Investigation into practicing healthcare librarians’ understandings of information literacy and its application to their role

A study submitted in partial fulfillment of the requirements for the degree of Master of the Arts in Librarianship

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By

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ABSTRACT

Background. The literature shows that whilst information literacy has a long history in academic libraries it is less well established in healthcare libraries. This is despite information literacy having a key part to play in supporting evidence based practice, which is fundamental to healthcare practitioners providing the best patient care, both in the UK and abroad. Some research has been carried out investigating how healthcare librarians provide information literacy skills training to support evidence based practice, however, it is somewhat dated.

Aims The aims of the research were threefold, namely: to establish what the healthcare librarian’s understanding of information literacy was; to explore the role of the healthcare librarian and the services offered in the library to see how they facilitate the implementation of evidence based practice, and finally to investigate how healthcare librarians feel their role is valued by their users.

Methods: A series of ten semi-structure interviews were conducted, with the questions devised following a comprehensive literature review. Participants in the interviews provided a cross section of healthcare librarians from the Northwest of England. The data gathered from the interviews was then subject to a thematic analysis, and findings compared with previous research.

Findings: It was found that healthcare librarians have limited understandings of the concept of information literacy, and largely associate it with the ability to find information. They provide a number of services to support information literacy to help implement evidence based practice within their organisations. It was also found that they consider themselves to be valued by their users, chiefly because they save their users time in finding the information needed, but that they fear being regarded as irrelevant by non-users and the wider organisation. These findings are largely supported by previous research.

Conclusions: It is concluded that the healthcare librarians play a significant role in supporting the implementation of evidence based practice in their organisations through information literacy skills, despite not having an articulate understanding. The service provided is valued.
Acknowledgements

Many thanks to my supervisor Stephen Pinfield, and to Sue Jennings, Clinical Librarian at Warrington & Halton NHS Foundation Trust, who provided me with so much help and advice. Also many thanks to the librarians who kindly agreed to be interviewed.
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INTRODUCTION

Background and Context

Information literacy is regarded as an essential skill for the 21st century. It “empowers people in all walks of life to seek, evaluate, use and create information effectively to achieve their personal, social, occupational and educational goals. It is a basic human right in a digital world and promotes social inclusion of all nations” (IFLA, 2005).

A widely recognised understanding of information literacy comes from the American Library Association (ALA), who declare that: “To be information literate, a person must be able to recognise when information is needed, and have the ability to locate, evaluate and use effectively the needed information.” More succinctly, information literacy may be regarded as being able to get the right information at the right time. However, it is not innate, and the skills pertinent to it need to be taught.

Until relatively recently the concept of information literacy and teaching the skills to enable it was mainly a concern of academic libraries, but it is now seen to be of high importance in the healthcare context, both in the UK and abroad (Robinson et al, 2005; Addison et al, 2010; Wahoush and Banfield, 2013). Information literacy is an essential skill for healthcare practitioners, as it supports evidence based practice, and enables best patient care (Marriott, 1998). Evidence based practice means backing up clinical decisions with the best evidence available from research, and it is dependent on staff being able to handle information effectively (Royal College of Nursing, 2011). The healthcare practitioners need to have quick access to information, and to have skills to use it appropriately (Craig, 2009). They need to be able to search for good quality information and to be able to appraise the information they find. A lack of information literacy skills means that users can be quickly overwhelmed by irrelevant or unreliable information (Davies, 2006). Healthcare libraries support the
implementation of evidence based practice in patient care though both information literacy skills training, to enable to healthcare practitioners to conduct their own searches for information, and conducting mediated searches on behalf of healthcare practitioners in order to supply the evidence needed directly to them.

A considerable amount of existing research in the field of information literacy has been restricted to higher education and has been largely concerned with establishing a definition of the term and identifying the key skills and competencies associated with it. Research has also been conducted into how academic librarians support information literacy training amongst their users. Little has been published about understandings of information literacy away from the field of higher education, particularly in the world of healthcare. There has been research into the costs and effectiveness of information skills training and mediated searching (Brettle, Hulme and Ormandy, 2006; Brettle, Hulme and Ormandy, 2007), however the data was collected over eight years ago, and there have also been investigations into what information skills which support the implementation of evidence based practice by healthcare practitioners are taught (Addison et al, 2010; Robinson et al 2005). There has, however, been little or no research investigating healthcare librarians’ own understandings of information literacy, and how they understand their work to support evidence based practice, and the perceived value of their services.

**Research aims and objectives**

**Aim:**

To investigate what services supporting information literacy and evidence based practice are offered by healthcare librarians in the Northwest of England, and how these services are valued by users.
Objectives

1. Establish what the healthcare librarian’s understanding of information literacy is
2. Explore the role of the healthcare librarian and the services offered in the library to see how they facilitate the implementation of evidence based practice.
3. Investigate how healthcare librarians feel their role is valued by their users

Definitions

For the purposes of this dissertation the following definitions apply:

Healthcare practitioner

The healthcare practitioner is a member of the organisation involved in the care of a patient, and includes doctors, nurses and allied health professionals (ie physiotherapists, radiographers, dieticians and so forth)

Healthcare librarian

This role title is used to encompass all librarians who work within healthcare organisations. In the dissertation “healthcare librarian” is used distinctively from “clinical librarian”. The clinical librarian is a healthcare librarian who takes information services into the clinical setting and responds to the information needs that arise there.
LITERATURE REVIEW

Introduction

The literature review aims to provide a comprehensive background to the research. It provides a definition of the concepts of information literacy, and describes the most significant models. It provides a definition of evidence based practice and describes how libraries assist in its implementation through supporting information literacy. Finally, it discusses research conducted previously into the value of library services to healthcare practitioners.

Models and definitions of information literacy

There are a range of models of information literacy, which outline the competencies and skills of the information literate individual.

The SCONUL 7 Pillars in arguably the most influential model in the UK. The SCONUL model is largely tailored to the information behaviour of the academic researcher, although it can be regarded as relevant to other fields.
This model identifies seven core competencies, or ‘pillars’, needed for an individual to be regarded as information literate, namely: ‘identify’ - the ability to recognise a need for information; ‘scope’ - the ability to distinguish ways in which the information need might be addressed; ‘plan’ - the ability to construct strategies for locating information and data; ‘gather’ - the ability to locate and access information; ‘evaluate’ - the ability to evaluate and appraise information; ‘manage’ - the ability to apply and communicate the information professionally and ethically; and ‘present’ - the ability to synthesise information and create new knowledge.

Another model of information literacy is devised by Bruce – the Seven Faces of Information Literacy. Here, information literacy is not understood as a set of skills, but rather as the interaction between information and the user. Bruce identifies seven different ways in
which the user might present an understanding of information literacy, as opposed to denoting a series of specific skills and competencies.

Bruce’s 7 Faces of Information Literacy – from Webber and Johnston, 2000

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<thead>
<tr>
<th>Category 1:</th>
<th>Information literacy is seen as using information technology for information retrieval and communication</th>
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<td>The information technology conception</td>
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<td>Category 2:</td>
<td>Information literacy is seen as finding information located in information sources</td>
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<td>The information sources conception</td>
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<td>The information process conception</td>
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<td>The information control conception</td>
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<td>Category 5:</td>
<td>Information literacy is seen as building up a personal knowledge base in a new area of interest</td>
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<td>The knowledge construction conception</td>
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<td>Category 6:</td>
<td>Information literacy is seen as working with knowledge and personal perspectives adopted in such a way that novel insights are gained</td>
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<td>The knowledge extension conception</td>
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<td>Category 7:</td>
<td>Information literacy is seen as using information wisely for the benefit of others</td>
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<td>The wisdom conception</td>
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Models of information literacy devised for higher education have been tailored and adapted for the needs of healthcare practitioners. Healthcare staff need to have access to support, and to skills development in relation for finding, managing, evaluating, and applying information, in order to provide the best patient care. The RCN has devised a competency framework -similar to the SCONUL 7 Pillars – to aid the development of skills to complement clinical competency skills. The seven information literacy competencies are:

1. Identifying why information is needed
2. Identifying what information is needed
3. Carrying out a search to find information
4. Identifying how the information meets the identified need
5. Using information and knowledge inclusively, legally and ethically
6. Managing information

7. Creating new information and knowledge

(RCN, 2011)

NHS Scotland identifies an information literate person as one who can recognise an information need and is able to apply a set of skills to find, retrieve, assess, manage and apply information. Furthermore, information literacy “contributes to improved healthcare delivery through a continuously evolving, reliable information base” (Craig, 2009, p.78). In support of this NHS Scotland has devised its own information literacy framework and competencies. It is intended to enhance and support information finding and evaluation skills, and is applicable to both patients and healthcare practitioners. Increased information literacy capabilities contribute to improvements in health, and in better delivery of care.

The NHS Scotland Information Literacy Cycle suggests seven basic stages which lead to information literacy: question, source, find, evaluate, combine, share, and apply (Fig.1). For the ‘question’ stage the user is encouraged to identify their information need; to create a specific question is order to get the right answer. For the ‘source’ stage the user is encouraged to think about where to go to find information that will answer the question. The supporting material for the framework highlights that sources include print and electronic materials, and also that other people may be sources of information and knowledge. It suggests that “perhaps there is someone you know or can contact to supply the information you need”, which could be alluding to library services. For the ‘find’ stage the user is encouraged to create an effective search strategy to retrieve the information to answer their question. For the ‘evaluate’ stage the user is encouraged to critically appraise the information and ascertain its validity and reliability - “have you found ‘good’ information?” – and also check the question has been answered. For the ‘combine’ stage the user is encouraged to incorporate the new information
into their existing knowledge. For the ‘share’ stage the user is encouraged to consider the usefulness of the newly acquired information and to share it with those it will be relevant to.

For the ‘apply’ stage the user is encouraged to put the information to practical use, and use it to shape their work practices, or manage a condition or treatment. The framework is envisaged as an iterative process, a cycle, where each stage compliments the others, and knowledge gained from meeting one information need influences subsequent activities.

Evidence based practice in medicine

Evidence based practice in medicine can be defined as “a method of applying research evidence to clinical decision making” (Lawrence et al, 2012, p. 61). It began in the late 1960s, and was a method of teaching newly qualified medics to use published research to decide on the best patient care. It became evident that medics needed more skills than simply being able to read the results of a clinical trial: there was also a need for skills to find the best evidence to use. Searching and retrieval skills were recognised as being essential in order to implement evidence based practice effectively. These skills are not innate, and require training and
practice to gain proficiency. Librarians have a key role to play, in helping the users gain the skills to be able to find, efficiently and effectively, the best and most up-to-date research which can be used to provide the best and most appropriate care for a patient (McKibbon and Bayley, 2004). In summary, it ensures that decisions about the best care and treatment are made based on evidence from current research. Within the NHS government policy advocates the use of evidence based practice (Urquhart et al, 2007; Isetta, 2008; RCN, 2011).

As evidence based practice is a way of keeping abreast of an ever growing body of research it is essential to be able to deal with large amounts of information. Lawrence et al (2012) suggests that there are five stages to the implementation of evidence based practice to care (fig.2). This five stage model mimics formal models of information literacy, and highlights the links between the two concepts.

Defining is recognising the need for evidence, and establishing a research question based on the clinical situation. Finding is searching for and retrieving articles, and so procuring evidence to answer the question. Appraising is evaluating the evidence’s validity and its relevance to the clinical situation. Implementing is applying the evidence to clinical practice, and evaluating is examining the process for future reference. McKibbon and Bayley (2004) feel that librarians have a role to play in all but the fourth stage, which requires clinical expertise.

Lawrence et al (2012) suggests that librarians can play a number of roles in supporting the implementation of evidence based practice. Librarians may be able to offer a supportive role and use traditional library skills such as a knowledge of resources and search skills in order to train healthcare practitioners to find evidence, and also to find evidence on their behalf:
“The importance of training to support evidence based practice and continuing professional development and the role of librarians in providing that training has long been accepted” (Addison et al, 2010, p.192). They may also be able to use a knowledge of critical appraisal in order to teach it or to critically appraise search results in order to support healthcare practitioners. Librarians may also be able to take an active role in evidence based practice by conducting systematic reviews of research, or by gathering evidence for change directly. Corbus (2008) notes that for effective implementation of evidence based practice the most important information literacy skills are to be able to find the most accurate and recent information to synthesise and evaluate to produce the best answer.

**Library support of Evidence Based Practice**

The librarian and the library have a crucial role to play in supporting the implementation of evidence based practice in healthcare (Winning and Beverley, 2003; McKibbon and Bayley, 2004). Davies (2006) observes that “there are almost too many potential information sources for doctors to locate information effectively” (p.87). It is necessary to teach information skills in order to utilise the vast amount of information available to enable practitioners to access the information they need and facilitate evidence based practice. Healthcare librarians also aim to support clinical decision making via evidence based practice, and education, by providing high quality information to healthcare practitioners at the point of need (Winning and Beverley, 2003). Many NHS hospital library services offer both information skills training, and a mediated literature searching service (Brettle, Hulme and Ormandy, 2006; Addison et al, 2010). As Addison et al note: “to ensure organisations use the best evidence users must be aware that library services offer both training and mediated searching services” (Addison et al, 2010, p.191).
Healthcare librarians have numerous job titles, the most prominent of which is that of “clinical librarian”. Job titles may also include outreach librarian, medical librarian or healthcare librarian. The roles are broadly similar (Health libraries and information services directory). The clinical librarian service is perceived as useful by healthcare practitioners, and has a positive impact on patient care (Urquhart et al, 2007). Brettle et al (2011) identify four models of clinical librarian service provision.

<table>
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<tr>
<th>Information at the point of need</th>
<th>Information at the point of need plus critical appraisal and synthesis</th>
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<tr>
<td><strong>Question and answer service</strong></td>
<td><strong>Question and answer service plus critical appraisal</strong></td>
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<tr>
<td>A static service is provided where the users submit their information requests via phone, electronically or in person. A literature search is conducted by the librarian and the reply to the query is usually in the form of search results</td>
<td>A static service is provided where users submit their information requests via phone, electronically or in person. A literature search is conducted and a reply which contains a critically appraised summary of results is provided to the user</td>
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<tr>
<td><strong>Outreach</strong></td>
<td><strong>Outreach plus critical appraisal and synthesis</strong></td>
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<td>The librarian uses a range of means and methods to provide information to users. This can include literature searches, training sessions, and attendance at ward rounds. It involves a pro-active approach to engage the users, perhaps as part of the team. The results of the queries are often provided in the form of a literature search.</td>
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**Information skills training**

Healthcare librarians are both facilitators and educators (Steyn and de Wee, 2007). They have a significant role to play in teaching users to identify, evaluate and use information efficiently and effectively. The ability to search the literature is essential if healthcare practitioners are to be able to implement evidence based practice (Brettle, 2003; Wahoush and Banfield, 2013). Addison et al observe that “an effective training service aims to equip users to
conduct high-quality literature searches independently, thus removing the necessity for trained users to seek assistance with future searches” (Addison et al, 2010, p.192). Corbus proposes that health libraries should integrate the principles of evidence based practice into their information literacy courses and focus on accessing, selecting, evaluating and applying the information (Corbus, 2008). Steyn and de Wee however feel that the most important skills to convey to users are information literacy, information seeking and searching skills, and information analysis and evaluation (Steyn and de Wee, 2007).

A 2005 review of methods of learner support provided by healthcare librarians found that a variety of methods are used in teaching information literacy skills, including lectures and presentations, demonstrations, hands-on practical sessions, e-learning, and email sessions (Robinson et al, 2005). The findings of the EMPIRIC (Effective Methods of Providing Information for Patient Care) project reveal that the most common training methods include presentations, demonstrations and practical sessions. The formats of the training ranged from one-to-one sessions, regular drop in sessions, to training delivered to various sized groups. The EMPIRIC project also found that the most commonly taught topic was using databases (Brettle, Hulme and Ormandy, 2007). The most popular topics covered in information skills training sessions were database searching, question formulation and an introduction to information sources. Other topics included in information skills training are critical appraisal, referencing, research methods, library orientation, and applying evidence to practice (Brettle, Hulme and Ormandy, 2007).

By and large healthcare practitioners believe their information literacy skills to improve through training (Brettle, Hulme and Ormandy 2006; Brettle, Hulme and Ormandy, 2007). There are however a number of factors affecting successful information skills training which are beyond the control of the librarian: users have different backgrounds and pre-existing abilities;
learn at different rates and in different ways; and have different information needs. Studies have also found that healthcare practitioners often lack the time to attend training sessions, and time to practice their newly acquired skills. The EMPIRIC project found that “for library staff, lack of time to provide training is an inhibiting factor” (Brettle, Hulme and Ormandy, 2007, p.28). Furthermore, there are often constraints on access to the resources, whether they be print or electronic, and infrequent library users are likely to lose or forget information retrieval skills (Robinson et al, 2005; Addison et al, 2010, Brettle, Hulme and Ormandy, 2007, Wahoush and Banfield, 2013).

Booth (2011) draws attention to the importance of tailoring the teaching of the information literacy skill set required for evidence based practice to the individual. He argues that training should seek to enhance existing skills rather than impose new ideals.

**Mediated searching**

Many library services offer mediated searches. These are searches carried out on behalf of the user by the librarian, and the user may or may not be present (Brettle, Hulme and Ormandy, 2007). The EMPIRIC project found that “mediated searches were effective and health professionals believed the information from mediated searches has a positive or highly positive effect on professional development, research and patient care” (Brettle, Hulme and Ormandy, 2007, p.26). However, information from the mediated searches can only impact on patient care if it is applied, and it has been found that there are barriers to the implementation of evidence based practice in treatments.

As in the EMPIRIC project, Addison et al (2010) found that mediated searches are more effective for the library user, but are a major use of staff resources. Arguably, an effective information skills training service aims to equip users with the skills to conduct their own high
quality literature searches, thereby reducing the need for them to seek future assistance. There are however a number of reasons why healthcare practitioners do not perform their own searches and instead request mediated searches. Time constraints on busy healthcare practitioners mean that many prefer to ask library services to conduct searches on their behalf (Brettle, Hulme and Ormandy, 2007; Addison et al, 2010). Library staff also have specific skills and are more adept at conducting complex searches and have greater familiarity and experience with the resources than the healthcare practitioners. It is also possible that attending training courses make some users aware of their limitations and so feel daunted by the prospect of a complex literature search, and instead they use a mediated search service rather than search independently (Addison et al, 2010).

O’Dell and Preston (2013) found that amongst library staff there is a general perception that some potential library users do not use the service. This may be due to ignorance of its existence, which can be rectified through publicity. It may also not be used because potential users do not necessarily have an information need, or more significantly, because some potential users fear they may be denied access.

**Perceptions of value and effectiveness**

A consensus of the literature is that healthcare libraries and healthcare librarians and information professionals are valued by their users (Brettle, Hulme and Ormandy, 2006; Brettle, Hulme and Ormandy, 2007; Urquhart et al, 2007; Isetta, 2008; Addison et al, 2010). Isetta (2008) found that “health practitioners see local libraries and information professionals having a valuable support role in the care continuum” (Isetta, 2008, p. 632). The information intensive model that is evidence based practice means that libraries and librarians are conduits to essential resources.
The services provided, whether they be database training sessions in a large group, library orientation or a mediated search service, tend to be relatively well used and regarded as useful and effective. There have been several studies investigating the effectiveness and the value of information skills training in health libraries, the most prominent of which is the EMPIRIC project. Between 2004 and 2005 Brettle, Hulme and Ormandy conducted both qualitative and quantitative research investigating the views of both healthcare practitioners and library staff across northwest England about the effectiveness, and cost-effectiveness, of providing information for patient care, via information skills training and mediated searches (Brettle, Hulme and Ormandy, 2006; Brettle, Hulme and Ormandy, 2007).

The quantitative findings demonstrated that both information skills training and mediated searches are valued and are perceived as effective ways of providing information for patient care. Both Brettle, Hulme and Ormandy, and Addison et al have noted that curiously the provision of skills training does not reduce the number of mediated search requests. From the EMPIRIC project it was found that the majority of those who received skills training used their skills frequently, but they tended to be more satisfied with the results of the mediated search services than with the results of their own searches, and so the former were valued more highly.

The qualitative findings supported this notion that mediated searching and information skills training were effective in providing information for patient care. Many of the healthcare practitioners surveyed felt that the librarians were more efficient at searching (72.8%), and many also felt that using library staff to search for information was an efficient use of resources (63%). 50% of the sample of healthcare practitioners said that they had used information from the mediated searches to influence their clinical decision making. The EMPIRIC project also found that the library services – both the information skills training and the mediated searching
service - were largely regarded as being cost effective by both the libraries and the
organisations. Furthermore, it found that healthcare practitioners felt that their information
literacy skills improved through training (Brettle, Hulme and Ormandy, 2006; Brettle, Hulme
and Ormandy, 2007).
METHODOLOGY

Introduction

In order to answer the research question and to achieve the research aims and objectives it is necessary to consider the most appropriate methods for conducting the research, for both data collection and the subsequent analysis. The following section aims to illustrate the way in which the research findings were generated, by describing the process used to collect the data, providing information about the sample involved, and discussing the method of data analysis.

The investigation adopted a qualitative and inductive approach. It was largely based on case-studies, garnered from conducting a number of semi-structured interviews. There were ten participants in the interviews, and they provided a cross section of healthcare librarians in the northwest of England. The same questions were asked in each interview, and the interviews were transcribed and subjected to a thematic analysis. The findings from this research was then compared to published research, in particular the EMPIRIC project, which, as discussed in the literature review, had also examined librarian support of evidence based practice in healthcare, and perceptions of value.

Data Collection

The method used to collect the data was the semi structure interview. Interviews are an effective means of collecting data for qualitative research, as they allow the researcher to probe and clarify topics in depth and lead to a great richness of data (Gorman and Clayton, 1997, Powell and Connaway, 2004). Semi structured interviews also allow specific issues to be addressed, whilst at the same time permitting the participant a free rein in articulating what they feel to be important in regards to the issues covered (Bryman, 2008).
Each interview served to provide a case study. Case studies involve the intense analysis of the data gathered from a small number of subjects, as opposed to gathering data from a large population (Powell and Connaway, 2004). They are designed to provide a detailed and contextualised description of a phenomenon, and enable an exploration of the attitudes towards it (Goodman, 2011). The main advantages of the case study are summarised by Powell and Connaway (2004), who state that “the case study is well suited to collecting descriptive data” and “can be used as an exploratory technique” (Powell and Connaway, 2004, p.61). They allow the researcher to identify common and unique aspects within a specific context, which is subsequently appropriate for the chosen method of data analysis.

Because the data gathered was based on multiple case studies the same questions were asked in each session, thereby ensuring an ease in comparison and meeting the research objectives. The questions asked in each of the interviews were as follows:

1. Can you tell me about your role in your library
2. What do you understand by the term “information literacy”
3. What information services do you offer in your library
4. Do you feel you are valued

These questions were devised after an extensive literature review. The first question was intended to put the subject at ease, and have them talk about themselves. It was also intended that it would permit an insight into the context for their understanding of concepts explored later in the interview. The second question was asked specifically in order to meet one of the aims of the research, namely to establish the healthcare librarians’ understanding of what information literacy is. The third question was in regards to the services offered by the library, and to find out how, or indeed if, their library supported evidence based practice, which, as discussed earlier in the review of the literature, is a key tenet to healthcare practice in the UK.
The final question, “do you feel you are valued” is acknowledged to be potentially leading. That wording was however selected in order to draw attention to the concept of value, which is a main point of comparison in this data with existing research. It was important to ascertain the librarians’ own feelings about their worth, and how they felt they were regarded by their organisation, and in addition the perceived significance of the services they provided in order to meet the aims of the research.

The prospective sample were emailed the questions prior to the session, in order to gain fully informed consent and also to allow preparation for the interview. Spontaneity is not desirable in this circumstance, and considered answers would provide a greater richness of data. Furthermore, the knowledge of what to expect should also help put the participants at ease, and lead to a more relaxed and hopefully more productive interview. It was not intended as a test of the librarians’ knowledge.

**Sampling**

Initially the sample was to be self selective, based on responses to an email requesting participants. An email was to have been sent via a JISC mailing list; however a serendipitous remark during an informal chat led to a change of plan and the method of selecting the sample was duly altered. It was possible to email librarians who were attending a training day and ask them if they would be willing to be involved in the research.

At a glance this appears to be an example of a convenience sample. Convenience in itself is not a factor that justifies the selection of a sample, and can itself suggest a lazy approach to work (Denscombe, 2005). Here however, this method of selecting the sample is valid. They represent a cross section of the librarians in the northwest, ranging from an assistant clinical librarian to the head of services, and included participants based in a specialist cancer research library, a library service across three sites, and from libraries in hospitals.
affiliated to universities. Denscombe later notes that convenience sampling does play a part in most sampling techniques. A researcher has limited time, and so the opportunity to collect a large amount of data in one session is invaluable (Denscombe, 2005; Bryman, 2008). This sample will not allow generalisations, and nor will the data lead to definitive findings, however it could provide a useful springboard for further research, or link to and confirm existing findings. Some of the participants had been involved in the EMPIRIC project, which also examined the roles of healthcare librarians in the northwest, though its data was collected between 2004 and 2005. This previous experience of being interviewed may allow for a greater sense of familiarity with the process, a more relaxed atmosphere and a greater depth to the responses.

Following the interview session the taped results were transcribed. Despite transcription being a time consuming and labour intensive process it has several advantages. It removes the need to rely on the researcher’s memory, and reduces the likelihood of things being reinterpreted due to limitations of memory and the interviewer’s subconscious agenda. It provides an easily accessible record of results for future researches. Furthermore it also allows repeated examination of the participants answers and a markedly more thorough close reading of responses (Bryman, 2008). Bryman (2008) also notes that for data analysis approaches which require detailed attention to language recording and then transcribing interviews is all but mandatory. Following transcription the interviews were checked against the recordings for accuracy. The researcher familiarised herself with the interview data by reading though the transcripts multiple times, and created memos of any striking points or themes as part of a preliminary analysis.
**Subjects**

There were ten participants in the interviews. Their roles and experience in healthcare librarianship varied. Participant A and H were outreach librarians. Participant B was a medical librarian. Participants C and I were assistant clinical librarians. Participant E was a clinical librarian, and Participant D was an assistant librarian involved in a clinical librarian project which entailed going on ward rounds in the Intensive Care unit. Participant F was a public health and commissioning librarian, Participant G was a library operations manager, and Participant J was an evidence specialist.

The scope of knowledge and experience lends depth and breadth to the case studies, and allows for a wide range of responses. The research aims to gain an in-depth view of the understandings of information literacy and the services provided by the hospital libraries to support it, and also perceptions of their value, and the disparity between participants facilitates this.

The behaviour of the participants affected the quality of the data. Some were considerably more open than others, and responded better to verbal and non-verbal cues to develop their answers. Some of the participants were nervous, and quite reluctant to speak for continuous periods. Responses to some the questions were brief – in particular the second questions about their understanding of the term ‘information literacy’ - and despite prompting could not, or would not, expand on the topic. It is possible that they were self conscious due to the tape recorder, and that they also felt nervous about answering the questions, in part because they felt they were being tested, and also out of concern as to the quality of their responses and their usefulness. This was despite following the advice of Bryman (2008), who recommends that the researcher: ask simple, short questions; listen attentively to what is said; respond to the interviewee but does not dominate the discussion; explain the purpose of the
interview and allows it to conclude; and clarify the meanings of statements but does not impose meaning on them (Bryman, 2008).

**Analysis**

Following transcription of the interviews the data was then subject to a thematic analysis in order to draw out the key themes. Thematic analysis is widely used but poorly specified method of data analysis in qualitative research (Braun and Clarke, 2006; Bryman, 2008). Thematic analysis is however highly appropriate for this research project. The advantages of using a thematic approach are summarised thus by Braun and Clarke (2006). It can be used to summarise key features of the data and offer a detailed description of the data set, and can highlight similarities and disparities within it. It can allow ‘eureka’ moments, and also allow the data to be interpreted sociologically as well as psychologically. Furthermore, it is relatively easy to learn and do, which is of significance when considering the researcher’s own lack of experience in conducting research, and the time frame of the project.

In conducting the thematic analysis the research followed the advice of Ryan and Bernard (2003), who recommend identifying themes by looking for: topics which occur again and again; metaphors and analogies used repeatedly, the ways in which the topic shifts within the interview; and paying close attention to linguistic connectors, in particular the use of “since” and “because”, as these point to causation and connections in the minds of the participants. They also advise examining the similarities and difference between the various interviewees’ discussion of a specific topic, and reflecting on what is omitted by the interviewees.

In order identify these trends and patterns in the data, the interview transcriptions were subjected to coding. Coding is the process of examining, comparing and categorising data (Bryman, 2008). In order to generate codes the researcher asked of the data ‘What research
objective is being addressed?’ and ‘What is being said about it?’ Codes were also applied to data that appeared to have particular salience for the participants, evidenced the length of the response and enthusiasm for the topic, as indicated by the tone of their voice.

Each participant’s understanding of the term ‘information literacy’ was analysed by establishing what skills and abilities they associated with it, and by drawing out relationships between their response and documented understandings of information literacy, in particular the SCONUL Seven Pillars of Information Literacy. The responses were coded to try and draw out a summarised understanding, which were then categorized, and then compared with each other, to see there was a prevalence of particular understandings or if there was a general consensus of understanding that could be drawn.

Each participant’s feelings of how they were valued was coded by first establishing whether they felt valued or not, and codes were then generated about why they were valued. The participants’ responses were contrasted with each other, and also examined in relation to data from the EMPIRIC project, and other research discussed in the literature.

The participants’ descriptions of their roles and responsibilities were analysed to see what was held in common, and to provide a context for the other questions, in particular the question about the information services offered by the participant’s library. The services offered by the participants’ different libraries were listed, and grouped as to how they supported the implementation of evidence based practice by the healthcare practitioners. The participants also spoke of the function of their role in the organisation and these were categorised, and again used to provide a context for other questions.

**Ethical Aspects**

The research was deemed low risk. All the participant data was anonymised, and the participants were provided with an information sheet, and informed consent to their
involvement, in the knowledge that they could withdraw from the study at any time. Following
the completion and submission of the dissertation the data was to be destroyed.

**Limitations of research**

The chief limitation of the research was the inexperience of the researcher, and the
sample size. The researcher had no previous experience of conducting social science research,
and was learning on the job, so to speak. Due to the timescale of the research it was only
possible to interview ten librarians, and so the data is not exhaustive. It does provide a
snapshot of the phenomenon though.

It may have also been better to use a mixed method rather than purely qualitative
approach, and to have conducted questionnaires, especially in relation to gathering data about
the information services offered in the libraries. This would have provided a more concrete
ccontext for the data, and improved the quality of analysis,
DATA ANALYSIS

The role of the librarian

For the first question in the interview the librarians were asked about their role. In their replies to this they tended to give their job title and a brief outline of their main responsibilities. These included providing information skills training, conducting literature searches on behalf of healthcare practitioners and procuring resources.

The table below (table 1) summarises the roles carried out by the participants which support the implementation of evidence based practice in patient care, in particular providing information skills training and offering a mediated search service. The table subsequent to this (table 2) shows the roles described as carried out by the participants in addition to those directly supporting the implementation of evidence based practice.

<table>
<thead>
<tr>
<th>Role</th>
<th>Participant</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information skills training</td>
<td>A,B,C,D,E,G,H,I</td>
<td>“a big part of my role is going out and training people in the workplace” (A)</td>
</tr>
<tr>
<td>Conducting literature searches on behalf of healthcare professionals (mediated searches)</td>
<td>A,B,C,D,E,F,G,H,I,J</td>
<td>“a big part of my role is literature searching” (F)</td>
</tr>
<tr>
<td>Current awareness bulletins (keeping library users up to date)</td>
<td>C,D,F,G,H</td>
<td>“just trying to help people stay up to date who are too busy to do it themselves” (D)</td>
</tr>
<tr>
<td>Outreach to other departments</td>
<td>D,E,F,H</td>
<td>“another part of my job role is outreach so we tend to go where people need us” (E)</td>
</tr>
</tbody>
</table>

Table 1 – roles of participants directly supporting evidence based practice

<table>
<thead>
<tr>
<th>Role</th>
<th>Participant</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicity</td>
<td>A,D,E,H</td>
<td>“I do a lot of publicity to promote different services” (H)</td>
</tr>
<tr>
<td>Procurement of library resources</td>
<td>B,D,G</td>
<td>“we provide resources which are for them to access to help them in their roles” (G)</td>
</tr>
<tr>
<td>Interlibrary loans</td>
<td>B,C,F,I</td>
<td>“we also provide document supply...interlibrary loans” (B)</td>
</tr>
<tr>
<td>Manage the institutional repository</td>
<td>G</td>
<td>“we run an institutional repository” (G)</td>
</tr>
</tbody>
</table>

Table 2 – other roles carried out by participants
Information skills training

A recurring theme in the participants’ descriptions of their roles was their provision of information skills training to the healthcare practitioners:

“A big part of my role is going out and training people in the workplace” (Participant A)

“we do a lot of training” (Participant B).

Participants F and J were the exceptions and did not offer information skills training. This was because the former was no longer embedded in the hospital but worked with the public health team for the local borough council, and for the latter because their organisation had moved away from the traditional library model. Whilst they did not offer skills training formally, Participant J said they might on an ad hoc basis: “if someone comes in and is “can you show me to Athens” or can you show me how you found this or whatever yeah I’d do it”

The following tables illustrate the information skills training sessions offered by the different participants, and the different methods of delivery. The tables were compiled by identifying specific terms which recurred in the participants’ responses.

<table>
<thead>
<tr>
<th>Training</th>
<th>Participant</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to conduct Literature searches</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted literature searching</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to online resources</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical appraisal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreting statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing patient information leaflets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Athens</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

*Table 3 – Information skills training sessions*
As illustrated in Table 3 there was some variation in the information skills training offered by the different libraries of the participants, in addition to some notable consistencies.

All those offering training provided group sessions, and they all offered training in conducting literature searches. The second most common training session was an introduction to online resources. This differs from the findings of the EMPIRIC project, which found that the most commonly taught topic was using databases – although that it is possible that using databases is an alternative term for learning how to conduct a literature search. However, all the participants used the terms “literature searching” or “literature searches” and did not themselves connect it with teaching proficient database searching. It also found that the most common format used by library staff to conduct training was a one-to-one session, as opposed to a larger group (Brettle, Hulme and Ormandy, 2007).

Participant I felt that they “provide[d] training so people can do literature searches for themselves”. This is a sentiment discussed in the literature: Steyn and de Wee (2007) observed that it is the role of the librarian to teach users so that they become “self supporting information seekers” (p.799), as did Addison et al (2010), who noted that “an effective training service aims to equip users to conduct high quality literature searches independently” (p.192). However, as, noted earlier in the literature review, research by Brettle, Hulme and Ormandy (2006), and Addison et al (2010) found that the number of mediated searches undertaken by library staff did not decrease despite healthcare practitioners receiving information skills training.

<table>
<thead>
<tr>
<th>Session</th>
<th>Participant</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group training</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>One-to-one</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ad-hoc basis</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Drop in sessions</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Table 4 – format of training sessions*
Participant A’s library was unique in that they offered a series of drop-in training sessions, which were run at lunchtimes and included introductions to resources and how to develop a search strategy.

**Current awareness**

A number of the libraries offered services to help keep their users up to date with current research. Participant D said that “it’s just trying to help people stay up to date who are too busy to do it themselves”. The time-saving capabilities of the librarian and its value to healthcare practitioners is discussed later in this section.

Participants C, D, F, G and H provided a current awareness bulletin to their users.

- “we actually send out updates on a regular basis” (Participant G)
- “we do a bulletin called Current Bites which is sent out every fortnight...and that so staff don’t have trawl...don’t have to look up things to try and keep themselves updated with...we scan websites and so on...we provide documents and links” (Participant H).

In conjunction with the provision of current-awareness bulletins a number of the participants tailored the delivery of this information. Participant F provided the current-awareness bulletins “tailored to peoples’ needs” and said that in addition to updating the library website’s news page they also emailed their users updates “cos people prefer it rather than going onto the page”. Participant D also provided services helping users keep up to date with research, and would send news articles directly to relevant people: “hopefully it’s a thing they want”.
**Outreach services**

A number of the participants did not restrict their skills and services solely to the library environment. Participant F spoke of how they were taking their skills outside the library environment. They worked in both a hospital library, and also on a public health team attached to the local borough council. They felt that this not only increased their visibility but also emphasised their relevance and improved how they were perceived by others in the organisations. “I’m out and about all the time…but it’s really great...cos with being embedded in the two teams so I’m sort of sat there and if there is anything that anybody needs they just sort of see me automatically and ask me for questions”. They provided an on the spot service, conducting searches for evidence – “a big part of the role is literature searching so that’s probably about 70% 80% of the time so I spend a lot of time doing different literature searching for the two groups that ask for completely different searches all the time”.

Participant E offered anecdotal evidence of how they worked alongside other members of the organization, namely the procurement team, provided evidence summaries which change practice:

“some of the searches I’ve done for them have been around...we’ve been using lots of say single-use tourniquets you know...to take blood and ....and they wanted to look at to see if there was any evidence for using just single-patient use ones because obviously there’s a high cost to those and whether there are instances where we can have reusable ones I’d do the evidence search for that and present it to the group and then they’d make the decisions on.. based on clinical knowledge and then the evidence that feeds into that..”

Participant H had just begun working as part of a multidisciplinary team: the clinical improvement group. They were not entirely sure what was going to be involved, but thought
that “if questions are generated I’ll see if I can do a literature search”. Like Participant E they were going be finding evidence to support decision making in the wider organization.

Participant D was involved in a clinical librarian project, which involved taking the information services directly into the clinical setting, and providing information directly at the point of need. They were “go[ing] to intensive care with the consultants on their ward round”. The aim was to find answers “if they have any questions at the time” and “get them some evidence about what they’ve just been discussing with the patients”, either on the spot, or after going back to the library. This was because of the limitations of internet access in the main hospital. Participant D felt that this service had a lot to commend it.

**Mediated literature searching**

The majority of participants also discussed their provision of a mediated search service. Participant A described what this entailed:

“we’ll do the search on someone’s behalf send them the results and then source them if they ask them for us as well”.

Participant E observed that “I think…we have skills clinical staff don’t…I couldn’t treat a patient…I wouldn’t expect them to be able to find information really quickly and package it…we’ve got a really clear job role…get information in usable formats as quickly as possible so they can apply it to the practice easily as possible…like literature searches and training…”. This is an observation repeated in the literature. By definition, healthcare practitioners will not be as adept at literature searching as expert library staff (Addison et al, 2010).

Participant H noted that despite being given the information the healthcare practitioners might not implement it in their care “it doesn’t necessarily happen”.
There appeared to be a hierarchy of healthcare practitioners to whom the service was offered. Participant B’s library “provide literature searches for members of staff if it’s to do with relevant department materials”, and Participant D said “if someone doesn’t have time to come in...who’s not a student but is a member of staff and wants to do some clinical search we can do that for them”

From their responses to the questions it seemed that Participant B felt there was a distinct hierarchy for the provision of information services to staff within the organisation. In their response to the question about their understanding of information literacy –where they understood it to be the delivery of information to the library user - they implied that they would support it differently depending on the position of the user. It would vary from “just to provide information and the tools to do clinical work or depending on what grade they are anything so just provide them with the information”. The implication was they would only sometimes provide training that would support evidence based practice and the best use of information.

Marketing

The participants took an active role in trying to increase the perceived value of the library and library services. Through publicising the library services they were indirectly supporting the implementation of evidence based practice in the organisation. In response to the question about their role in the library a number of participants mentioned the importance of promoting the library. For Participant A “a big part of my role is also marketing the library and going to team meetings explaining how the library can offer assistance to staff”. There is the implication that there are members of the wider organisation who do not understand the relevance of the library and are unaware of the ways in which the information service can
support evidence based practice. This corresponds to what O’Dell and Preston (2013) observed: that library staff perceive that there are potential users who do not use the library. Participant B observed, albeit in response to the being asked about their perception of their value, that “the hurdle is to try and get the value to the service to the wider people of the trust who are the non-users”. The librarians therefore have to actively promote the information services offered.

There is also the need to demonstrate the relevance of the library service, and how it supports the healthcare practitioners. Participant H drew especial attention to the importance of proving relevance to users, saying that they were “trying to make the connection for people between what we do and the benefits it can be for them”. They had also moved away from library terminology, and renamed the literature search training session to “this is getting evidence based answers fast”. As they themselves noted, this “points out the benefits of what we are doing rather than this is what we offer”. Participant D felt that they should break down the stereotypes that surrounded the library – people who “think it’s just books and doesn’t have any relevance to them” – and “try to market ourselves better”.

**Other library services**

The participants also performed more typical librarian roles in addition to facilitating evidence based practice via training, conducting searches or outreach. A number were involved in document supply, ordering “things that come out of the literature searches” (Participant F) and procurement of resources. Participant G managed the institutional repository, which provided a good source of research
The purpose of the librarian

In addition to outlining their roles as healthcare librarians and describing the services provided to users, a number of participants discussed what they felt the purpose of the healthcare librarian to be. The table below (table 5) summarises what several of the participants explicitly understood to be their function in the organisation. The remainder of participants did not articulate what they perceived to be the purpose of their role as healthcare librarians, and instead stated what the chief responsibilities of their jobs entailed.

<table>
<thead>
<tr>
<th>Role</th>
<th>Participant</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Facilitator</td>
<td>G</td>
<td>“our remit[…] is actually putting users in touch with the information they need to function in their role” (G)</td>
</tr>
<tr>
<td>Delivering information at the point of need</td>
<td>E,G,H</td>
<td>“we’ve got a really clear job role… get information in usable formats as quickly as possible so they can apply it to the practice as quickly as possible” (E)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It’s finding the information to answer their question or their need at the time” (G)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“it’s basically just delivering the information when it’s needed” (H)</td>
</tr>
<tr>
<td>Teaching information skills</td>
<td>A,I</td>
<td>“a big part of my role is going out and training people in the workplace” (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“provide training so people can do literature searches for themselves” (I)</td>
</tr>
<tr>
<td>Supporting evidence based practice for patient care</td>
<td>A, E,G,H,</td>
<td>“basically supporting evidence based practice whenever we can” (H)</td>
</tr>
<tr>
<td>Providing evidence to support decision making in the wider organisation</td>
<td>E,J,</td>
<td>“I basically do research for the people who are looking at developing services” (J)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“my role is to feed in and provide the information to back up any decisions that are made” (E)</td>
</tr>
<tr>
<td>Saving healthcare practitioners’ time</td>
<td>A, E,G,</td>
<td>“we’ve got a really clear job role… get information in usable formats as quickly as possible so they can apply it to the practice as easily as possible” (E)</td>
</tr>
</tbody>
</table>

Table 5—purpose of the role of librarian
Perceptions of value

There was a consensus amongst the participants that by and large they were valued, at least amongst their users. The participants did vary in their assertion of how they felt they, and their library services, were valued. Participant A was vehement about the perceived value of their service: “it’s definitely valued yeah...absolutely”. Participant E felt that “overall I would say yes I am valued”, whereas Participant B was more non-committal, echoing the question, and avoided giving a concrete response. Brettle et al (2011) note that the clinical librarian service is “well used and like” by healthcare practitioners (p.4), and this is mirrored in the librarians’ own feelings about how they are perceived.

Reasons for being valued

There were a number reasons given by participants as to why they felt they were valued, namely: the ability to save users time; it being more cost-effective for the librarian to search for evidence; the participants’ involvement in outreach; the services provided being tailored to the users’ wants; direct support for evidence based practice; the librarians’ specific skills; the usage of the service; and receiving positive feedback from the library users. Some of the participants, most notably B and I did not specify reasons at all as to why they felt they were valued. Instead they tended to draw attention to the issue of non-users not deeming the library to be of any relevance. Other participants also paid attention to non-users, and touched upon how it might be combatted.

Involvement in outreach

Participant F felt that their visibility increased their value: “being part of the teams I’m valued in some way more than other libraries where they’re set back almost from the rest of
the hospital”. As illustrated by the use of “cos” later on in their response they made an association between their view of their relevance and their presence: “cos with being embedded in two teams”. This was a sentiment shared by Participant D, who also drew attention to the value of the service they provided by their visibility as a clinical librarian accompanying ward rounds in intensive care. “I think the clinical librarian project is a good way cos we’re going into the ward people who might never come to the library and they can see the sort of things we do”. Like Participant A, they were certain of their value: “I am valued there definitely”.

**Time saving**

The EMPIRIC project found that healthcare practitioners rely on librarians to search for information because it saves them time (Brettle, Hulme and Ormandy, 2007). Time saving was a factor mentioned often by the participants as they explained why they felt they were valued, particularly in relation to their conducting mediated searches on behalf of the healthcare practitioners.

- “you save people so much time” (Participant A)
- “we can save people’s time by helping them searching “ (Participant G)
- “in terms of saving people time then yeah” (Participant J)

These frequent references to saving the healthcare practitioners’ time can be interpreted as an implicit allusion to the process of gathering information efficiently to support evidence based practice. The majority of the participants did not refer to their roles as librarians supporting evidence based practice, nor how their work might be valued for its ability to do so. They did, however, focus on a principle advantage of their activities – be it information skills training, or mediated searching – as saving the healthcare practitioners’ time
by improving their information efficiency. This thereby supports the evidence based practice process.

There was less focus on the time-saving abilities of the healthcare practitioners following information skills training. This could be because the participants felt that the mediated search service was automatically valued more highly by their users. When referring to the gratitude of users it was always in relationship with the provision of evidence directly.

**Cost effectiveness**

Another frequently mentioned factor in creating a sense of values amongst users was the ability of the library service to be cost-effective. Participant G referred to the cost-effectiveness of the library service and how this contributed to being perceived as valuable. Their role was: “offering services so our time is more cost effectively used than using someone’s time who’s more expensive for example or people who can’t get to do the work cos they’re busy doing clinical work”. Participant J discussed their service being cost-effective and therefore of value, and offered an example of someone wanting information about stroke services, where the librarian would find the information. “it saves her doing it…and you know.. she’ll get paid a lot more than me so... it’s cost effective in that way”.

**Library specific skills**

Another contributory component of being valued was having the participants having specific library skills. As participant E noted “we have skills clinical staff don’t...I couldn’t treat a patient...I wouldn’t expect them to be able to find information really quickly and package it”. Again, findings of the EMPIRIC project support this observation. The majority of the healthcare
practitioners surveyed believed that librarians are more efficient at searching for information (Brettle, Hulme and Ormandy, 2007).

Participant J seemed to imply the usefulness of their skills when they noted that “we can take a lot of the leg work off people” This is supported by the literature: the EMPIRIC project found that many healthcare practitioners felt that using staff to do literature searches is a more efficient use of resources (Brettle, Hulme and Ormandy, 2007).

Positive feedback

Receiving positive feedback was also regarded as an indication of the library services being valued. Participant G observed that “people are very grateful for what you have done for them”. The positive feedback might relate to the time saving capabilities or cost-efficiencies of the library service, or simply thank yous. Participants A, C, E, F and G all mentioned being praised for their services. Participant F also regarded the usage of the service as an indication of its value to users. They observed that “we’re very busy...lots of work all the time”.

Providing evidence for change

Participant A did not state that they were specifically valued by healthcare practitioners when they helped find evidence to support care. However, they made an association between finding evidence and being valued: “they’ll change their practice as a result of [the evidence] and you’ve helped them find that evidence”. They also noted that they themselves found this “quite rewarding”. Participant H said that they tried to “articulate to people it is...how important information is...how important it is to embed it in their care” but noted that “it doesn’t necessarily happen”. Whilst they provided the facilities and services
which would enable it their users did not necessarily take advantage of it, and so would not be able to appreciate the value provided.

**Information skills training**

It was interesting to note that participants themselves felt different sorts of training were valued differently by the healthcare practitioners. They felt that tailored services were perceived as more valuable to the library user because they were felt to be of greater relevance to them.

“sometimes I end up doing one-to-one so it’s very specific to a person’s need at that time so obviously that’s valuable to them um...I think...then we do group training sessions which...they’re variable in how much individuals value them I think...because usually it’s someone organising it on behalf of the people who’re going to be attending so...but usually the feedback is really good...so (laughs) I assume it’s good...but I always approach library training sessions as like there’ll always be people who’re not sure they need to be there...but it’s building that relationship so that when they do need us they’ll come back I think” (Participant E)

A number of the participants commented on the need to tailor the delivery of their services. Participant E felt that one-to-one sessions were valued more highly than group training, as did Participant A, who observed that from the information skills training sessions “we’ve always had really positive feedback and particular from the one-to-one sessions you know...because you can tailor it to what people exactly want”. The use of the word “because” is significant, as it illustrates the causation of the phenomenon in the eyes of the participant. Participant A believed the library service is valued when it provides what users want and is tailored to their needs. Regrettably, it has not been possible to find out if this sentiment is borne out by other research.
Issues of non-users

There appeared to be concern amongst the participants that they were valued by their users, but that they were regarded as irrelevant by those who did not use the library, and not of value to the wider organisation. Participants B, G and I reflected on being recognised as an asset only by those who directly used the service.

- “I think we’re valued by the people that actually use us” (Participant B)
- “I think most users that use the service value the service” (Participant G)
- “individual people who use us value us quite highly” (Participant I)

Participant I also felt that “we’re constantly having to prove our value to our trust” and that “on a trust level we have to constantly sort of prove our worth just because finance is so tight and we’re um an easy target I guess”. Participant G also discussed the problems of getting the organisation to recognise the value of the library service.

Understandings of information literacy

The participants’ responses to the question “what do you understand by the term information literacy” did not tend to be expansive. Participant E noted that information literacy is “not something we [do]”. This could possibly serve to explain the relative unfamiliarity with the term, and why a number of participants were initially hesitant and did not give elaborate responses. The participants did all indicate an understanding of information literacy, and most of them alluded to skills that occur in formal models. It is also possible to gauge the participants’ understanding of information literacy from their responses to other questions asked during the interview.

There were also some issues in the data coding process. The participants used the term “information literacy” to mean a number of things: as participant G observed, “it covers quite a
broad umbrella”. Some participants seemed to use “information literacy” synonymously with “being information literate”.

Most of the participants understood information literacy to be a set of abilities, and defined them in terms of how it could be used by healthcare practitioners. Most felt it was the ability to find and then use information. Some viewed it from the perspective of the librarian, and one understood the term information literacy to be supporting the patient in finding information about their health.

**Categories of understandings of information literacy**

The following table illustrates how the different understandings of information literacy held by the participants might be categorised. Some participants held more than one understanding.

<table>
<thead>
<tr>
<th>Conception of understanding</th>
<th>Participant</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information literacy is supporting patient health literacy</td>
<td>F</td>
<td>“it’s trying to explain to patients I guess exactly what information they can find out” (F)</td>
</tr>
<tr>
<td>Information literacy is used to support decision making in evidence based practice</td>
<td>A,E</td>
<td>“training people to be aware of different resources and sources that they use and be able to sort of critically appraise these sources and come out with best evidence” (A)</td>
</tr>
<tr>
<td>Information literacy is delivering information to the user</td>
<td>B</td>
<td>“getting people to the information” (B)</td>
</tr>
<tr>
<td>Information literacy is the ability to find information to meet a need</td>
<td>I,H,J</td>
<td>“people being able to find information they need” (I)</td>
</tr>
<tr>
<td>Information literacy is acquiring the ability to gather and implement information effectively</td>
<td>A,C,D,EG,</td>
<td>“getting people to find information evaluate information manage information to some extent” (E)</td>
</tr>
</tbody>
</table>

*Table 6– understandings of information literacy*
Supporting patient health literacy

Participant F’s understanding of the term information literacy differed considerably to those of the other participants. They understood it to refer to patient information literacy, and the ability to find information to support their own health and treatment rather than skills pertaining to the support of evidence based practice in the healthcare practitioners.

“It’s trying to explain to patients I guess exactly what information they can find out.. you know so if they have a complaint ..if something’s wrong with either themselves or another member of their family they can get that information that they need.. this could be in the form of sort of leaflets and pamphlets and that type of thing but there’s been quite a lot of research recently how that’s not working too well so I think there’s that there’s sort of a move away..to other methods of communication either sort of sitting with a GP or trying to get out sort of things from the internet..that type of thing...I don’t think the leaflets always work cos I don’t think people pick things up will they or read through things ....but I suppose just the standard definition is I suppose just trying to get as much information to the patient or carer or whoever..member of the family...as much information about their medical needs as possible”

As Kickbusch (2008) notes, a consequence of low health literacy is poorer overall health. Health systems share a role to play in providing information for patients about how to look after themselves, and how to use the health resources available to them in the most efficient and effective way. Kampusch identifies three steps to health literacy:

1) Take the time to investigate health issues and treatments
2) Consider the best and most effective ways of improving simple areas in lifestyle
3) Select the health information from the most reliable and trustworthy sources

(Kickbusch, 2008).
Whilst it is this third stage that is the most relevant to Participant F, they seemed to focus on the need for a quantity of information—“as much information about their medical needs as possible”—than address the need for quality. They considered potential information source for the patient, including patient information leaflet. One of the training sessions run by participant D was creating the patient information leaflet.

**Information literacy supporting evidence based practice**

Curiously, the majority of the participants did not associate the training which they offered to the healthcare practitioners with information literacy. Despite identifying the evaluation of information as a component of information literacy, and offering training in skills that would enable this—namely, critical appraisal—they did not associate the more theoretical with the practical. Participant D was the exception, and noted in the subsequent question about the information services offered “a lot of that [the training] will be involving information literacy”.

Participant E did however feel that the skills associated with the formal concept of information literacy did map onto “something I’ve been looking at in terms of evidence based medicine”. They directly linked the information literacy process to supporting clinical work. The cycle included a stage “identify your need to find information for a clinical question”. Some participants understood effective information literacy to support evidence based practice: it allowed you to “come out with the best evidence” (Participant A).
Delivering information to the user

Participant B appeared to understand the term information literacy as something that related to librarians and the delivery of information to users. They felt that information literacy was “getting people to the information”. This implies a passive role on the part of the library user, and an active one on the part of the librarian. This suggestion is that they understood information literacy to be the efficient and effective delivery of information, and not an active seeking process. They reaffirmed this elsewhere in their response, saying that information literacy was “just to provide information”. It is possible that they associated information literacy, or at least the effective use of information as part of evidence based practice, as they did link access to information with “the tools of clinical work”. Participant H noted that their role as a librarian was “basically just delivering information when it’s needed”. The use of the word “deliver” lends credence to the interpretation of Participant B’s response, as it again implies that an understanding of information literacy includes the library user as a passive subject who receives the information they need.

In contrast to this, Participant G felt that information literacy was “a person understanding the information sources and having the skills to actually get to those sources and navigate the sources” (Participant G).

Acquiring the ability to gather and implement information effectively

Participant D referred to information literacy as a learning process: “I think it’s just learning how to deal with the information you get”. They understood information literacy to be a process of acquiring skills to enable you to find and manage information at the point of need.
Participant A also alluded to information literacy being a process of teaching and learning. They referred to the need to train their library users in the skills that would enable them to search effectively for information.

**Skills comprising information literacy**

Many of the skills mentioned by the participants in their understandings of information literacy occur in formal models. Only Participant E referenced the SCONUL 7 pillars:

“I know that there are seven pillars...but I don’t know what they are [...] for me information literacy I suppose is about getting people to find information evaluate information manage information to some extent so that they can be quite selective in terms of...I suppose...so that’s what I’d see information literacy as...there aren’t seven pillars to my...[tails off]”

Participant E tried to identify the Seven Pillars, but was unable to do so. The paucity of mentions and the limited success of the attempts to recall the information from memory emphasise how for healthcare librarians the formal model is very theoretical and is not as applicable to real life in healthcare libraries as it might be in academic libraries.

Table 7 illustrates which of the SCONUL 7 Pillars the participants recognised as skills which comprised information literacy. From it it is possible to see at a glance that the skills regarded as most pertinent to the participants were the abilities to find and then evaluate the information.
The same components were raised by participants again and again as they explained what they understood by information literacy. A general consensus of views would be that information literacy consists of a set of skills, which include the abilities to find, evaluate, appraise, implement and manage information. The information literate individual understands “where to find the information to meet [their] need” (Participant G) and can “access, find and actually evaluate and implement the information you’ve found in the manner that meets your needs or the needs of the project you’re doing” (Participant C).

“For me information literacy I suppose is about getting people to find information evaluate information manage information to some extent so that they can be quite selective in terms of...” (Participant E)

“I think er...being able to locate the information you need...being able to analyse the information you need...appraise it...and being able to...to apply it in practice” (Participant H).

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Participant</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Identify” (recognises the info need)</td>
<td>C,D,E,</td>
<td>“identify your need to find information for a clinical question” (E)</td>
</tr>
<tr>
<td>“Scope” (knows where is good to look)</td>
<td>G,H</td>
<td>“understanding where to find the information to meet your need” (G)</td>
</tr>
<tr>
<td>“Plan” (can develop a search strategy)</td>
<td>H</td>
<td>“being able to locate the information you need” (H)</td>
</tr>
<tr>
<td>“Gather” (can retrieve the information)</td>
<td>A,B,C,D,E,F,G,H,I,J</td>
<td>“knowing where to look to find your answer” (I)</td>
</tr>
<tr>
<td>“evaluate” Using the right information source</td>
<td>A,C,E,G,H</td>
<td>“being able to analyse the information you need... appraise it” (H)</td>
</tr>
<tr>
<td>“manage” (can organise the information and use it effectively and ethically)</td>
<td>D,E</td>
<td>“knowing how to manage the information so you are using it well and you’re not letting it all get on top of you” (D)</td>
</tr>
<tr>
<td>“present” (can apply the knowledge gained) Applying the information</td>
<td>C,E, H</td>
<td>“being able to apply it in practice” (H)</td>
</tr>
</tbody>
</table>

Table 7 – skills comprising information literacy in relation to SCONUL 7 Pillars
“people being able to find information they need - for themselves so if you say someone is very information literate it would be...they've got a problem .. a question..and they know where to look and find the answer” (Participant I)

**Finding the information**

The pillars “plan”, “gather” and “scope” did not seem to be recognized as separate in the participants’ understandings. However, the ability to find the desired information was regarded as essential. The words “find” and locate” occurred eight times in the participants’ responses. Most of the participants associated information literacy with the ability to find information. Participants I and J did not associate information literacy with skills other than the ability to find information. It is “understanding where to find the information to meet your need” (Participant G). All but participants A and B referred directly to an ability on the part of the user to locate information

**Sources**

The use of appropriate resources for the information need was touched upon by a number of the participants. In answer to the question Participant A saw information literacy as “training people to be aware of um different resources and sources that they use”.

Participant G in particular placed a lot of emphasis on the need to use the appropriate information source as they explained their understanding of information literacy. Participant G referred to the hierarchy of evidence – where randomised control trials are regarded as the most superior form of evidence, and anecdotal evidence the least – and thought that “you might also have a hierarchy when looking for information in general”. They drew attention to the importance of “understanding just because a resource is there it isn’t necessarily the best
to use”. Participant G also mentioned “using specialist databases and being comfortable navigating those databases” as a component of information literacy. Other participants discussed using specialist databases elsewhere in the interview.

Attention by was drawn by a number of participants to the relevance of print as well as electronic texts. Participant B referred to the availability of information in different formats, and so it is possible that they understand information literacy to contain an element of selecting the appropriate resources to search.

Meeting an information need

Participant E mentioned how in their formal cycle to support evidence based practice one of the stages was “identify your need to find information for a clinical question”, and noted that it might be “a patient care issue or a service development issue”.

Evaluating the information

Another key aspect noted by a number of participants – A, C, G, and H - was the ability to evaluate the information once it was found. Some used the term “critical appraisal” and some used the term “evaluate”.

Managing the information

There was also the element of being able to manage the information, “learning to deal with the information you get” (Participant D). Participant D also referred to the potential for information overload, which is a problem noted by Davis (2009), as there is simply so much information available.
Implementing the information

Very few of the participants discussed the application of the information found as a component of information literacy. Although there were allusions as to how information literacy might improve the implementation of evidence based literacy from participants A and E only Participant H referred to being “able to apply it in practice”, whilst Participant C noted that the information, when found, had to be implemented in a manner that met the need.
CONCLUSION

The aim of the research was to investigate what services supporting information literacy and evidence based practice are offered by healthcare librarians in the Northwest of England, and how these services are valued by users. There were three main research objectives, namely: to establish what the healthcare librarian’s understanding of information literacy was; to explore the role of the healthcare librarian and the services offered in the library to see how they facilitate the implementation of evidence based practice, and finally to investigate how healthcare librarians feel their role is valued by their users.

The following chapter summarises the findings of the research and highlights how each of the research objectives were met. It also considers recommendations for future research.

Summary of results

From the series of interviews it is possible to conclude that the main roles of the healthcare librarians are conducting literature searches on behalf of healthcare practitioners, and providing information skills training, particularly in how to conduct a literature search. A lot of the training sessions were conducted in groups, however they observed that users seemed to prefer the one-to-one, and they felt that it was important to tailor the services they provided to their users. A number of the participants also provided current awareness bulletins and some were also involved in providing outreach services, taking the library directly into the organisation and answering questions at the point of need. They worked to facilitate the implementation of evidence based practice in their organisations.

The participants felt that they were valued by the members of their organisations who used them. A recurring observation was that they were regarded as irrelevant by non-users, and were potentially not valued by the organisation as a whole. A number of participants were
working to combat this, by publicising what the library had to offer in the way of supporting evidence based practice. The participants felt that they were chiefly valued by their users because they could save them time, and also that it was more-cost effective. Furthermore, they had highly specific skills. These skills tied into their perceived roles as information facilitators.

The participants had a limited understanding of the term “information literacy” in regards to a comparison to the SCONUL seven pillars model. They chiefly associated the ability to find information with the concept of information literacy. It was possible to categories their understandings fivefold. They understood information literacy to be: supporting patient health literacy; supporting decision making for evidence based practice; delivering information to the user; the ability to find information to meet a need; and acquiring the abilities to gather and implement information effectively. The most commonly held understanding was that it was acquiring the abilities to find, appraise and implement information to meet a need.

Suggestions for future research

It would be useful to expand the data, and conduct more interviews in order to get a greater understanding of the results. It might also be helpful to gather quantitative data around the context of each participant, and use it to paint a clearer picture.

The participants spoke of how they perceived themselves to be valued by the healthcare practitioners within their organisation, and also what they felt they preferred in regards to training sessions. A further research project could be to examine how these healthcare practitioners value the library service, and determining their preferences in the format of training sessions.

Word count = 13,660
REFERENCES


Brettle, A., Hulme, C. Ormandy, P. (2007). Effectiveness of information skills training and mediated searching: qualitative results from the EMPIRIC project, Health information and libraries journal, 24(1). 24-33. DOI 10.1111/j.1471-1842.2007.00702.x


APPENDICES

Interview transcriptions

Participant A

Can you tell me about your role in your library?

I’m the (erm..is it recording yeah) the erm outreach librarian so a big part of my role is going out and training people in the workplace and how to use healthcare databases how to search for information on the internet(...erm...) a big part of my role is also marketing the library and going to team meetings explaining how the library can offer assistance to staff within the hospitals I work at Crown Royal...I ...also involved in an information needs assessment at the moment across the whole trust...which is quite a big project...so determining what our users want from out services and what resources are going to best help them in their jobs and their roles so that’s sort of the main areas of responsibility for me...is outreach

What do you understand by the term information literacy?

I just see it as ... just as (um) training people to be aware of (um) different resources and sources that they use and be able to sort of critically appraise those sources and um come out with best evidence so um yeah (laughs) quite a brief definition

What information services do you offer in your library?

Well we offer (erm) training sessions, so we have (erm) group sessions that can be booked on how to search various healthcare databases like Medline, CINHAL (...erm...) and clinical (erm) support tools such as ‘up to date’ (um) we offer one to one training sessions where someone’s got a got a question they need more information on we can go and sit with them for an hour and do an assisted search with them so it’s actually sitting down really specific tailored to what they want and again that’s just like searching the healthcare databases and various healthcare resources for information and showing them how to get the best out of those resources (erm) we offer a series of training called “info shots” so short thirty minute lunchtime sessions on various topics such as introductions to NHS Athens..(erm) ..developing a search strategy and an introduction to various um like websites and things that people might find useful...erm...other services we offer.. we offer a literature searching service as well so erm we’ll do the search on someone’s behalf send them the results and then source them if they ask them for us as well..so that’s sort of the main sort of the core services

Do you think you are valued?
Absolutely yeah... you save people so much time and we’ve always had really positive feedback
and particular from the one-to-one sessions you know... because you can tailor it to what
people exactly want and you know you get people coming back saying that’s fantastic you’ve
saved me so much time and you know in... it can change someone’s practice the way they do
find different piece of evidence says you should be doing this instead of this and they’ll change
their practice as a result of it and you’ve helped them find that evidence so it is quite
rewarding... it’s definitely valued... yeah... absolutely

Participant B

Can you tell me about your role in your library?

My role... I am a medical... well my title is medical librarian but I actually do training e-resources
and general reception duties as well at Guilder General Hospital and we’re a family of four at
the moment to provide service to Guilder trust, about two and half thousand staff... you
know... a lot

What do you understand by the term information literacy?

Information literacy I assume is providing is getting people to the information and in different
formats it can be paper electronic anything like that... Just to provide information and the tools
to do clinical work or depending on what grade they are anything so just to provide them with
the information and hopefully that includes involving computers paper materials and
everything and that type of material

What information services do you offer in your library?

We do one to one training and group training and NHS resources including NHS evidence
search... Cochrane database and then erm what else do we do erm general journals... it’s all
to do with electronic resources mainly but we also help provide the students with backup for
the university if they’re struggling as well

(you’re affiliated to a university?)

Yes Q university and J university we have students from... either nursing students or medical
students so we try to get au fait with their resources as well for teaching... er... we also provide
literature searching or training on a one to one we also provide literature searches for
members of staff if it’s to do with related department materials so if they’re doing a project
within the trust we can actually do the literature search for them if they want us to do it... what
was the other... information services... we also provide document supply Interlibrary loans... and
also we get recommendations for books as well so effectively we keep up to date with the new
books information ...we don’t take any paper journals we’re all electronic so like we have two and a half three thousand three hundred electronic journals that we supply to the trust as well

Do you think you’re valued?

Do we think we’re valued...I think we’re valued by the people that actually use us...I think the hurdle is...is to try and get the value of the service to the wider people of the trust who are the non-users and I think that’s one of the obstacles most people have ... that the service you provide and the people that use you’re very valuable but for the rest of the trust you may only have four or five ...you may only have a thousand members of half the trust but it’s that other core that you don’t know whether you’re valuable to them until they actually need you and that’s the hurdle...is trying to get that 100% value instead of ten fifteen percent value....

Participant C

Can you tell me about your role in your library?

I’m an assistant clinical librarian for Florin NHS Hospitals trust...that’s three sites but four hospital sites as well as providing services for community staff in the north Manchester area and pro bono services for the Public Health...so just trying to er get in the door with those

What do you understand by the term information literacy?

To be able to find...access find and actually evaluate and implement the inf-information that you’ve found in the manner that suits your needs or the needs of the project that you’re doing

What information services do you offer in your library?

Libraries...supposedly one seamless service...we look after the book collection we have predominantly electronic journals erm...we also have erm a lot of ebooks...electronic point of care tools like Up-to-date...erm...we have document delivery service...erm...what else do we do...we do a lot of training particularly bespoke training with undergraduates and FYs and critical appraisal interpreting of stats.. lit searching that kind of thing...er and do literature searching ...I’m the predominant one that does that....we also do teaching on that one as well....that’s about it really...in a nutshell...we also liaise or kind of work alongside e-learning to er support the programmes and the packages that are put in place across the trust

Do you think you’re valued?

...yes actually...I was at a meal last night with... with some consultants and I just...I just overheard *puts on deep voice* “I’ve just started getting these electronic table of contents things they’re really good it’s like having a free subscription” and I just thought ah so they do read my emails ...occasionally...other people who use us ... I think we are valued ...erm ...there are....we’ve got nine thousand staff ...the percentage of people that are actually registered and
use us is actually quite small it’s probably less than half...but that’s not bad...and it’s getting better...they’ll not necessarily use us for books they’ll use us for different things

Participant D

Can you tell me about your role in your library?

I am an assistant librarian with an emphasis on electronic resources at Shilling Hospital in Y

(what do you do as that)

Erm.. we do a lot of training...we do a lot of um electronic alerts..you know..emails to people about new journals that sort of thing..keeping up to date um...we keep the intranet site up to date and we’ve got an external site as well so we do um work on that...erm...a bit of cataloguing and ordering books and sometimes even in the library issuing and returning books...that’s basically what I do mostly

What do you understand by the term information literacy?

It’s one of those phrases isn’t it...that always gets bandied about...I think it’s just um learning how to deal with the information you get cos I think there is a lot of um overload so I think it’s knowing how to manage the information so that you are using it well and you know how to find it and you’re not letting it all get on top of you and um I think it’s perhaps finding the information you need at the time when you need it..probably say that I think

What information services do you offer in your library?

I think mainly it’s...it’s the training...so a lot of that will be involving information literacy...how to um use databases .. um how to create patient information leaflets ...um um we also have like a self help collection so we’re trying to get ...steer away from not just medical books but books for and resources for people from all over the hospital so that’s like a new angle that we’ve got ... um and generally helping people keep up to date so we do ‘horizon scanning’ ... we’re sending out bulletins for things like that and um whenever we see a new article that’s out and things and sending it to the relevant people hopefully it’s a thing that they want...you know...it’s just trying to help people stay up to date who are too busy to do it themselves...

(do you offer mediated searching)

We do yes...we don’t ...we don’t advertise it as such at the moment because we’re a very small staff so generally if someone comes in we’ll sit beside them and help them to do a search but erm we also..if somebody doesn’t have time to come in...who’s not a student..but is a member of staff and wants to do some clinical search we can do that for them...um...now we’ve got a new member of staff it might be something we actually advertise from now on...but um...yes...it’s part of what we do...and also at the moment I’m in a clinical librarian project...it’s
just a trial for three months...where I go to intensive care with the consultants on their ward round and if they have any questions at the time then um I er answer those either there there and then...which is difficult cos there’s not always internet access...or I go back to the office and do a search there for them or get them some evidence about what they’ve just been discussing with the patients...so that’s...that’s really good at the moment...and that’s due to end at the end of June so we’re just going to see...we’re going to evaluate it...see what they think of it and if it’s...if we can get funding it might be something we can continue so...that’d be good.

Do you think you’re valued?

I think the people who know that we’re there and know what we do value us...erm...I think the problem is people who don’t know anything about the library and just think it’s books and doesn’t have any relevance to them...um...so yeah...I don’t think they put much value on us...but that’s something we’re trying to kind of break down...the sort of...those sorts of stereotypes and try to market ourselves better so that when people see what we offer that they realise that it is a valuable service...erm...and I think the clinical librarian project is a good way cos we’re going into the ward and people who might never come to the library they can see the sort of things that we do and I feel that I am valued there definitely...erm...and the feedback we get from people I think shows that we are valued but it’s always the ones that don’t have anything to do with the library who don’t think it’s for them... that probably...don’t see it...don’t see it as having any point any use to them

Participant E

Can you tell me about your role in your library?

I’m the erm Clinical librarian Farthing Hospitals trust so um I cover three site libraries... ...I’m not a traditional clinical librarian so usually clinical librarians are attached to departments within wards but it doesn’t really work like that in our trust so er...the kind of things that I do...do a lot of training round um finding information...assisting people to find... finding information...erm access to online resources...I also do critical appraisal training and journal club training and that kind of stuff you know...and I also do reflective writing...anything people need training on really that kind of area we do erm...I also do...a large part of my job involves doing literature searches for people within the organisation so um cos it’s kind of slightly different in the NHS people would like send requests to me um and then I do the search and send them a digest of results...basically to their spec...basically to answer their question...um and send them details of the full text articles if we’ve got them and how they can get those...erm so that’s literature searching...also another part of my job role is um outreach so we tend to go to where people need us and we do a little bit of that on an ad hoc basis according to individual requests but mainly the way my role has developed is working with teams in the organisation so I kind of attend a number of meetings...these kind of come and go really but some of the meetings I attend regularly are supplies group meeting which is um the procurement team so it’s a combination of purchasing people clinical staff and me and basically
if they want to look at changing a product or standardising products across an organisation...so thing like..some of the searches I’ve done for them have been around...we’ve been using lots of say single-use tourniquets you know...to take blood and ....and they wanted to look at to see if there was any evidence for using just single-patient use ones because obviously there’s a high cost to those and whether there are instances where we can have reusable ones I’d do the evidence search for that and present it to the group and then they’d make the decisions on.. based on clinical knowledge and then the evidence that feeds into that.. and falls group...inoculation injuries groups..those kind of things...so again my role is to feed in and provide the information to back up any decisions that are made...briefly that’s what I’m involved in...and I’ve been involved in clinical strategy as well so like I’ve done loads of evidence summaries of various aspects of the kind of work that we do in the hospital

(How many people are there of you?)

Well..I’m the only clinical librarian..four library assistants...over the three sites...one of which is part time...erm..we have an academic liason librarian who tends to do like the book ordering and um students...and and e-resources librarian...that’s it really...we used to have two clinical librarians but one left and wasn’t replaced

What do you understand by the term information literacy?

Do you know...it’s not something...this is the bit I was scared about...because...it’s not something we – I’ve come across for a really long time...I came from an FE background...I worked... it’s kind of...I know...I know that there are seven pillars...but I don’t know what they are...erm..I couldn’t tell you...I’ve read that...I’ve seen...I’ve followed...there was an information literacy journal club on twitter (voice rises in question)...or maybe there’s a blog...I followed that a little bit just kind of to see what people were talking about...for me information literacy I suppose is about ...maybe ... for people to find information evaluate information manage information to some extent so that they can be quite selective in terms of...I suppose...so that’s what I’d see information literacy as...there aren’t seven pillars to my...

(well you got four of the seven)

Really (?) what are the other three (?)

(oh gosh...well..there’s synthesise..

Which I would do as part of my literature search so...

Erm....identify an information need / (said at same time by E)

...Build the search strategy  (said at same time by E)

Oh..know what sources to look at...erm...evaluate...using information ethically
Oh right ok..oh yeah..and because...this is quite interesting because it actually maps to something I’ve been looking at in terms of evidence based medicine...it’s quite similar to that cos it’s...that cycle is very much a identify your need to find information for a clinical question...so it might be a patient care issue or a service development issue...then you would kind of look for your information...which we would break down more for the information literacy seven pillars...erm...then they apply the information ...then evaluate the practice and audit it..and then make any changes and go...so that kind of cycle again

I suppose you’ve answered about what information services you offer in your library

Yeah..I can’t think of anything else..quite flexible really..so if there’s a need and I think we can...if I think we’ve got the skills to do it then I’ll try and work out how we can do it...so quite flexible in terms of what we do

Do you think you’re valued?

Erm....yes..I think....erm...we try and evaluate but that also takes time doesn’t it and so we kind of..i think the problem is..with..say you do a literature search with somebody and sometimes you never hear anything at all..sometimes you hear something maybe three months later (laughs) cos people...I think their nature is..clinicians kind of say..oh I need to get this information I’ll contact [participant E]..send me an email..I and then you send them the email and they probably don’t look at it...for a long time you know...so you know..quite often the thank yous in that sense come quite a lot later..but you know..I’m quite interested in looking at impact...value and stuff..and with some of my colleagues here today...with Victoria...we’ve kind of looked ..we’ve developed a map-toolkit ... developing ... making ... alignment a priority for health libraries erm..but we were kind of quite..we looked at pulling together some case studies..trying to demonstrate what people kind of do...how it links to organisational objectives so we’re kind of not just doing a search but what did that mean for the person who received it...so I’m quite keen on looking on like that kind of stuff...I’ve written an article with one of the clinical staff who I did searches for..to demonstrate what we did...it was only published in a local journal..but yeah...cos I thought..just if we could write it together it just gives their perspective on the work I did and my perspective on approaching the work they were requesting you know what I mean..and it showed how our relationship developed...so...that was quite good to do...I think overall I would say yes I am valued..I think it does make a difference...I think...we have skills clinical staff don’t..I couldn’t treat a patient...I wouldn’t expect them to be able to find information really quickly and package it...we’ve got a really clear job role..get information in usable formats as quickly as possible so they can apply it to the practice easily as possible...like literature searches and training...that’s different...sometimes I end up doing one-to-one so it’s very specific to a person’s need at that time so obviously that’s valuable to them um..I think...then we do group training sessions which ...they’re variable in how much individuals value them I think...because usually it’s someone organising it on behalf of the people who’re going to be attending so...but usually the feedback is really good...so (laughs) I assume it’s good...but I always approach library training sessions as like there’ll always be
people who’re not sure they need to be there...but it’s building that relationship so that when they do need us they’ll come back I think

Participant F

Can you tell me about your role in your library?

I’m public health and commissioning librarian...so erm work for Sixpence hospital but erm I’m on an SLA with the public health and commissioning teams in um Sixpence...SLA is service level agreement...so it’s a contract that’s set up between the hospital and those two teams but like a library service to be provisioned...so I work with the two teams so though I’m employed by the hospital I work out at...and I’m embedded in the two teams that I work with so I sit half the week with the public health team who used to be NHS but now they’ve moved over to the local authorities so they’re sitting with Sixpence borough council now...so I work half the week there...and then the other half of the week I work with the clinical commissioning group who are in a different part of Sixpence and a different office so...I’m out and about all the time...but it’s really great...cos with being embedded in the two teams so I’m sort of sat there and if there is anything that anybody needs they just sort of see me automatically and ask me for questions...so a big part of the role is literature searching so that’s probably about 70% 80% of the time so I spend a lot of time doing different literature searching for the two groups that ask for completely different searches all the time...and then obviously I do sort of really basic things like ordering papers and that...you know...things that come out of the literature searches...people ask me for a paper and so I order them up for them...inter-library loans...and what else do I do(?)...so current awareness...so I provide a news page on the Sixpence hospital website...so that’s where the current awareness bulletins are...I populate this page with news items each day...but I also do current awareness bulletins separately that I email out to people...cos people prefer it rather than going onto the page...I can email it to them...so the news pages is sort of daily...that I feed out to the er...and then obviously the current awareness bulletins are pdf’s or word documents that’s like tailored to peoples’ needs...and the rest of the times it’s sort of like admin and bits and pieces that people need doing

What do you understand by the term information literacy?

It’s trying to explain to patients I guess exactly what information they can find out...you know so if they have a complaint...if something’s wrong with either themselves or another member of their family they can get that information that they need...this could be in the form of sort of leaflets and pamphlets and that type of thing but there’s been quite a lot of research recently how that’s not working too well so I think there’s that there’s sort of a move away...to other methods of communication either sort of sitting with a GP or trying to get out sort of things from the internet...that type of thing...I don’t think the leaflets always work cos I don’t think people pick things up will they or read through things....but I suppose just the standard
definition is I suppose just trying to get as much information to the patient or carer or whoever...member of the family...as much information about their medical needs as possible

**What information services do you offer in your library?**

Well....sort of the main things really...there’s the news feed and the website and the current awareness bulletins as well and so they’re tailored towards the two different groups...they want sort of totally different information so I can’t provide one-shot..one-stop-shop or whatever...you’ve got to tailor it to their needs haven’t you...

**Do you think you’re valued?**

Erm..I’d like to think so yes...and I think with being part of the teams I’m valued in some ways more than other libraries are where they’re set back almost from the rest of the hospital...that kind of thing...erm...I do get people coming down...like I did this presentation on Monday...and someone came and actually gave me feedback...sai...d thank you to me and things like that...always...great isn’t it...bit sort of ‘ooh’...takes you back at first but yeah I do think...I used to work up at the hospital back until last April....and I don’t think I got as much feedback and value and stuff you know...felt I was valued when I was there but now you know...involved in the teams...and I sort of go out to things with public health Saturdays and Sundays you know...events...things like that...I think with being part of a larger part of the teams that I work for do feel valued more than I have in past jobs..I think..yeah....and we’re very busy...keeps me out of mischief definitely...lots of work coming in all the time...definitely a good level of service and it seems to increase all the time because there was a person doing my job before me and you know I’ve had to do like reports every year and the figures you know show things like Athens and that and you know...the literature searches themselves and people coming into the library and that kind of thing...just rising all the time so it does seem to be well used..yeah...I really enjoy the job

**Participant G**

**Can you tell me about your role in your library?**

My role is library operations manager at the Guinea library at V Hospital which is a specialist foundation trust...I do all aspects of the operations of the Guinea library...I purchase resources..set up licence agreements...um...I also do literature searching... document supply... information services...book stock procurement...e-book procurement...e-resources procurement...(laughs) quite a lot...but it’s a small library and what you tend to find in a small library is that people do multiple roles if you like unlike large libraries where you might just do one thing all the time

**What do you understand by the term information literacy?**
Information literacy...it’s a term a lot of people use but there are a lot of different aspects to it...I suppose fundamentally I believe...it’s um people...a person understanding the information sources and having the skills to actually get to those sources and navigate the sources...I think it covers quite a broad umbrella because you can go from simple web searches from google but maybe understanding just because a resource is there it isn’t necessarily the best to use so it’s having a deeper understanding of maybe where the resources come from on online um information services and being able to navigate those and understanding how to navigate those and behind that there’s a whole big umbrella obviously when you’re talking in the professional sense which may be literature searching and using specialist databases and being comfortable navigating those databases and understanding the structure of the information behind it...and I think I’ve probably talked in terms of online information literacy but I think it’s also a bit broader in understanding where to find the information to meet your need really and it think that’s where it starts from and I think we all tend to think of online resources ... it’s the biggest growth area...but sometimes I think it gets forgotten that maybe a reference text or books is a starting point so in the same way you might have an evidence hierarchy for using information I think you might also have a hierarchy when looking for information in general

What information services do you offer in your library?

Ok...the services that we offer are basically...our remit if you wanted to encapsulate it in a sentence is actually putting users in touch with the information they need to function in their role or for personal development..education etc...so the services we provide..we provide resources which um are for them to access to help them in their roles...so that’ll be printed resources..online resources..um..we provide literature searching services which is...we will actually run a literature search for somebody to find the information they want...I use literature search loosely because it may be a traditional “I’m looking for journal articles to support x” or it may be “I need this information to answer this question” so it’s finding the information to answer their question or their need at the time...that’s run as um an enquiry service...so basically you can fill in an online request form and get the search run for you...we offer mediated sessions...or assisted search sessions...where we will actually sit down with the user and actually take them through the literature searching process and that’s often because...we often have a lot of researchers in our trust and they need to know how to search themselves and you know..they need to be familiar with process and so we will actually take them through their questions as part of the training process...doing the search in the meanwhile...so that tends to be run as one-to-one sessions...we also offer group training session or more than one person in a session erm...to enable people to be able to interrogate the information sources themselves...and we run those with a variety of resources...such as the NHS evidence database..which is the healthcare database..you know..with the eye..and also the...um...we run them in our e-resources..packages if you like...so you know..how to access journal articles within a certain database so that’s what we tend to run as a regular..a regular syllabus...so we offer those training sessions to support our resources...we also actually..in having run literature searches or having done training sessions with people...we
have a lot of resources they can access though full-text access because we provide it for them. we also offer a document supply service where they can get the literature that they aren’t able to access through our resources so that’s run as a service from the library... the other services we run are updating services... and we actually send out updates on a regular basis so we have some that go out daily which would be like news bulletins... and some that go out on a monthly basis... so we will have services where we deliver research on a monthly basis which covers all of the articles found in the topic area... all of the information in a topic area... we also offer a centralised journal alerting service which is like the ETOC service... the electronic tables of content... where we’ll send that out for the users so they can sign up to use that service... so they’re the updating services that we offer... and often delivery may be to an email address on those services... we also deliver a proportion of our library services through the web pages as well... so people can click on links to go to updates or topics um and they can obviously sign into services though online forms... um... I’m trying to think what else... we’ve covered training... we’ve covered literature searching... we run an institutional repository... so that’s a side... that’s one of our resources... and that’s um... run through repository software and we actually... we actually assist our users in depositing articles there... but that acts as a database for all the research that’s done at the Christie... so that’s another searchable resource that they can share with their colleagues... so again... we are actually doing that but we can also show users in their training sessions ... erm... I’m trying to think what else... erm... that might be... might be on the list... I think I’ve probably covered most of it...

Do you think you’re valued?

Valued... valued... yes... I think we are valued... valued by our users... I think certainly the literature searching services and the updating services are highly thought of... we get that through user feedback and people are very grateful for what you have done for them... it’s just sometimes... it’s difficult to get the organisation to value you... and that’s where I think... perhaps... it can fall down... but I think most users that use the service value the service... so I know from the feedback I’ve had that they recognise it’s a high quality service especially in comparison to what they had elsewhere as well... so from that point of view we are valued... but I can’t honestly say organisationally... it may not always be recognised... the individuals like us but... I think... what tends to happen sometimes is people forget that it’s not just on the web... if you have a resource... it’s not just on the web... it had to get put there somehow... and they forget... that we can save people’s time by helping them searching... and offering services so our time is more cost effectively used than using someone’s time who’s more expensive for example or people who can’t get to do the work cos they’re busy doing clinical work and I think sometimes people do think “oh it’s all on the web and it’s free” and don’t realise that there’s a lot of work to put it there... so sometimes you do feel that if only they knew... so... it is a fifty fifty... I think there are several stakeholders in the organisation that do value the service quite highly and that is... there’s good from that
Participant H

Can you tell me about your role in your library?

My role...well my role title is outreach librarian...but it encompasses a lot of clinical librarian work....so a lot of people who are clinical librarians have all different titles but yeah...I do a lot of literature searching...synthesising the evidence and so on...erm...I do a lot of publicity to promote different services like literature searching services...I spend time...I’m just working out what’s in my diary this week (laughs)...spend time collecting information on our impact...and using that to demonstrate impact...so it’ll go into an annual report or something we use to publicise things...erm...I do a lot of training of clinicians of how to search healthcare databases and so on...how to make best use of the e-resources available...erm...I take part in different multi-disciplinary teams...this the start...I’ve only just started doing this...cos I work in mental health...there aren’t kind of the ward rounds you can do in acute and so on so...it’s just the team I’m going to start with soon are a um a clinical improvement group just going along...and I don’t know how it’s going to work but I presume um that’s it’s gonna...if questions are generated I’ll see if I can do a literature search...it all does depend on – sometimes you can get dozens and dozens of questions out of a session...it’s trying to define which is an important question...which is something that they’ll be able to use the answers from...um...what else do I do(?)...I can’t think really...it’s basically just delivering information when it’s needed...trying to repackage things in the ways that work for the clinicians and tailoring different services to them...and basically supporting evidence based practice whenever we can...and promoting that to people...sort of trying to...articulate to people how important it is...how important information is...how important it is to embed it in their care...it doesn’t necessarily happen

What do you understand by the term information literacy?

Well I think er...being able to locate the information you need...being able to analyse the information you need...appraise it...and being able to...to apply it in practice

What information services do you offer in your library?

Kind of covered it...lit searching...training...current awareness...we do a bulletin called ‘Current bites’ which is send out every fortnight...and that so staff don’t have to trawl...don’t have to look up things to try and keep themselves updated with...we scan websites and so on...we provide documents and links...something I’ve brought in recently which is quality bias which is a way of trying to disseminate good practice and success stories and improving quality across the trust...um...and that’s just something new I’ve brought in and trying to do...erm...we’re only on our third issue...so it does depend on um the clinicians contributing stuff...most of the time they’re not...and I’m having to chase them up to find stuff and then write the articles...and then we’ll see...but it’s about spreading tacit knowledge and stuff like that

Do you think you’re valued?
Yes…I do actually…erm…looking at what Alison was showing us down stairs …it’s just nice to see that…in a sort of quantitative way…and so I do the same kind of thing at work…I think sometimes you need to…point out to your staff and the people who fund your services and so on…point out your value to them…cos they don’t necessarily see that and that’s partly why I do that impact collection…so to A) be able to demonstrate what clinicians themselves think that we’re contributing towards but also I think it helps make that connection in their minds when they’re having to..even when they’re looking at the survey and going “oh I can’t be bothered” which most of the time they don’t…about 50% of the time they fill it in so that’s good…so but even if they didn’t then they’re seeing the connection oh ok right yes of course that is supporting me in..in risk management cos I asked for that in risk management so definitely…definitely feel valued…but I think it’s really important that you collect the data and you promote yourselves and that’s…that’s what I spend a lot of my time …trying to make the connection for people between what we do and the benefits it can be for them..like…I’ve redone all of our publicity to change it from “this is literature search training” to “this is getting evidence based answers fast” and point out the benefits of what we are doing rather than this is what we offer…so..yeah…feel valued

Participant I

Can you tell me about your role in your library?

I’m the assistant clinical librarian so essentially to support the clinical librarian and we do more or less the same thing but obviously I’m just below in the hierarchy…my main role is literature searching for trust staff and um training..to provide training so people can do literature searches for themselves…that’s the main bit

What do you understand by the term information literacy?

Erm...(laughs)...erm.. people being able to find information they need - for themselves so if you say someone is very information literate it would be…they’ve got a problem .. a question..and they know where to look and find the answer

What information services do you offer in your library?

Erm…we um..in our service we do a wide range of training which’ll be inductions to the library or literature searching erm…maybe to use the Cochrane library um…trying to think now..those’re sort of the main ones..critical appraisal we also do..I don’t do them but our service does them..erm…and we do.. obviously we provide articles for inter-library loan and that kind of thing..all the electronic access…all the Athens..that kind of thing..erm…it’s quite hard to..get it down to bullet points...

Do you think you’re valued?
Erm...who by (?)...our trust...we’re constantly having to prove our value to our trust...erm...individual people who use us value us quite highly and we know that from surveys we do and things like that...but yeah...on trust level we have to constantly sort of prove our worth just because finance is so tight and we’re um an easy target I guess...erm...so yeah...

Participant J

Can you tell me about your role in your library?

Erm...my job title is called an evidence specialist...erm...we’ve dropped the librarian role...name...in my organisation...but basically I’m a librarian but I do research for commissioners...commissioners is when they look at erm...developing new services or redesigning new services...so I work for the organisation who...in...before April this year we had primary care trusts and provider trusts and then we had acute trusts and the primary care trust held the money and it developed services and we looked at a lot of factors and decided if a service was needed in a particular locality like maybe you’d need smoking cessation in all the services for homeless etc or they would decommission services...maybe there’d be services running and they’d decide that they were no longer financially viable etc...erm so that’s commissioning and erm...now we have the GP consortia which is the GPs have the money but they buy the services off the commissioning support unit who do all that work into you know...commissioning...they look up business intelligence and erm transformation of services...whether a service needs to be redesigned and they also buy HR and IT etc...so that’s who I work for...I also work in...we don’t call it the library anymore...we call it the Evidence Centre... and I basically do research for the people who are looking at developing services...so...I do research on behalf of other people...it’s usually the commissioning team so it’s...so it’s the people who liaise with the clients...which are the GP commissioning groups...you know...they may say...you know...can you find me some intelligence about what other people are doing about deep vein thrombosis clinics in the community etc...you know...things like that

What do you understand by the term information literacy?

Erm...I understand it to be...to be...finding information and finding out whether it’s relevant to what you need

What information services do you offer in your library?

Well...traditional searches...erm...so again we search...but it’s more on a business model now...like a healthcare business side...erm...so I don’t do so much of the clinical stuff anymore...I don’t have nurses contacting me saying can you find me information on...ventilating a patient in the community etc...it’s more about performance models and this week...this week I’ve been asked about performance related pay models...private sector and public sector...erm...so it is more going more business focussed...what I do...we still do the getting your journals...getting
your books...because there’s always people in the NHS wanting their...wanting some form of education...on some course of education so they always need that support and they also need...they come and sit with you as well... they want to know how to search for stuff themselves so like ad hoc training erm...but at the moment it’s mainly the searches for commissioners so that’s more like service development... and....er....and then there’s like sorting out stuff like the stock of the library as well...cos we don’t need a lot of like the clinical books any more...trying to give them to people or get them taken away...

(Do you offer skills training)

No....we do have the capacity if anyone wanted to do it...it might be something we do in the future...erm...it’s more ad hoc...if someone comes in and is “can you show me to Athens” or can you show me how you found this or whatever yeah I’d do it...a lot of the stuff now I don’t use the clinical databases at all cos there’s not that much information there...I have to go to places like Google and narrow it down to searching on nhs.uk and gov.uk....yeah for things...cos it’s all about service provision that people want from me now

Do you think you’re valued?

Erm....in terms of saving people time then yeah..erm and also with erm in terms of everything’s got to be evidence ...you know...if you go back... they want to know where the evidence for whatever has come from...for.. in terms of us being able to do that I think it’s cos we can take a lot of the leg work off of people erm... you know that... we might have someone who’s got a right specification for like stroke service or something and she could say can you find me other examples of service specifications for stroke ...and it saves her doing it...and you know.. she’ll get paid a lot more than me so... it’s cost effective in that way.. so I do feel... at the moment.. yeah
**Ethics approval**

Information School Research Ethics Panel

**Letter of Approval**

Date: 4th June 2013

TO: Charlotte Kelham

The Information School Research Ethics Panel has examined the following application:

Title: Project Title: Investigation into what practicing healthcare librarians understand Information Literacy to mean, and how it is applied to their role

Submitted by: Charlotte Kelham

And found the proposed research involving human participants to be in accordance with the University of Sheffield’s policies and procedures, which include the University’s ‘Financial Regulations’, ‘Good Research Practice Standards’ and the ‘Ethics Policy Governing Research Involving Human Participants, Personal Data and Human Tissue’ (Ethics Policy).

This letter is the official record of ethics approval by the School, and should accompany any formal requests for evidence of research ethics approval.

Effective Date: 4th June 2013

[Signature]

Dr Angela Lin
Research Ethics Coordinator
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