion to prioritise practical and innovative ways to provide common levels of access to electronic resources for all users.

3.2.2. Health librarians should aim to unify as a single purchasing body and enter into a new dialogue with all suppliers.

3.2.3. HSLG should work towards defining a core collection, to be promoted and available in all health libraries.

A secondary issue is that of access to the information technology (IT) resources required to access electronic content. One key stakeholder noted that Irish health libraries were behind the UK in pursuing the information and communications technology (ICT) agenda. This was an issue for practitioners in the community – while access was good in hospitals and larger health care facilities, practitioners in peripheral locations, who were not near to health libraries, faced particular challenges in accessing information.

Access to IT resources is rarely a problem for users in academic settings, but IT facilities in hospitals and community settings can be limited, sometimes consisting of a single computer terminal for the use of a number of staff in the workplace. One key stakeholder provided anecdotal evidence of restrictions on access to relevant content (for example, that concerning sexual health, drug use, alcohol), and on use of specific sites which have social as well as work-related uses (for example, Amazon, Google Docs and social networking sites). Practitioners are increasingly using their own smartphones and other mobile devices to access resources in these circumstances, although what is available via these media can be limited.

3.2.3. Web 2.0 and other technologies

Web 2.0 technologies and new social media are transforming the way librarians are collaborating, creating and disseminating information. For example, librarians at the Research Medical Library embedded within clinical teams at the University of Texas MD Anderson Cancer Center have enhanced communication within their teams by using

[11] See http://www.rin.ac.uk/our-work/using-and-accessing-information-resources/overcoming-barriers-access-research-information

Web 2.0 tools (Damani and Fulton, 2010). In two Spanish hospitals, the gap between clinical practice, teaching and research has been bridged by the development of a collaborative web space, integrating the management of resources (San José Montano *et al*., 2010), while librarians at the Cleveland Clinic Alumni Library in Ohio used a wiki as an appropriate and effective way of providing the library users, employees of a large regional health system, access to library resources on and off campus (Kraft, 2010). Also in the USA, librarians at the University of Texas Health Science Center in San Antonio created a blog to support their health information outreach activities (Sapp and Cogdill, 2010). Other research found that the use of such blogs did not replace other interactions, but that blogs might be better be used to develop a community, provide tools for learning and increase the visibility of the library (Chatfield *et al*., 2010).

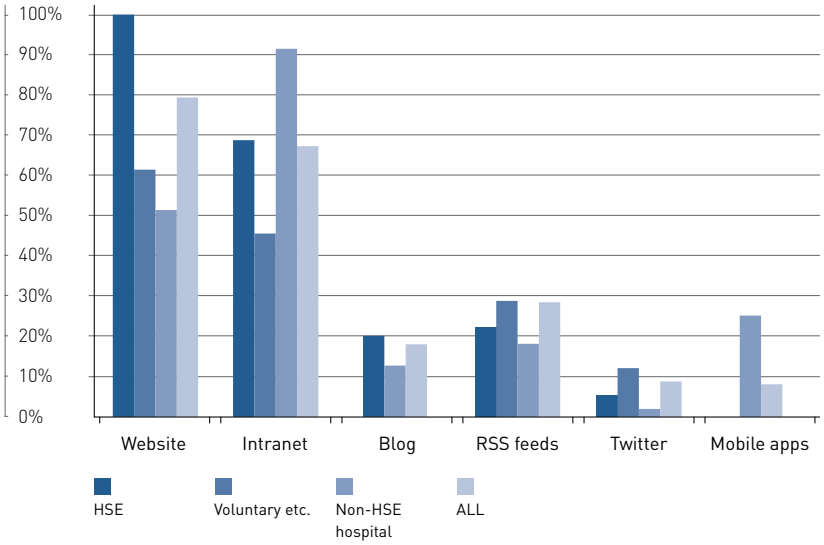
The importance of hospital librarians developing information services via personal digital assistants (PDAs) and smartphones has also been identified in USA research (Klatt, 2011). As long ago as 2006, clinicians were rapidly adopting PDAs in their work, initially for administrative tasks rather than for patient care (Garritty and El Emam, 2006). Hospital librarians are ideally placed to involve the library in connecting health professionals to clinically relevant mobile resources and library services, providing information directly to clinicians and practitioners when and where it is needed.

The use of social media also represents a key opportunity for health librarians. Information practices in the digital age include core librarianship competencies, but must operate within an environment that includes social media, not only to deliver information, but to extend the skills of health professionals and support their use of tools and technologies (Giustini, 2010).

The appropriate and timely provision of electronic services is crucial to the survival of the health library sector. The present research found that the majority of Irish health libraries have a website or use an intranet. The take-up of Web 2.0 services and tools such as social networking is rather lower, however, as illustrated in Figure 3.3. As noted above, there is anecdotal evidence of such sites and facilities being 'blocked' in some institutions.

Statutory, private and voluntary health libraries appear to be the most engaged with social media, with four (out of 12) offering RSS feeds, three reporting library blogs and two using twitter. No HSE library reported a blog, and none offer mobile applications. One academic library has a Second Life site; four health libraries (three academic and one from the statutory, private and voluntary sector) have Facebook profiles, while one from Statutory, private and voluntary sector uses YouTube. One survey respondent, from an academic health library, commented that 'the library could benefit from provision of web based podcasts in relation to subjects such as database searching'.

Figure 3.3 Electronic services



The optimal provision of Web 2.0 services may not be possible in all health libraries because of economic and other privations and constraints. Therefore, a 'best fit' approach needs to be considered, i.e., incorporating the use of mobile technologies. A focus group participant observed that everyone had a smart phone, and said, 'doctors are using them at the bedside'. It was apparent from the focus group discussion that the future of health care library provision is dependent on IT and its successful and appropriate application. This highlights the opportunity for health librarians to take the initiative to direct appropriate services for health libraries. This type of activity depends on excellent communication skills and the ability to translate technical issues into points of action. Data from the focus group and questionnaire, together with activities at the HSLG conference in 2011,confirm that Irish health librarians possess these requisite skills.

RECOMMENDATION:
3.2.4. Health libraries should prioritise access to quality information via mobile applications and other Web 2.0 technologies in their strategic plans.

3.3. USERS

One key stakeholder noted that the health service is a very knowledge-intensive industry. There are 110,000 health service staff in Ireland, including both service delivery and academic roles, who need to be able to access research information for their workforce skills and continuing professional development. Health libraries and information services can support many different types of user, and different services may be required for each. Perceptions of meeting users' needs varied widely among focus group participants and survey respondents, with comments ranging from 'it's like pushing a rock up a hill', to 'users don't know what we do, so anything is amazing'. Figure 3.4 shows the number of health libraries supporting each type of user. There are 40,000 members of INMO, and 80% of health libraries support nursing and midwifery staff. The category 'Other users' shown in Figure 3.4 includes researchers, academic staff, pharmacists, environmental health staff and the general public.

Figure 3.4 Types of user supported

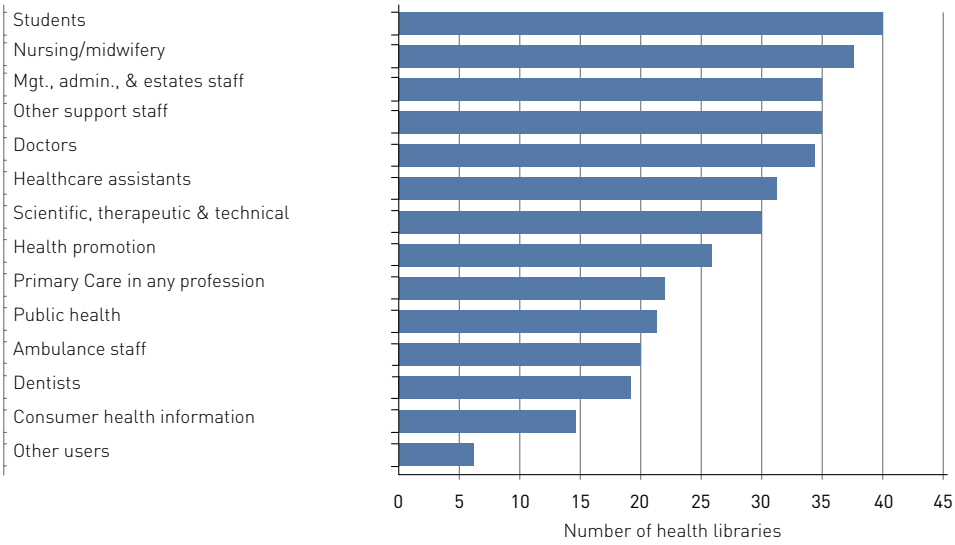
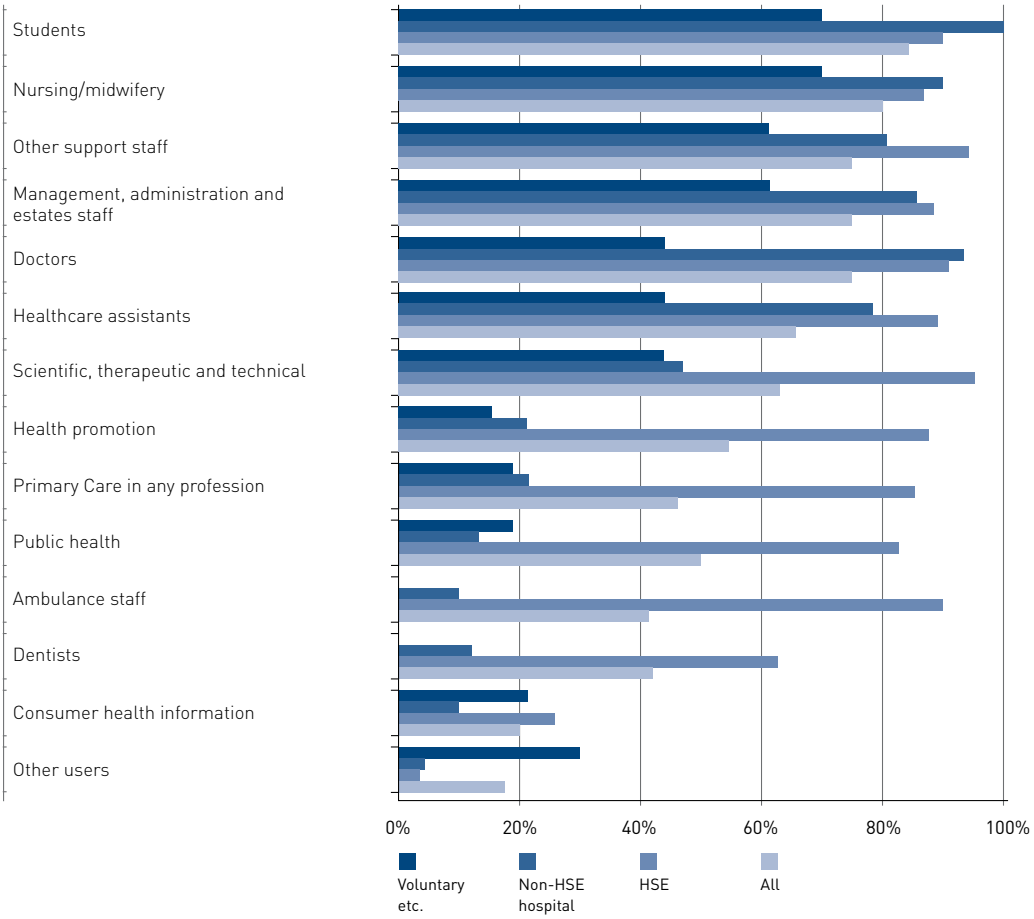


Figure 3.5 shows the percentage of health libraries in each sector supporting the different categories of user. Public health and primary care users are significantly more likely to be supported by HSE libraries than by libraries in the non-HSE hospital or voluntary, private, semi-state, government and state agency sectors. There were insufficient data to test apparent differences in sources of support for ambulance staff, dentists, suppliers of consumer health information or other users; apparent differences in the remaining categories were found not to be statistically significant.

Figure 3.5 Percentage of health libraries supporting each type of user

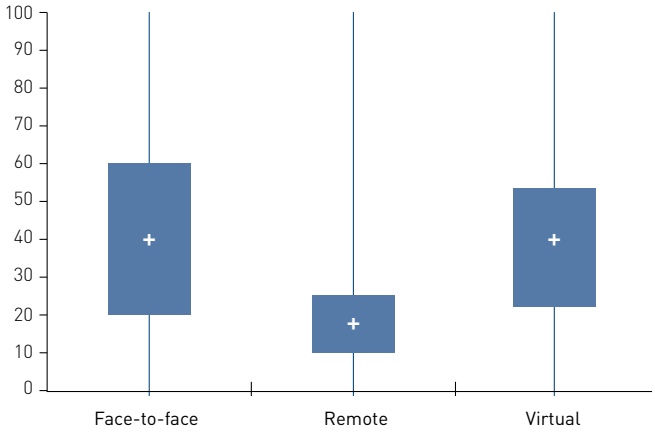


3.3.1. Service visibility

One focus group participant commented that, owing to staffing constraints, her library had encountered problems persuading users to come into the service and use the resources which were available; this experience was thought to be exceptional, however. Illustrating a similar lack of awareness of what a library service can provide, one key stakeholder recalled being told by a health librarian '...we will do the research for you...' – a service which he did not know was available. This raises the wider issue of the visibility of health library services to users, and the capacity of libraries to deliver services under conditions of increased demand.

This issue is related to aspects of advocacy and promotion of services more widely. It may seem self-evident that, in order to have an impact on patient outcomes, services must be well used, and in order to be well used, they must be visible to potential users. A considerable amount of interaction with users takes place face-to-face (43%), but virtual interaction, via email and other electronic means, is close behind (39%). Remote communication, by telephone and letter, for example, makes up the remaining 18%. The extent of the different means of communication with users is shown in Figure 3.6.

Figure 3.6 Interaction with users



\+ indicates the mean, the shaded block shows the inter-quartile range, and the lines indicate the full range of responses.

As noted above, health libraries take different approaches to informing potential users about services. The most usual form is via email – 'primarily via "all staff" emails designed to target potential users in particular'; 'intermittent emails with library updates' – mentioned by 40% of survey respondents. The second most common means of promotion was by newsletter – 'a regular electronic newsletter on library developments'; 'monthly newsletter sent to mailing list' – mentioned by 29% of respondents. Other initiatives included promotional flyers, induction packs, and bookmarks. Some health libraries held special events to promote their services, sometimes in conjunction with Library Ireland Week[12] – 'set up stall in main corridor during Library Ireland Week 2010'; 'an annual library Christmas tea party to which all staff are invited!'.

As well as pro-active communication with users and potential users, libraries should also ensure that those seeking information can find it readily. Improving the visibility of the library within the organisation, for example by having a link to the library and its resources directly from the institution's home page, should be a priority. As one survey

[12] See http://www.rin.ac.uk/our-work/using-and-accessing-information-resources/overcoming-barriers-access-research-information

respondent noted, '...although libraries contribute a lot to this sector, it is either not publicised or people aren't aware the library is involved'.

RECOMMENDATION:
3.3.1. Health libraries should examine the relative positioning of their online presence within their organisation, and work to improve this if necessary.

3.3.2. User education

Information literacy is one of the many areas in which health librarians have unique and demonstrable skills. These skills are invaluable in the workplace, and are a unique selling point which must be exploited as such. The education of users is a major part of the health librarians' role and has been widely researched. It is acknowledged as rewarding and interesting by health librarians. The following examples in the literature show the diversity of this activity.

- Hider *et al*. (2009) reported on the information-seeking behaviour of clinical staff in a large health care organisation in New Zealand, their comments on the use of electronic resources and Google being of particular interest.
- The attitude of health care librarians towards the teaching of critical appraisal was the subject of an investigation in Liverpool by Maden-Jenkins (2010).
- A review of participation by health sciences librarians in medical education was undertaken by Schwartz *et al*. (2009) as part of the Vital Pathways project set up in the USA by Tooey. (2009).
- King *et al*. (2010) described the development of online teaching of health care informatics which was librarian-led at the Massachusetts College of Pharmacy and Health Sciences.
- An important aspect of Chinese academic health sciences libraries is the teaching of medical information retrieval, as outlined by Clark and Li (2010).

The changing needs of library users in Ireland have to be acknowledged, especially in the university sector. One key stakeholder noted the increase in the numbers of non-European students and part-time, mature, and home students, some of whom have considerable technical and language problems. There is also the 'age old problem of undergraduates who are technically very literate and don't actually realise that they are information illiterate'. The problems of information literacy faced by students were felt to be the responsibility of the library, not of the academic departments, and there was a perception that these problems were increasing. Although this issue was raised by librarians in the university sector, it is unlikely to be confined to that sector, particularly as the culture of EBM becomes more established throughout the health sector in Ireland.

RECOMMENDATION:
3.3.2. All health librarians should promote and market their information literacy skills to other professions within the academic health and health service environments.

3.4. PARTNERSHIPS AND COLLABORATION

There is a need to overcome the barriers, whether perceived or physical, between academic sector health libraries and those in the HSE and other health services. Wherever health care workers are employed, they should have the same access to library services, as their role remains the same despite the environment. As noted previously, firewalls often present difficulties to health service workers' looking for information or communicating with colleagues. There are challenges to be overcome, however, as the disparate nature of health service provision in Ireland will inevitably impact on the librarians' ability to drive forward change. Acceptance by stakeholders will be key to any cross-sectoral collaboration between libraries, and, as one survey respondent commented, 'unfortunately I feel the health sector is too disjointed to allow for collaboration'.

Collaboration with new or existing partners is a key way forward for health librarians. A number of such initiatives explored in the literature have been shown to be successful. By thinking creatively about what is possible, 'health care librarians are forming strong partnerships' (Oxborrow, 2010, p. 24). A USA workshop in scenario planning linked with the International Campaign to Revitalise Academic Medicine (ICRAM) concluded that there were opportunities for new alliances, key partners and clients; that there were likely to be fewer libraries, and less space allocated to them; that more effort was needed to relate to stakeholders; and that teamwork would become increasingly important (Ludwig *et al*., 2010). The advantages of using volunteers in hospital libraries, particularly when the librarian 'works solo' were outlined by Calman (2010).

At the Sinclair School of Nursing in the University of Missouri nurse educators and health sciences librarians developed workshops for nurses practising in community settings. Mutual understanding of information 'silos' and shared negotiation of teaching and learning goals were a key component of effective collaboration (Miller *et al*., 2010). Librarians were found to be 'natural partners' of nurse educators at Towson University in Maryland (Phillips and Bonsteel, 2010). Krom *et al*. (2010) described an initiative at the Yale-New Haven hospital, where a clinical nurse specialist and a staff nurse collaborated with a health sciences librarian to increase awareness of evidence-based practice. Other types of partnership in the USA between librarians and nurses include provision of services for de-centralised nurses and nurse educators (Hallyburton and St John, 2010), while the American Nurses Credentialing Center's Magnet Recognition Program has created new opportunities for librarians in a variety of areas (Allen *et al*., 2009).

RECOMMENDATION:

3.4.1. Health librarians should seek to identify one or more senior clinical or managerial staff within their organisation with whom partnerships could be built, to raise the profile of the library and demonstrate its worth in practical applications.

Also in the USA, the benefits accruing from a partnership between a hospital librarian and a chief learning officer/administrator included a rise in the strategic profile of the library (Maietta and Bullock, 2009), while Bradley *et al*. (2010) reported on a collaboration between health sciences librarians and administrators of graduate education at the University of Michigan.

Collaboration between the universities and the HSE should be seen as a priority for the development of, and access to, health library services in Ireland. The consortium approach to purchasing can greatly reduce the cost and is not a new idea for Irish health librarians. There is existing practice to draw upon; for example, preliminary work undertaken between University College Cork and HSE South included exploratory talks with providers, and the drawing up of a template for gathering information on the resources required under the collaboration. Unfortunately, the Irish financial crisis placed a hold on the necessary investment to move this initiative forward.

In Ireland, the HSE library is one example of successful collaboration within a national organisation, not unlike the NHS UK and Scotland e-Library initiatives. A second example of libraries collaborating in consortium within a particular area of the health sector is the IDAAL group. Both are very successful and both can be deemed good practice.

It is crucial for the health library sector to learn from initiatives in the university sector and other examples of good practice. Experience in Sweden is of relevance here; in 2010 after a relatively short and concise discussion period, the university hospital libraries of Lund and Malmö were fused in a joint organisation called SUS (Skånes University Hospital). A few months later a plan was drawn up between the medical faculty at Lund University and SUS to create the University Medical Centre (UMC). This collaborative umbrella organisation aims to further facilitate clinical and translational research by making interaction between these two organisations mutually transparent and inclusive

at all decision making levels. This initiative has resulted in, among other things, a recently requested investigation into the possibility of integrating the medical faculty's library and ICT organisation with the Lund Hospital Library. Irish health librarians should be encouraged by this Swedish venture, although care should be taken that such collaborations are set up in a way that enhances access to resources for all users, rather than diminishing them for some, as has happened in some areas in Ireland when libraries have been closed (Section 1.3).

RECOMMENDATIONS:

3.4.2. All health libraries should co-operate in forming a nationwide purchasing consortium for electronic resources.

3.4.3. The hospital sector and the university sector should go further than merely forming a purchasing consortium and conduct a feasibility study of the provision of integrated information services within defined geographical areas.

3.5. OUTREACH

In economically difficult times, outreach services are at particular risk. There are many examples in the literature of successful, innovative ways to continue to provide outreach services in the face of diminishing resources, including:

- Landau (2010) outlined how a part-time solo librarian at Penn Presbyterian Medical Center extended library services beyond the confines of the physical library and the hospital intranet by using the Web 2.0 technologies Delicious and Bloglines.
- An innovative project provided incoming medical and dental students at Columbia University with customised USB flash drives promoting library resources and services. These were well received by both staff and students, with more than half of the recipients looking at the information provided, and other library users enquiring about the drives (Matsoukas *et al*., 2011).
- An outreach 'Laptop Librarian Service' where librarians took a laptop and spent time in research buildings at the National Cancer Institute-Frederick in Maryland was evaluated by Brandenburg *et al*. (2010). The service was found valuable by users, increasing access to librarians and providing users with information when and where it was needed.
- At the Tompkins McCaw Library for the Health Sciences at Virginia Commonwealth University librarians were moved from the reference service desk to various locations around the campus in order to engage a wider range of users (Lubker *et al*. 2010). This was a successful way to promote library services, and resulted in increased collaborations between the library and various research groups on the campus.
- There are particular problems in providing information to health care professions in the developing world. Medical librarians at the University of Zambia are seeking to provide better outreach services via a telehealth programme. The benefits are seen to include improving the quality of health services in remote areas, and perhaps helping to 'stem the flight of health professionals from isolated posts to more comfortable urban positions' (Chanda and Shaw, 2010, p. 139).

Such services promote use of and engagement with the library, and increase its visibility. Direct involvement with clinical researchers would expose the skills and knowledge of the librarians to a wider, more influential health care audience.

RECOMMENDATION:

3.5.1. Irish health librarians should identify clinical research opportunities in all sectors, and pro actively offer their information and knowledge skills to the research team.

3.5.1 Community and consumer health services

Another also of interest to Irish health librarians, is that of providing information for the consumer. Some different ways to achieve this objective are given here:

- A review article by Smith and Duman (2009) which examined the changing roles of information producers, providers and users summarised the background to the state of consumer health information in the UK. The authors concluded that health libraries can have a significant role in integrating information and health care provision.
- Callinan *et al*. (2010) analysed the information needs of staff in a specialist palliative and gerontological care centre in the mid-west of Ireland, in association with setting up a new library service. They found that help with literature searching and obtaining journal articles was most in demand, particularly as the users had limited access to online databases.
- Librarians in a large inner city academic medical centre in Cooper, New Jersey, opened a patient and family education centre, with outreach to the hospital community (Calabretta *et al*., 2011). This not only met the expected needs of the community, but also identified a number of unexpected needs. Because of the education centre's location, librarians staffing it have become more integrated with the medical centre staff and clientele than previously.
- 'Outreach Connections: Native Health Information' is a collaborative electronic space for librarians, researchers and health professionals to share information relevant to the Native American population across the USA (Barnes *et al*., 2010).
- A project to improve access to reliable health information and enhance health information literacy in rural Maine was outlined by Kurtz-Rossi and Duguay (2010). An interdisciplinary partnership including health and public librarians, among others, can improve health literacy in rural communities, although levels of community engagement may be low, and adequate training is essential.

While only one health library in the present survey reported the general public as designated users, others served health policy makers, environmental health officers, and community welfare officers. In the UK, the health information needs of the general public are usually considered the province of the public library service, rather than of NHS libraries, but the two often work together in practice in the delivery of information and support, even though this is not enshrined in formal policy documents (Hicks *et al*., 2010).

Irish health libraries and information services should continue to review their effectiveness, measure their impact, and demonstrate value for money in line with health library standards.

4. QUALITY ASSURANCE

4.1. STANDARDS

4.1.1. Irish health library standards

Standards for Irish health care library and information services were first documented in 1993 in the **Standards for Irish health care libraries** published by the Library Association of Ireland. Subsequent work by MacDougall in 1995 – **Information for health: access to healthcare information services in Ireland** – cemented these standards. During the 1990s and into the new decade, several more publications addressed this area, including **Well read** (MacDougall,1998) and **Making knowledge work for health** (DoHC, 2001). Both of these last stressed the need for access to high-quality, current, information in the health environment for both professionals and consumers. The government report **Health information: a national strategy** (2004) emphasised the need to link together existing health care libraries and the ever-expanding electronic provision of information.

The second edition of the **Standards for Irish health care library and information services**, published by the Library Association of Ireland in 2005 reflects all of this earlier work. The report sets out the latest standards for health libraries and information services in Ireland in order to support high standards of patient care both in terms of clinical decision making and health services management and beyond, through quick and easy access to reliable health information. The defining of standards for the profession helps health information professionals to ensure that the expectations and information needs of their constituency (different groups of users – practitioners, managers, students, other health care staff and families), as well as the demands of changing work and teaching practices, are met by the collection(s) of resources supplied by health information services.

The LAI standards, which were influenced by health library standards in Canada and Australia, apply to four areas:
» Planning and development
» Organisation and administration
» Resources management
» Service management

While it is positive that Ireland has health library standards, and that the standards are in line with international good practice, the present research found very limited evidence of the standards being actively adopted in the sector. This is perhaps not surprising since the standards are not currently enforced, so there is no requirement for health libraries to measure themselves against the standards. As one interviewee commented, 'it's one thing to have standards; it's another thing to get them promulgated'. However, Ireland does not appear to be unusual in this respect, since this research found no evidence of standards in other countries being monitored.

4.1.2. International standards

The standards and guidelines of a number of other countries were considered during the literature review phase of this research. Those of particular relevance to Ireland included:
» UK – There are no formal standards for health libraries in place in the UK. However, several key policy documents have been formulated to guide the profession. In 2004, the Health Executive Advisory Group reported to the Chartered Institute of Library and Information Professionals (CILIP) in **Future proofing the profession**. The report made a series of recommendations for developing the profession, including recommending that 'corporate CILIP should be more aggressive in advocacy and leadership and that it must prioritise the advocacy agenda, setting out to influence the government, NHS and others on the value of LIS staff in health' (p. 32). An associated report looked at how best to implement the recommendations (HEAG Implementation Group, 2005).
» USA – The Medical Library Association (MLA) published Standards for hospital libraries 2007 (MLA, 2008), which is intended as 'a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet their needs for knowledge-based information'. The standards cover a wide range of service elements, and are documented at: http://library.umassmed.edu/hslnhvt/HospitalLibraryStandards2007.pdf

» Canada – The Canadian Health Libraries Association published standards for health libraries in 2006. These were based on the MLA 2002 standards for health libraries (with 2004 revisions), which were favoured for their 'layout, clarity, and ease of use'. They cover administration, management, staffing, resources, services, service promotion, legislation and compliance, accessibility and environment. http://www.chla-absc.ca/documents/Standards_2006.pdf
» Australia – The Australian Library and Information Association (ALIA) has published a series of guidelines against which health libraries can self-assess their performance. The 4th edition (2008) of the guidelines, which are based on the Canadian standards for health libraries, is available at: http://www.alia.org.au/policies/health.libraries.html
» Scotland – The Health Library Scotland (part of NHS Health Scotland) has set out the standard of service users can expect of the library in terms of enquiry response times, book and journal circulation, requests, inter-library loans, and the library bulletin. These standards are documented at: http://www.healthscotland.com/resources/library/standards.aspx

RECOMMENDATIONS:

4.1.1. Health library standards in Ireland should be reviewed in light of the changing health care and information environments, and the more recent standards published in other countries, notably Canada, Australia and the USA.

4.1.2. The reviewed LAI standards should be adopted by the DoHC, and library performance against them monitored by HIQA, in line with other developments in the health services where outcomes are being measured routinely.

4.2. MONITORING AND EVALUATION

The importance of collecting evidence to demonstrate the value of health librarians and health libraries is highlighted in the literature internationally. Notably, Hill (2008) reported on a comprehensive review of the NHS library sector in England which makes a series of recommendations for the sector. The report discusses the importance of collecting evidence of the impact of health library services, and states: 'It is crucial that libraries and librarians begin or continue systematic evidence collection, including customer service and operational data, to prove their cases to their institutions' (p. 35). However, the difficulty in demonstrating value and impact is acknowledged in the Hill report. While activity data relating to NHS libraries in England used to be routinely collected and collated at national level, this ceased several years ago owing to a lack of resources.

Internationally, however, the worth of health libraries and librarians has been demonstrated, particularly in research in the USA (Marshall, 1992; Tooey, 2009; Krom *et al.*, 2010). Hill (2008) observes that, 'in relation to the value and impact of clinical librarians, the literature appears to be generally descriptive rather than comparative, qualitative or analytical' (p. 17). Qualitative evaluation is most common in the academic sector, where statistics tend to be routinely collected. In spite of the different environment in which health care operates, heath libraries could benefit from the experience of the academic sector.

RECOMMENDATION:

4.2.1. HSLG should look to the academic library sector internationally for best practice exemplars of data collection and monitoring.

The present research found that while many Irish health libraries evaluate their services, this is not done systematically, and is often restricted to counts of activity or ad hoc user surveys. Ireland does not have the required body of evidence to show the impact of health libraries and health librarians on clinical practice and patient outcomes. Building this body of evidence is crucial to the future of the service.

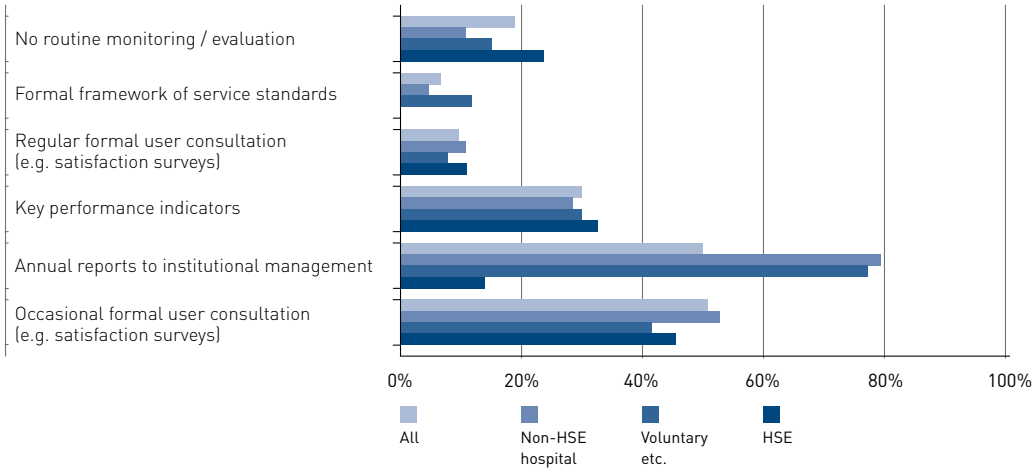
The research has found that health librarians think that it is essential to have good key performance indicators (KPIs). Participants commented:

- 'Hospitals are all about KPIs'
- 'We are a small part of health'
- 'Need to demonstrate the unique value of the librarian'

Two respondents did not know how their health library service was evaluated. In other cases, the most usual form of evaluation was occasional formal user consultation, with no statistically significant differences between the sectors. Almost as common was monitoring by means of annual reports to management, although this was significantly less likely to be the case in HSE libraries than in voluntary, private, semi-state, government and state agency health libraries or non-HSE hospital libraries (Figure 4.1). Nine health library services reported that there was no routine service monitoring or evaluation ('Hasn't been in 10 years'), although in some of these there was occasional evaluation, for example, an 'informal feedback and suggestions box'.

Two health libraries noted that key performance indicators were under development; one had had an independent review, benchmarking against other public sector libraries, and one had a scheduled cycle of quality audits of services and facilities. Three health libraries mentioned external monitoring by professional bodies or library user committees.

Figure 4.1 Service evaluation



RECOMMENDATIONS:

4.2.2. All Irish health libraries and information services should start reviewing their effectiveness, measuring their impact, and demonstrating value for money in easy to understand terms, using the **Standards for Irish health care library and information services** (LAI, 2005) as a basis.

4.2.3. The evidence collected should be in a format suitable for both local and national use. Both qualitative evidence of individual patient outcomes and quantitative evidence of the size of library operations are needed to present a case for the value of health library services.

4.2.4. Performance indicators, tailored to the missions and major objectives of individual health library services, should be adopted in line with international standards.

4.2.5. HSLG should co-ordinate the collection of evidence and its dissemination to government, senior hospital and health service managers and the general public.

The gap between best international practice and Irish health librarian practice can be bridged. Health library services must be seen as a mainstream healthcare activity.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. CONCLUSIONS

The health service is a very knowledge-intensive industry. There are 110,000 health service staff in Ireland who need to be able to access research information for their workplace skills and continuing professional development, and this is recognised within government. What is less clear is any acknowledgement that librarians, and libraries, are needed to facilitate access to the right information at the right time. This research found that information is being sought from Irish health libraries and provided by Irish health librarians to all types of Irish health care workers, students, policymakers and others to support all aspects of Irish health care. Users clearly value the service.

Skills gap

The current economic situation in Ireland continues to shape the provision of health library services in the public sector, which are losing resources and skilled staff. Health librarians, particularly those outside the academic sector, feel that their services are vulnerable to cuts in staffing, which have already affected their ability to provide a comprehensive service to their users. The loss of resources also impacts on their continuing professional development, and on efforts to develop the skills of their junior staff. Irish health librarians receive generic rather than specific librarianship training and learn the health context for their role 'on the job'. There is therefore potential for a significant skills gap in the future as senior staff retire.

Current roles

The range of activities undertaken by health librarians in Ireland is broad, and there appears to be some blurring of distinctions between professional and para-professional posts in some areas. Para-professionals clearly appreciate the opportunity to undertake more challenging tasks, while the current economic climate has led to some professional staff being required to undertake work which would normally be done by library assistants as staff are not replaced. This research found little evidence of the use of clinical librarians in hospital settings in Ireland, and this is a role which could be expanded.

Future roles

Future health library provision is seen to be dependent on information technology (IT), and the capacity to provide a range of services when and where they are needed. While advances in this area will rely to some extent on the availability of appropriate mobile applications to access resources, health librarians are ideally placed to support and promote such initiatives. Their role is perceived to be changing, with a greater emphasis expected on user training and induction, literature searching and analysis, and involvement in clinical meetings and ward rounds.

User access to IT

The research also found considerable disparity in the level of information which is readily available to practitioners, for example between doctors and nurses, and between those in academic institutions and in hospitals. This is a growing issue as libraries are closed and amalgamated. User access to electronic resources is seen as a key issue by health librarians in all sectors. The issue is particularly marked where members of academic institutions work alongside colleagues employed directly by hospitals or the HSE, with different licensing arrangements. Physical access to the technology required to search for information online is also an issue in some clinical settings.

Value of library services

The worth of health libraries and librarians has been demonstrated in the abstract, particularly via work in the USA. Although many Irish health libraries evaluate their services, this is not done systematically, and is often restricted to counts of activity or ad hoc user surveys. Ireland does not have the required body of evidence to show the impact of health libraries and health librarians on clinical practice and patient outcomes. Building this body of evidence is crucial to the future of the service.

5.2. MOVING INTO THE FUTURE

This section describes the current position and outlines in the figures below the steps required to achieve the goals suggested by international best practice, as detailed in the recommendations of this report. A fuller explanation of the recommendations, including suggested timescales, is given in Section 5.3. The original recommendation numbers are repeated to allow easy cross-referencing to relevant sections of the report.

Figure 5.1 Strategic positioning

Figure 5.2 Standards

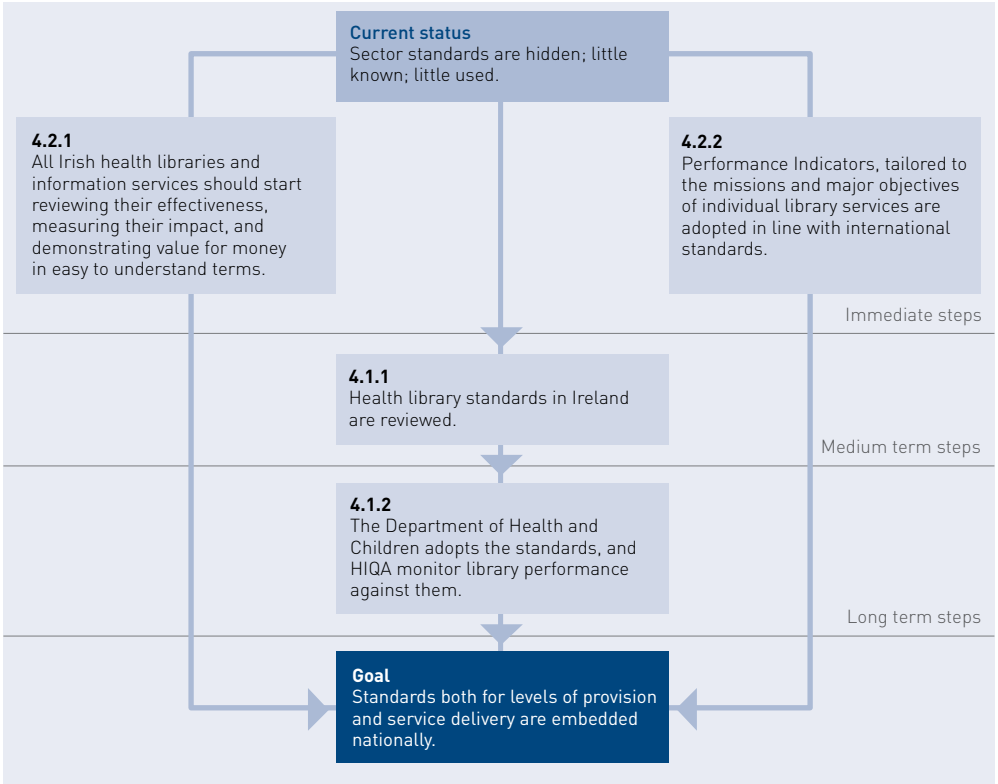


Figure 5.3 Evidence base

Current status
There is no clear evidence base to demonstrate the value of the profession and the services it provides.

Goal
There is a body of evidence, with performance indicators, available at the level of individual libraries and nationally, used for service promotion and advocacy.

Table 5.1 Value of health library services

Current status
Health library services are valued by users, who increasingly come from beyond the traditional base of doctors and nurses.

Health librarians and libraries should

Identify...	Market...	And...
a clinical and a corporate **CHAMPION** in their workplace, and engage with them to promote their value more widely. (2.1.2)	their **EXPERTISE** in **EBM** to clinicians, managers, and other stakeholders (2.2.1)	examine the relative positioning of their **ONLINE** presence within their organisation, and work to improve this if necessary. (3.3.1)
senior staff in the organisation with whom to build **PARTNERSHIPS**, to raise the profile of the library and prove its worth (3.4.1)	specialist information and **SEARCH SERVICES** to hospital managers and health care stakeholders (2.2.4)	
clinical **RESEARCH** opportunities in all sectors, and pro-actively offer their information and knowledge skills to the research team (3.5.1)	**INFORMATION LITERACY** skills to other professions within the academic health and health service environments (3.3.2)	

Goal
The health library sector is valued equally by stakeholders, managers and users.

Figure 5.4 Resourcing

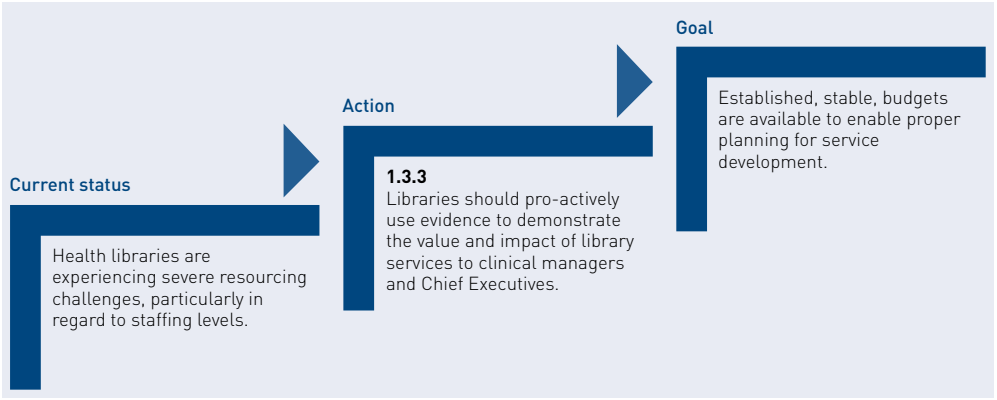


Figure 5.5 User access to information

Current status
Users have variable levels of access to information resources and IT according to their role and employment conditions.

3.2.1 HSLG should instigate a strategic discussion to prioritise practical and innovative ways to provide common levels of access to e-resources.

3.2.2 Health librarians should unify as a single purchasing body and enter into new dialogue with suppliers.

3.2.4 Health libraries should prioritise access to quality information via mobile apps and Web 2.0.

3.4.2 All health libraries should form a nationwide purchasing consortium for electronic resources.

3.2.3 HSLG should work towards defining a core collection for all health libraries.

Goal
All users have equitable access to information resources, with adequate IT facilities.

Figure 5.6 Staff development

Current status
Staff are - at the moment - enthusiastic, but there is a danger of losing motivation as financial conditions become harder.

CPD opportunities are difficult for health librarians to access

Immediate steps
2.2.5
HSLG should build an evidence base of successful projects to provide support for individual librarians.

Medium term steps
2.3.1
HSLG should work with CILIP and other to encourage the inclusion of specialist health information content in university LIS courses.

2.3.2
HSLG should facilitate a mentoring scheme for new and solo health librarians.

Goal
Staff are able to access appropriate CPD opportunities to maintain their enthusiasm and commitment to the service.

Figure 5.7 Clinical librarians

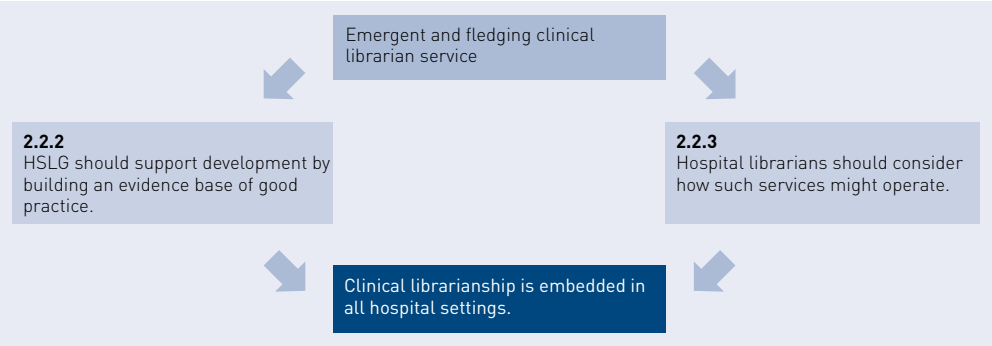


Figure 5.8 Environment

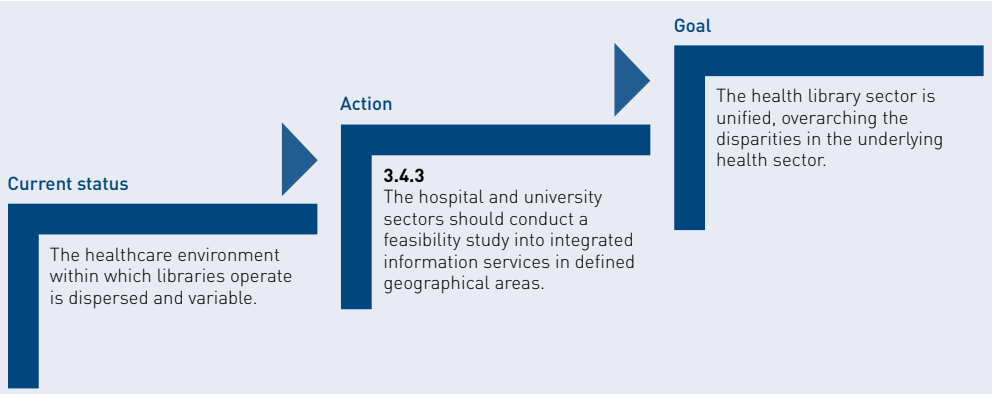
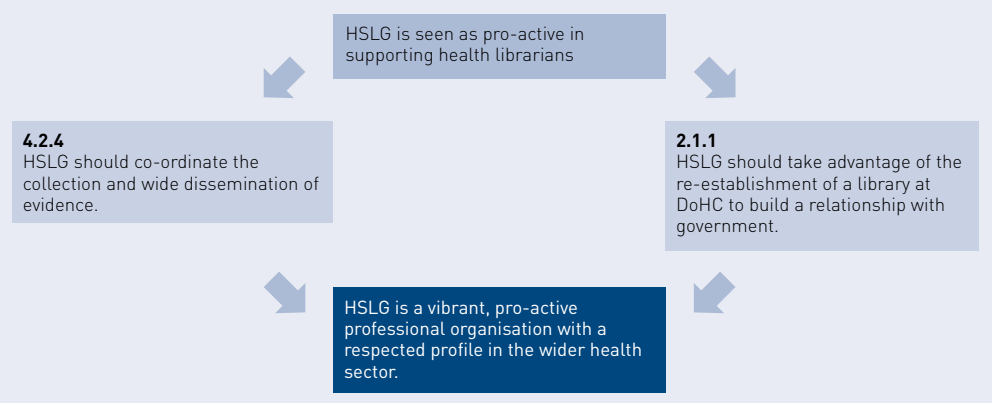


Figure 5.9 Role of HSLG



5.3. SUMMARY OF RECOMMENDATIONS

The recommendations of this report are designed to provide a route for achieving the goals outlined in Figure 5.1 to Figure 5.9 in Section 5.2, although it is appreciated that not all can be achieved by the sector working alone. However, it is necessary for the health library sector to take ownership of the process and drive it forward. Suggestions as to how this might be achieved in various areas are included in the relevant sections of the report.

The recommendations listed throughout this report have been assigned to three categories – those which should be addressed with some urgency, and where progress can be made in the short term; those which are less urgent, with a medium-term timescale, say 3–5 years; and those which will be more challenging, requiring a long-term strategic plan. Table 5.1 summarises those in each category, and suggests which body might be the most appropriate one to initiate the required actions.

Sections 5.3.1 to 5.3.3 list the recommendations in each category according to the areas they address. The reference numbers in these sections indicate where each recommendation can be found in the main body of the report.

Table 5.1 Responsibility for initiating recommendations

	Short term		Medium term		Long term
HSLG	1.3.2 2.1.3 2.2.5	2.1.1 2.2.2 4.2.5	2.3.2 4.1.1	3.2.1 4.2.1	3.2.3
DoHC			4.1.1		4.1.2
Health libraries	1.3.1 3.3.1 4.2.4	1.3.3 4.2.2	3.2.4 4.2.1	3.4.2	3.4.3
Health librarians	2.1.2 2.2.4 3.4.1	2.2.1 3.3.2	2.2.3 3.5.1	3.2.2	
HIQA					4.1.2

5.3.1. Short-term actions

Identify champions

2.1.2 All health librarians should identify both a clinical and a corporate champion in their workplace, and engage with these individuals to promote their value more widely throughout their institution.

3.4.1 Health librarians should seek to identify one or more senior clinical or managerial staff within their organisation with whom partnerships could be built, to raise the profile of the library and demonstrate its worth in practical applications.

Body of evidence

1.3.1 Health libraries should collect systematic evidence of the impact of their operations in improving patient outcomes and providing cost-effective health services.

1.3.2 HSLG should act as a collecting agency for such evidence, and use it strategically to demonstrate the worth of health library services to relevant government agencies, institutional managers, and taxpayers.

1.3.3 Individual libraries should pro-actively use such evidence to demonstrate the value and impact of library services to clinical managers and chief executives.

2.2.2 HSLG should support the development of clinical librarian services by building an evidence base of good practice in setting up such services.
2.2.5 HSLG should build an evidence base of successful projects to provide support for individual librarians in the area.
4.2.1 HSLG should look to the academic library sector internationally for best practice exemplars of data collection and monitoring.
4.2.2 All Irish health libraries and information services should start reviewing their effectiveness, measuring their impact, and demonstrating value for money in easy to understand terms, using the **Standards for Irish health care library and information services** (LAI, 2005) as a basis.
4.2.3 The evidence collected should be in a format suitable for both local and national use. Both qualitative evidence of individual patient outcomes and quantitative evidence of the size of library operations is needed to present a case for the value of health library services.
4.2.4 Performance Indicators, tailored to the missions and major objectives of individual health library services, should be adopted in line with international standards.
4.2.5 HSLG should co-ordinate the collection of evidence and its dissemination to government, senior hospital and health service managers and the general public.

Dialogue with government

2.1.1 HSLG should take advantage of the opportunity presented by the re-establishment of a library function at the DoHC to build a relationship with government stakeholders in the health sector.

Promote visibility

2.1.3 HSLG should develop a range of promotional materials highlighting the skills and contribution of health librarians, and seek opportunities to use these both within the health sector and more widely among stakeholders and the general public.
2.2.1 Health librarians should market their expertise in EBM to clinicians, managers and other stakeholders.
2.2.4 Health librarians should undertake marketing of specialist information and search services to Irish hospital managers and health care stakeholders.
3.3.1 Health libraries should examine the relative positioning of their online presence within their organisation, and work to improve this if necessary.
3.3.2 All health librarians should promote and market their information literacy skills to other professions within the academic health and health service environments.

5.3.2. Medium-term actions

Staff development

2.2.3 Hospital librarians should consider how clinical librarian services might operate in their own circumstances, and whether redefining roles to allow for greater involvement in clinical meetings and ward rounds would be possible within existing financial parameters.
2.3.1 HSLG should work with the CILIP Health Libraries Group and others to encourage the inclusion of specialist health information content in both postgraduate and undergraduate LIS courses in universities in the UK and Ireland.
2.3.2 HSLG should facilitate a mentoring scheme for new and solo health librarians.
3.5.1 Irish health librarians should identify clinical research opportunities in all sectors, and pro actively offer their information and knowledge skills to the research team.

Standards

4.1.1 Health library standards in Ireland should be reviewed in light of the changing health care and information environments and the more recent standards published in other countries, notably Canada, Australia and the USA.

4.2.1 HSLG should look to the academic library sector for best practice exemplars of data collection and monitoring.

Electronic resources

3.2.1 HSLG should initiate a strategic discussion to prioritise practical and innovative ways to provide common levels of access to electronic resources for all users.

3.2.2. Health librarians should aim to unify as a single purchasing body and enter into a new dialogue with all suppliers.

3.2.4 Health libraries should prioritise access to quality information via mobile applications and other Web 2.0 technologies in their strategic plans.

3.4.2. All health libraries should co-operate in forming a nationwide purchasing consortium for electronic resources.

5.3.3. Long-term goals

Services

3.4.3 The hospital sector and the university sector should go further than merely forming a purchasing consortium and conduct a feasibility study into the provision of integrated information services within defined geographical areas.

Standards

4.1.2 The standards should be adopted by the DoHC, and library performance against them monitored by HIQA, in line with other developments in the health services where outcomes are being measured routinely.

Electronic resources

3.2.3 HSLG should work towards defining a core collection of electronic resources, to be promoted and available in all health libraries.

5.4. DISSEMINATION

A number of strategies are proposed for the dissemination of this report:

- A formal launch event should be arranged, spearheaded by the DoHC and HSLG. Invitees should include health service chief executives, medical and nursing staff, librarians, government ministers and HSE policy makers, and the specialist and general press. This would serve to bring the research to the attention of all stakeholders, and start the process of implementing the recommendations.
- The report should be delivered to the Minister for Health and the Minister for Children, and to the shadow ministers.
- The report should be brought to the attention of the Director of Quality and Clinical Care (HSE).
- The findings of this research should be disseminated to the membership of HSLG via a series of cascade meetings.
- The report should be hosted on the HSLG website, and should be actively promoted.

Journal articles for the academic and popular press are planned by the authors of this report, in conjunction with the HSLG.

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APPENDIX 1 METHODOLOGY

The research was conducted between December 2010 and April 2011. A review of relevant academic and grey literature, and policy documents, was carried out. Details are provided in the bibliography.

The project leader, Dr Janet Harrison, attended the HSLG annual conference in Athlone in February 2011. This was an excellent opportunity for networking and informal observation of the current situation in health libraries in Ireland. This event was also the platform to officially launch the online survey, which was distributed by HSLG to its members, to gather a broad perspective on the issues. A total of 89 valid responses was received and analysed. Further details are given in Appendix 1.2, and a copy of the questions and summary of responses in Appendix 2.

Ten key stakeholders were interviewed, in person or by telephone; a list of the interviewees who agreed to be identified, and a description of the issues covered in the interviews are given in Appendix 1.1.

A focus group with 11 participants from a range of health library services across Ireland and covering the spectrum of job titles was held in Dublin to explore findings from the interviews and the survey in more depth. A copy of the protocol used is given in Appendix 1.3.

APPENDIX 1.1 STAKEHOLDER INTERVIEWS

Interview protocol

Project overview

The Department of Information Science at Loughborough University was commissioned to undertake a programme of research into the current status of health librarianship and libraries in Ireland, with a view to informing the development of health information professions. The work is funded by the Health Sciences Libraries Group of the Library Association of Ireland, and its findings will contribute to the development of HSLG's strategic objectives. As well as interviews with key stakeholders, the research will include a review of international best practice, and a survey and focus group of health librarians in Ireland.

It is anticipated that the findings of the project will be beneficial to participating individuals and institutions by providing an insight into examples of good practice in a range of institutions.

Stakeholder interviews

Interviews will be carried out using a framework of open-ended questions, and a flexible, semi structured approach will be taken, allowing new questions to be brought up during the interview as a result of what the interviewee says. Interviews are expected to last around 30 minutes, and will be conducted by telephone or in person at a pre-arranged time. Interviewees will be asked to respond on behalf of their institution, and their response may not necessarily represent their own views.

Although questions will be tailored to individuals, it is anticipated that the following themes will be explored:

» The role and function of healthsciences librarianship in the interviewee's context
» Current resourcing situation
» Views on the standing of the profession
» Professional development
» Priorities for the future development of the profession, and future scenarios.

Data collection and reporting

» We hope that interviewees will give permission to be identified as participants in the final report.
» Participation in the study will be on the basis of informed consent, and all interviewees will have the right to withdraw from the study at any point.

» To ensure accuracy of data reporting, and with the interviewee's permission, interviews will be audio recorded.
» The findings will be reported to HSLG in April 2011.

Stakeholders interviewed
The following individuals who were interviewed agreed to be identified as participants:
» Jim Breslin, Assistant Secretary, Department of Health and Children
» Martin Flattery, Project Manager, Health Information and Quality Authority
» Muriel Hare, Librarian and Web Administrator, Irish Nurses and Midwives Organisation
» Cathal Kerrigan, Subject Librarian, University College Cork
» Annette Kennedy, Director of Professional Development, Irish Nurses and Midwives Organisation
» Aoife Lawton, Systems Librarian, Health Service Executive, and Acting Chair of HSLG Committee
» Professor Hannah McGee, Dean of Faculty of Medicine & Health Sciences, Royal College of Surgeons in Ireland
» David McNaughton, Health Sciences Librarian, Trinity College Dublin.

APPENDIX 1.2 ONLINE SURVEY

The survey was developed in consultation with members of the HSLG. It was administered online, with invitations to complete the survey being distributed by the HSLG to their members, including a request that the invitation be forwarded to all health library staff. The survey was open during February and March 2011, and a total of 89 valid responses was received. This was an encouraging level of response given the estimated size of the Irish health library sector, although it is not possible to give a formal response rate.

Additional coding of responses was undertaken during the analysis, in particular to identify and categorise the various libraries and information services in which respondents worked, and to categorise respondents' roles for analysis.

Data were analysed using PASW software (formerly SPSS). Data obtained in response to questions concerning institutions, rather than individuals, were weighted according to the total number of respondents from that institution.

Throughout the analysis, comparisons were made between the major health library types of HSE, non-HSE hospitals, and voluntary, private, semi-state, government and state agency health libraries. These comparisons generally employed the chi-squared statistic, which tests for the statistical significance of the differences between the observed data and what might be expected if all categories being compared behaved in the same way. This test is only valid if all the expected data values are greater than 5; however, this condition was not often met in the present analysis owing to the relatively small size of the Irish health library sector and resulting sample available. Any differences between the sectors noted in the report were statistically significant at the 5% level or better – i.e. there is a probability of less than 5% that the observed result has occurred by chance with no underlying difference between the sectors.

All the survey questions, together with a summary of the responses, are given in Appendix 2.1.

APPENDIX 1.3 FOCUS GROUP PROTOCOL

Welcome & introductions
One sentence describing your service and your role within it

Aims of the focus group
» To refine and add depth to the survey findings in selected areas
» To gather views on the future development of health librarianship in Ireland

Topic 1: Education & training

How well do you think your librarianship training prepared you for working in the health sector?
» Did it include a health information module?
» If not, how much do you think this matters?

How do you keep up to date with developments in the sector?
» Are you able to access relevant CPD opportunities?

Apart from the current economic situation, what are the key issues affecting recruitment and/or career progression of health information staff?

Topic 2: Resourcing

Do you feel you have enough resources to do everything your users expect?
» Everything you would like to do? (not just finance, but information resources, staff capacity, premises, etc.).

If not, how do you manage their expectations?

What would you like to offer that is not currently possible?

Topic 3: Into the future

Post-it exercise – 5 minutes to write down as many things as you can which will shape the future context of health information services. One per post-it! We arrange into groups, then ask for the thinking behind the topics in each group. Expect finance to emerge, but what else?

What are the key factors which are shaping the future of health information services?
» What will they look like in five years time?
» In ten years?

Blue skies thinking, plus any constraints – budgetary, cultural, etc.

Topic 4: Quality issues

How important is it to monitor the performance of health information services?

How do you measure quality?
» How do you know whether you are meeting users' needs?
» What standards do you operate to?
» If none, does this matter?

Does this affect how users/institutional managers see/value your service?

Rounding up & thanks

Topic 5: What can HSLG do for you/your service?

APPENDIX 2 SUMMARY OF SURVEY RESULTS

Appendix 2.1 gives the total number of responses to each question. Full details for open-ended and free-text questions are given in Appendix 2.2. All identification has been removed.

APPENDIX 2.1 QUANTITATIVE DATA

Section 1: About you

Q1 What is your current job title?

	No of responses
Librarian (inc. Acting)	27
Library Assistant	14
Assistant Librarian	12
Head/Chief or Deputy	9
Senior Library Assistant	7
Information post	8
Regional post	4
Specialist roles	7
Lecturer	1
Total	**89**

Q2 Please describe your key function in one line

89 responses

Q3 Please indicate which age band you fit within:

	No of responses
26 - 40 years	39
41 - 60 years	48
61 years or over	2
Total	**89**

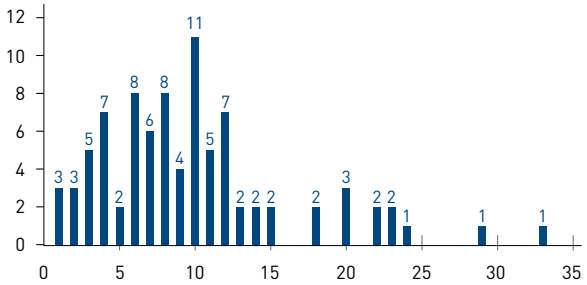
Q4 Please indicate what academic qualifications you have:

	No of responses
Leaving Cert or below	28
FETAC Level 6 Certificate or Advanced Certificate	1
LIS Undergraduate Degree	5
Other Undergraduate Degree	41
Postgraduate Diploma in LIS	44
LIS Masters Degree	27
Other Masters Degree	22
Other Postgraduate Degree, incl PhD	8
Total respondents	**88**

Q5 Please indicate what professional qualifications you have:

	No of responses
Associateship of the LAI (ALAI)	11
Certification (ACLIP)	1
Chartered membership (MCLIP)	2
Fellowship (FLAI, FCLIP, FMLA)	17
Other professional LIS qualifications	4
None	42
Total	**77**

Q6 How many years' experience do you have working in health libraries? Please round up to the nearest year:



Total responses: 87

Q7 Are you a solo librarian?

	No of responses
Yes	28
No	60
Total	**88**

Q8 Do you have staff management responsibilities?

	No of responses
Yes	44
No	44
Total	**88**

If Yes, please state for how many library and information professionals and 'others':'

No of staff managed	LIS staff	Other staff	Total staff
0	14	16	
0.5		2	2
1	10	3	9
2	7	7	7
3	3		5
4	2	2	3
5	1	2	2
6	2	4	3
7			2
8	1		1
9	1	2	2
10		1	1
11			1
13.5		1	
22.5			1
23	1	1	1
25		1	
31			2
Total	**42**	**42**	**42**

Section 2: About your library/information service

Note: Results for this section have been weighted to reflect the number of institutions represented.

Q9 What is the name of your library/information service?

48 separate institutions were represented.

Q10 What type of health library is this?

	No of responses
HSE	21
DATH	2
Other academic	9
Voluntary, private, semi-state, government and state agency sector	15
Other	1
Total	**48**

Q11 Which of the following groups are the library's designated users?

	No of responses
Other users	6
Consumer health information providers	10
Dentists	14
Ambulance staff	20
Public health workers	22
Primary care in any profession	22
Health promotion workers	26
Scientific, therapeutic & technical staff	30
Health care assistants	32
Doctors	34
Other support staff	35
Mgt., admin., & estates staff	35
Nursing/midwifery practitioners	38
Students	40
Total respondents	**47**

Q12 Does the library promote its services to potential users?

	No of responses
Yes	43
No	4
Don't know	0
Total	**47**

Q13 Please indicate which of the following are provided, and for whom:

	All users	Some users	Not provided	No of responses
24-hour access to physical resources	8	3	33	43
Current awareness bulletins	18	19	8	45
Book loans	30	14	2	46
Information skills training	31	14	2	47
Inter-library loans (ILLs)	33	13	1	47
Mediated searching	34	11	2	47
Electronic journal collection	34	12	1	47
Computer workstations	36	7	3	46
Study spaces	39	5	2	46
Enquiry service	42	5		47
Print journal collection	43	3	1	47

Q14 If you would like to add any comments about your responses to Q13 (services provided), please use this space

19 comments received.

Q15 Does the library have and/or use?

	No of responses
Website	35
Intranet	30
RSS feeds	13
Blog	7
Twitter	4
Mobile apps	3
Second Life	1
Other	4
Total respondents	**45**

Q16 How is the library service monitored/evaluated?

	No of responses
Occasional formal user consultation (e.g. satisfaction surveys)	24
Annual reports to institutional management	24
Key performance indicators	15
Regular formal user consultation (e.g. satisfaction surveys)	5
Formal framework of service standards	3
Other	5
Don't know	2
No routine monitoring / evaluation	9
Total respondents	**47**

Section 3: About what you do

Q17 Approximately what percentage of your time is spent in each of the following activities?

	None	up to 10%	11-20%	21-40%	41% or more	Total respondents
Collection development	15	41	8	5	2	71
Circulation/enquiry desk	13	23	8	18	9	71
ILL processing	29	31	6	5		71
Literature searching	14	26	18	9	4	71
Analysis	36	24	7	2	2	71
User training & induction	16	28	18	8	1	71
Clinical meetings	63	7		1		71
Ward round attendance	70	1				71
Personal CPD	26	45				71
Management	25	22	11	9	4	71
Other activities	24	20	14	12	1	71

Q18 How do you think this will change over the next five years?

	Do more	About the same	Do less	Total respondents
Collection development	15	28	15	58
Circulation/enquiry desk	12	27	20	59
ILL processing	13	24	15	52
Literature searching	31	23	8	62
Analysis	30	18	2	50
User training & induction	38	13	8	59
Clinical meetings	17	15	1	33
Ward round attendance	11	17	1	29
Personal CPD	17	28	4	49
Management	19	28	3	50
Other activities	24	18	1	43

Q19 Over the last week, what proportion of your interaction with users was...

	Face-to-face	Remote	Virtual
Up to 10%	11	28	13
11–20%	9	20	4
21–30%	6	15	14
31–50%	20	5	20
More than 50%	22	0	17
Total	**68**	**68**	**68**

Section 4: Attitudes & Opinions

Q20 Please indicate your level of agreement with each of the following statements:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Total respondents
Users fully understand the role of a health information and library professional		5	10	46	11	72
My organisation regards my function as indispensable		9	19	26	18	72
Users recognise information and library professionals as the 'ultimate search engine'	1	10	18	30	13	72
The health sector values the library and information profession highly		16	18	27	10	71
People who need information are not likely to consult the library/information service	1	11	22	32	5	71
Health information and library professionals are seen to make an important contribution to health services	6	15	21	27	3	72
Information and library professionals command respect from health practitioners	2	20	27	18	5	72

Q20 continued

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Total respondents
The library/information service has a high profile within my organisation	5	20	24	15	8	72
I feel valued by my organisation	5	32	15	12	8	72
I am satisfied with my status at work	5	24	26	15	2	72
My information expertise is acknowledged by my organisation	6	30	17	15	4	72
My organisation values my professional skills and judgement	11	28	14	14	5	72
The information and library professional is at the heart of the information society	15	27	15	13	2	72
Users do not recognise librarianship as a graduate profession	20	22	17	12		71
Health information and library professionals demonstrate high level skills	24	36	7	5		72

Q21 If you would like to add any comments about health library services and/or librarians in Ireland, please use this space:
27 comments received

APPENDIX 2.2 FREE-TEXT RESPONSES

Names of individual libraries and regions have been replaced by {-} to ensure anonymity of respondents.

Q1 What is your current job title?	Q2 Please describe your key function in one line
Librarian	Overall management.
Librarian	Supporting the information and research requirements and needs of all hospital user groups
Librarian	Provide library and information service to hospital staff and students
Librarian	I manage the Library for the {-}
Librarian	Research (Literature Searching)
Librarian	Managing and administrating, training, providing a service to users
Librarian	Responsible for all aspects of library service provision from three hospital locations

Q1 What is your current job title?	Q2 Please describe your key function in one line
Library and Information Services Manager	Day to day management of a hospital based library
Librarian	To provide a library & information service in a hospital setting
Librarian	Manager of hospital library
Librarian	To support the educational, research and professional development needs of staff as well as students on placement
Librarian	Support information needs of health care professionals
Librarian	Supervise and develop lib. and inf. service for our organisation
Librarian	Providing information services for hospital and community-based clinicians.
Librarian	Information Professional
Librarian	Managing of aspects of the library: collection development, access, marketing, staff management
Librarian	To promote, acquire, resource the information needs of staff; to advocate, train, support staff in using information
Hospital Librarian	Manage the Library and Information Service for the Hospital
Librarian	Assist in the running of an actual & a virtual library and a regional library service to HSE staff & students
Acting Librarian	Provide an information and library service to all members of the (-) plus staff
Research Officer/ Librarian	To provide a one stop shop for the research and information needs of the organisation
Librarian	Manage all activities in one-person health sciences library
Librarian	To provide access to information resources for staff of the organisation
Librarian	Management of a hospital library with responsibility for regional online resources and LMS
Librarian	To deliver and manage a high quality specialised library and information service to support the teaching, learning and research needs of staff and students working in a health care setting.
Librarian	Maintaining the library and information service
Librarian	Provide library & information research services to scientific staff, submit details of national research to electronic repository of (international) Agency
Library Assistant	Clerical support to librarians and general lending and admin duties
Library Assistant	Circulation. Registration. Inter Library Loans. Journals. Repository. Marketing. Managing Collections
Library Assistant	Issue desk service, shelving
Library Assistant	All rounder
Library Assistant/Video Conferencing Coordinator	Video Conferencing facilities and general library administrative duties
Librarian Assistant	Issue Desk duties

Q1 What is your current job title?	Q2 Please describe your key function in one line
Library Assistant	Assist in the running of a dental library
Library Assistant	Supporting library users in their everyday use of the library
Library Assistant	Reference librarian, also involving literature searching, user education and use of Web 2.0 technologies
Library Assistant	Enabling readers to access resources – print, online – including basic stock management and beginner & intermediate user education
Library Assistant	Helping students and staff with study and work inquires
Library Assistant	Customer Service and Information Service provider
Library Assistant	Circulation. ILL. Journals. Collections management. Repository. Accounts. Supplies
Library Assistant	Assisting users to access as much information as they need efficiently and effectively whether it be from books on our shelves or through the Internet
Assistant Librarian (Nursing and Midwifery)	Training users in databases and searching, selecting books, supporting students and academics
Assistant Librarian	Provide up-to-date library service through various means (online and physical) to members and staff
Assistant Librarian	Management of electronic resources and staff/student training
Assistant Librarian	Managing a hospital library
Assistant Librarian	To provide and manage a library and information service in an acute teaching hospital
Assistant Librarian	Assist in the day-to-day running of the library service
Assistant Librarian	Liaison Teaching Support Librarian
Assistant Librarian Information Systems	Library systems including institutional repository, some teaching, also other responsibilities
Assistant Librarian	Nursing Librarian in an Institute of Technology
Assistant Librarian (Information Services)	Information Services: enquiries, membership, teaching, learning support
Assistant Librarian	I am a subject librarian for nursing & science and my duties also readers' services and information literacy training
Assistant Librarian	Overseeing the development of the Library, journal and database collections
Head of Library & Information Services	Management and overall responsibility for LIS in one of the biggest voluntary academic teaching hospital in Ireland
Deputy Head of Library Academic Services (Life Sciences)	Day-to-day management of the {-} Health Sciences Library and {-} Sciences libraries and development of services for the Life Sciences community
Head Librarian	Lead and manage a health science library in a teaching hospital
Head of Library & Information Service	Management of hospital library & information service
Chief Librarian	Overall responsibility for direction and management of 2 academic health sciences libraries and a hospital library

Q1 What is your current job title?	Q2 Please describe your key function in one line
Head Librarian	Library & Information Service Manager
Deputy Librarian	Management teaching research support
Head of Library Academic Services, Sciences technology & medicine	Manager of library services to academic community, including services, teaching & learning & Research support and liaison activities.
Head Librarian	To manage, plan and develop the library service
Senior Library Assistant	To provide information services to staff and students of the hospital
Senior Library Assistant	I'm involved in the day-to-day running of our library
Senior Librarian	Librarian of a joint use library
Senior Library Assistant	To provide a library and information service to meet our users' needs
Senior Library Assistant	Giving service to undergraduate and postgraduate readers. Keep records up to date and sending for inter library loans
Senior Library Assistant	Journals, overdues
Senior Library Assistant	Assist Librarian in running of small medical library
Information Specialist	Responsible for: developing and maintaining the information retrieval, organisation and delivery systems required by the library, for organising the training of research staff and contributing to the development and maintenance of the library resources
Information Scientist	Research Officer for Child Care and Mental Health Services
Information Officer	Provide library and information services
Information Scientist	Research Officer for pilot child care information sharing project
Senior Information Specialist	Manager of library services
Information Scientist	Research Officer to mental health services and specific child care project
Health Information Officer with responsibility for library and training	Organising training courses, administration. Specialised Health Promotion Library searching db, organising resources. School Health Promotion programmes.
Information Scientist/ Librarian	Publication and dissemination of health research & provision of support for regional medical library
Regional Librarian	Management and administration of health libraries in the region
Regional Library Manager	Manager of all public health care libraries in counties {-}
Regional Librarian	Management of library services in one HSE region
Regional Librarian HSE ({-})	Manage and co-ordinate LIS services in HSE {-}
Systems Librarian	Project management of several library initiatives, managing teams, library direction.
Acquisitions, Library Services	I place all orders for books and resources for our region, look after the invoices, and general library duties

Q1 What is your current job title?	Q2 Please describe your key function in one line
Liaison Librarian - Medicine and Medical Sciences	Liaising with the School of Medicine & Medical Sciences to ensure staff and student needs are met
Informationist	Supporting the development and implementation of a national programme
Subject Librarian - Health Sciences	Providing IL training and course materials to several departments within {-}
Medical Librarian	To manage and run an academic medical library
Subject Librarian - Health Sciences	To support users e.g. information literacy & manage the health sciences branch library
Lecturer	Lecturer in undergraduate and postgraduate nursing and midwifery studies. I am also the academic library representative for the school.

Q12 Does the library promote its services to potential users? If yes, please give details:

Advertise through many mediums, including a web page

All user emails, e-newsletters, regular contributions to corporate newsletter, Intranet site, posters, set up stall in main corridor during Library Ireland Week 2010

Through notice board advertisements, LIS Newsletter, Open Days

Primarily via 'all staff' emails designed to target potential users in particular, and hopefully through positive word of mouth generated by existing users

Current awareness, emails. word of mouth, notices

Regular meetings with research staff, email and intranet website updates

Library week; orientation; monthly current awareness service; involvement in hospital activities

The library is promoted via the prospectus for undergraduate and postgraduate students. The university has recently started a continuing veterinary education programme for qualified vets seeking accreditation with the Vet Council of Ireland and the library is used as key promotional tool.

Adverts on website and publications ; Presence at all conferences and in-house member group meetings

Intranet page/Newsletter/Posters/Event for Library Ireland Week/Information days (Stand outside canteen during staff lunch hours). Participation on Committees. Limited unprompted SDI (selective dissemination of information).

We have a quarterly electronic newsletter and we have a dedicated website and space on our staff Intranet, we also send intermittent emails with library updates. We are planning a training calendar for 2011.

Open days, conferences, induction sessions

Library bulletins, email, off-site training days

Induction, handouts, emails, posters

By e-mail and website

Yes, through library newsletters, table of contents alerts, regular horizon scanning and dissemination of information to potential users, ward-based library information sessions, and an annual library Christmas tea party to which all staff are invited!

Through email

Q12 continued

Hospital Intranet. Notice Boards. RCSI Blog and Website

Various marketing opportunities, posters, competitions, welcome pack, intranet & website

Table of Content Alerts; poster campaigns; email alerts; pamphlet distribution

Regular flyers are distributed advertising our services. Induction tours of the library are available on request. Talks are given to each new group of doctors and to various groups throughout the year.

Library intranet website; In-house monthly magazine; Library Ireland Week surveys

learn@lunch sessions in the library for all health staff both in the hospital and those working in the community. Emails and flyers for new resources/services posted & emailed to all departments.

Internal survey. website

Yes, by e-mail and special events

Emails, newsletters, Library Week, training sessions

Via website, VLE, orientation & info literacy sessions. Also depending on staff resources marketing of specific databases via competitions/raffles

Open Days, small and large group training, information pack distribution etc.

Current Awareness Bulletins Email target groups Publish Ezine

Liaison team to support the university's health sciences schools and advocate library services. Information skills training for student and academic community. Attendance on key school and college committees and working groups. Promotion through library newsletter, webpage and emails to the communities. Promotion via plasma screens, etc., integration of some library services into Blackboard VLE environments. Provision of help services via information and loan desks, chat services, etc.

Specialised guides and training, open days stands, current contents circulated etc.

Emails, email bulletins, posters, bookmarks, participation in various projects/working groups

Inductions, newsletters, promotional flyers, emails

Email to new staff and intranet site. Occasionally distribute posters. This year did two-day roadshow.

We have a regular electronic newsletter on library developments. We also do regular group training and library induction. We are currently finalising our training calendar for 2011. Specialist bulletins and Open access week events regarding LENUS. Library week training events. On 11th February we are hosting an Irish Health Research Seminar. LIS staff present at Irish Health conferences thus promoting services to health professionals.

Monthly newsletter sent to mailing list; outreach information literacy sessions with CPD courses in the field; literature.

Notices, emails, blogs

Website, emails, policy development, publications, newsletters

Current awareness

Website, blog, bookmarks, flyers, email, VLE bulletin board, presentations, attendance at meetings, institutional repository

Through tailoring the needs of staff in the delivery of library services

Huge advocacy role both online and face to face

Email journal TOCs for key journals email articles of interest to professional user groups. Bi-Annual print round up of Intellectual Disability Research. Maintain topic lists for user groups Blog to promote reports, books, news on ID

Q12 continued

Alerts to staff and students and information tutorials and tours

Presentations to new students; blog; emails; teaching as part of the curriculum; promotions; roadshows; website

Intranet, hospital email

hselibrary.ie website and associated resources Current Awareness Bulletin Clinical Queries Service Helpful staff User Guides Database Training Attendance at EBP steering group Attendance at Journal Clubs Pleasant surroundings Good book collection

Yes, but probably could do further work in terms of provision of information literacy information to students and staff. Also, the library could benefit from provision of web-based podcasts in relation to subjects such as database searching. Additionally, the students would benefit if the library was open for longer hours during the week and at the weekends.

Through our members journal Forum, via training courses, word of mouth

{-} and {-} are automatically promoted to students; {-} does some promotional work with HSE medical staff by way of education and surveys

Email staff of new books ordered. Information sheets. Notice board. Would like to do much more but restricted by fear of management.

Library intranet page informs staff about functions, opening hours etc.

Library presence on organisational Intranet, Current Awareness Alerts, Quarterly Library Newsletter

Newsletter and other information notices regularly posted to all hospital sectors to inform current and new staff

Internally on our intranet, by email and on noticeboards, hold an event during Library Ireland Week Externally on our website, company newsletter, Facebook, YouTube

TOCs alerts, Induction, training, road shows etc.

Table of Contents Alerts and Monthly Newsletters

Liaise with lecturers to provide information literacy on embedded integrated levels; liaise with student reps; have college / school level library committees; etc.

Library Brochures, Noticeboards, E-mail and Intranet

Emailing lists of new books. Showing books that might be of interest. Doing up flyers for family members of service users.

Website Posters Library Ireland Week Library Tours Database Training

Q14 If you would like to add any comments about your responses in Q13 (services provided), please use this space

The library operates an external reader and external borrower service, the services offered to these users differ to the standard services provided to staff & students of the institution

Just to clarify, we provide 24-hour access to a study room with computers so that staff can go online but print books and journals are not available 24/7

Staff need to have at least a three-month contract in order to borrow books

Online databases and journals provided only to Hospital staff

All users provision of computer work stations and electronic journal access excludes external users. Mediated searching is due to low staffing rarely provided, instead we focus on information skills training for our users.

Print journal collection is v small – mostly e-journals

Q14 continued

Provision of online 24/7 access to electronic resources is seen as a key service for our users. Provision of 16 hours access to physical resources (Mon to Fri) and 8–12 hours at weekend.

With g: our licence permits e-journal access if a user walks in and uses our computers

We also provide a postal loans service for remote users and both onsite and offsite training and have recently launched a Clinical Librarian pilot at {-} Hospital

More than half of the work involves managing a research repository in the field of alcohol and drugs and this is the library's key resource as far as external and internal users are concerned

Access to print journals, study spaces is limited due to my limited hours

We have a specialised nursing library in the health sciences building with 20 study spaces and a Main college library with longer opening hours and a core collection of nursing texts with 300 seats: I have filled in the above for the small specialist library.

Students can borrow if they are on placement the HSE ({-}) for four weeks or more

There are some 24-hour study spaces available to {-} users

The organisation has eight centres countrywide so staff in the centres do not have physical access to the Library but can access online journals, guides etc. through the Intranet

Small selection of students visit from other facilities. They are not entitled to book loans.

Primarily we are a resource for the staff of the organisation but we do allow external visitors

I don't work in a library

Did have a print journal collection but stopped due to cost cutting of budgets. Work as part of a team so the library is not a stand-alone room.

Q21 If you would like to add any comments about health library services and/or librarians in Ireland, please use this space:

Librarians in the academic sector supporting health sciences programmes are usually integrated into the curriculum to provide information skills training. It is a goal that these skills are used by the students as graduates and we would hope that the libraries in the hospital/clinical settings would see more engagement with their services.

We need to make certain areas our own within the health knowledge into practice/patient care chain even if low staffing levels mean abandoning or cutting down on traditional or basic library services as a result. This will need a co-ordinated approach with support both from our own profession and from bodies such as HSE/HIQA/INO etc. I believe we're in danger of burnout through trying to cope with increasing workloads without stopping to think of where this will lead us or ultimately what impact it has on organisational core services.

Health science librarians play an important role in the information society and could play a big role in the 'smart economy' the government is advocating for. One of our problems as a profession is that we are not media literate – we need to do more PR. We also need to get out of the library more and join clinical teams, we need to be seen, get out from behind our desks and join other health professionals, we should not be so hung up about physical libraries. I feel we need a change - but it has to happen at an individual level before it gets to a collective.

Irreversible decline which will be accelerated by the increasing problems that this country faces.

Q21 continued

While I think my contribution to health services is valued by some members of my immediate organisation, I don't think the same can be said of my national organisation (the {-}). My fear is that we will continue to lose our clerical support staff and that in a few years time, professional librarians will be the only staff working in libraries, and our time will be spent performing administrative duties and not providing high-level information support for the benefit of patient care.

We are well up to speed with the needs of the medical student. Students are very computer literate. Imparting information-seeking skills to some students at Issue Desk has become part of the job. We provide many information skills classes for our students. Also on Moodle we provide good instruction.

I think it is difficult that is can be difficult to generalise with some users who use the Library services a lot and appreciate the library service. There are others who don't use the Library at all and don't get how it fits into the organisation's activities.

I think it's under-developed compared to e.g. USA and UK. It's relatively young. Besides the HSLG CE courses there is no training or ongoing professional development to push the skill/knowledge level, there is no health track in Irish library school and not all those working in health libraries see themselves as health librarians first and foremost. The split between academic and hospital libraries is evident and I think it's hard for hospital librarians to develop clinical information support systems/services in isolation.

They are a very enthusiastic dedicated group of people – however, there is a need to foster a much greater reflective capacity which will critically reflect on and evaluate the role of the Library – and the Librarian, within or outside it.

I think there is a difference in service provision emphasis between academic libraries and health science libraries. For the latter the emphasis is primarily on the clinical with the consequent emphasis on clinical-related resources and services. For academic libraries the emphasis is on the undergraduate /postgrad services and collections tend to be more academic and researcher focused, with less emphasis on clinical resources. The merging occurs with placement of students into the clinical setting, whereby they use resources and services provided by health science libraries. And also the cross over at consultant/ researcher level in the use of resources to support research based activities. There is a grey area where consultants and researchers utilise the services of both university and hospital based library services.

The sector reflects the fact that it was developed ad hoc and maybe instead of lots of One Man Band libraries – the health libraries should consolidate with the remaining larger hospital libraries equally resourced instead.

The survey has asked no questions which would give a comparison about how my service used to be. I am staff down with huge reductions in spending on books and journals and I don't think this survey will demonstrate that like many libraries my service is shrinking.

The state of library services reflects the fragmented nature of health services in Ireland. There is duplication of both resource purchase and services. There is a need for more library professionals but probably less libraries. There is little recognition of the importance of evaluation and monitoring. Roles are still seen as primarily gate keeping rather than knowledge transfer. Isolated staff will have difficulty in recognising the need for change and the impetus must come from educators and representative organisations.

Librarians spend a lot of time worrying about their image, and whether people see them as 'professionals', sometimes I wonder is this time wasted and should it be spent on doing rather than analysing.

The HSLG provides a very good forum for librarians to come together and share ideas etc., along with the opportunities for CPD and our Annual Conference and we are, I feel a strong grouping within the Library Association of Ireland.

Q21 continued

I just wanted to apologise if my data skews the results of the survey (please remove the data if you think it will). I could not answer many of the questions as I'm not based in a library setting and have an unusual role, but I wanted to contribute to the research you're doing. I also just wanted to wish you the very best of luck with it and say that we're all very much looking forward to learning the outcomes of the research.

I could not answer questions about future work load/changes to work as that is dependent on how automated or simplified some work becomes e.g. ILL is still unnecessarily time consuming due to copyright and the requirement for print signatures etc. It could be more efficient but there are regulatory barriers. It's the same story with e-journals – it's theoretically quicker to access articles online but that saving is set against the almost unmanageable complexity of rights, licensing, authentication, etc. so again the effort saved in dealing with paper is diverted to a different end of the process. Regarding the status of the profession – it is hard to change public opinion, whether or not public/organisational opinion of librarians is accurate is a pointless debate. Public/organisational campaigns to promote librarians and our skills would likely be seen as self-serving and therefore ineffective. Having said that, some years ago the UK did a good job on promoting the value of the teaching profession. I think promoting the specific competencies of librarianship to employers might offer some opportunities to improve the perception of our work skills. The brand name of librarianship is probably irreparably damaged in the public/organisational mind so we need to take the core competencies and re-brand them as Information Management. The public mostly know about librarians via front of house public and academic librarians unfortunately what the public (sometimes) see of these librarians is that they are rule obsessive, inflexible, rigidly routine. Sorry, I feel disloyal to the exceptions who are wonderful, charming, informative and inspirational but...this is why the public think libraries can be run by volunteers. Maybe we need to distinguish front of house staff and activities from professional activities or forever struggle against the PR disaster that this lack of distinction (often) causes.

I believe that users and potential users of Health libraries in academia are very divided in their opinion of the Library and the librarian; some consider the library services and librarians as core and very important and others do not use the library at all. I would say however in our college most of the staff in the Health Science Dept do value the library and our place in the organisation.

Unfortunately I feel the health sector is too disjointed to allow for collaboration. I also feel that although libraries contribute a lot to this sector, it is either not publicised or people aren't aware the library is involved.

Libraries are investing their money in senior management and computers. Libraries are becoming faceless, with no staff to help students and less books – 'internet has it all'!! Part time workers and junior staff are seen as bad value for money by management. Management are scared to make any decisions, they get paid very well (compared to UK equivalent) but seem to use most of their time setting up committees and being on committees. Need to bring managers in from private section, McDonalds managers would have better personal skills.

A high number of librarians holding professional posts in my organisation are older, staler, out of touch and depend totally on the expertise of their younger and nearly always more qualified subordinates, who will never be promoted to their abilities as a result of the foothold of the old regime – who would never pass a current interview panel themselves and yet act on such panels - and the terrible state of the Irish public sector finances and its moratorium. Until there is a total reorganisation of the organisation, the library will not advance and will not provide the service its patrons deserve and most staff members are able and willing to provide. Basically this organisation, if compared to the present outgoing Irish government, would come off the worst.

I believe that the scientific / medical staff do value libraries and librarians but unfortunately many administrators do not.

Q21 continued

I think librarians need to promote themselves more as a profession with specialist third level qualifications. There is a problem in that people can't distinguish between qualified professional librarians and library assistants. Therefore, they assume that everybody who works in a library is a librarian and are surprised when they hear how highly qualified librarians are. The line between professional librarians and library assistants is blurred making it even more difficult for us to promote ourselves as a profession. I also think the title assistant librarian is limiting and confusing and perhaps we could adopt new titles like library manager.

The librarian's job is being eroded and job roles are being stretched to include projects and other service area deliverables like organising meetings, training rooms, administration, project management, consumer/patient health information. Working as part of a team and having lost staff new opportunities/areas have to be filled so projects outside the library brief have to be taken on.

Fragmented, disassociated staff with no real interplay/overlap between sectors. EBM is a considered criteria for all health professional staff yet our organisation (i.e. HSE) does not give us the necessary resources to assist medics et al in their role. Again we are too often left out in the cold because people are not aware that we might have a role in this.

{-} developed a regional e-resource proposal which aimed to provide access to all health services personnel (HSE employees, public health nurses, GPs, clinical therapist, etc.) and got buy-in from HSE {-} and cooperation from suppliers – this was costed at €800k approx. in 2008. I feel this might be of some use to you as a possible template for a national such platform – which I personally believe is what is required for C21st.

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HSLG

HEALTH SCIENCES LIBRARIES GROUP

www.hslg.ie