



Evidence Summary

Some in Saskatchewan Find The Cochrane Library Useful after Promotion, Access and Training Efforts

A review of:

Forbes, Dorothy, Christine Neilson, Janet Bangma, Jennifer Forbes, Daniel Fuller, and Shari Furniss. "Saskatchewan Residents' Use of *The Cochrane Library*." Partnership: the Canadian Journal of Library and Information Practice and Research 2.2 (2007).

Reviewed by:

Shandra Protzko

Organization Information Specialist, Tucker Memorial Medical Library, National Jewish Medical and Research Center

Denver, Colorado, United States

E-mail: protzkos@njc.org

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Abstract

Objective – To evaluate the use of *The Cochrane Library* by librarians, health care providers and consumers in the Canadian province of Saskatchewan.

Design – Volunteer telephone interviews and surveys of training participants at multiple time points; usage statistics.

Setting – Saskatchewan.

Subjects – Ninety-four volunteers participated in the study. Participants were self-selected from approximately 300 health practitioners and 100 public library staff attending training sessions, located

primarily in rural areas. The majority of public library staff who attended training sessions were not professional librarians, although 31.5% of the study participants were librarians. Nurses made up the next largest group (16.3%), followed by therapists (7.6%), library support staff (5.4%), pharmacists (4.3%), physicians (3.3%), other health care providers (20.7%), and other (9.8%). Most were 40-65 years of age (71.6%) and female (92.4%).

Methods – Forty-six training sessions were provided upon request between October 2004 and December 2006. Attendees were invited to participate in the study. Telephone interviews were conducted at three, six, nine, and twelve months

following training sessions. Demographic information and data on the use of and satisfaction with *The Cochrane Library* were collected. Additionally, monthly statistics were tracked by Wiley-Blackwell for user sessions, number of searches, and the number of full-text articles and abstracts visited.

Main Results – Telephone interviews revealed that 65.2% of participants had accessed *The Cochrane Library* at three months; 64.2% had at six months. At nine months access dropped to 45.2%. At twelve months only 27.4% of participants reported using the resource. Of those who used *The Cochrane Library*, 16.4% reported at the three-month interview that it was not helpful. This number decreased at six months (11.6%), nine months (7.7%) and twelve months (11.8%). 57.5% of respondents claimed to have learned something from *The Cochrane Library*, although a few (11.1%) reported that the information found had no impact. Others reported that the knowledge gained confirmed their beliefs (26.1%) and/or helped in decision-making (32.6%). No time points were reported for the data collected about the use and helpfulness of information found in *The Cochrane Library*. Three-year data from Wiley-Blackwell showed that *The Cochrane Database of Systematic Reviews* was most frequently accessed (abstracts=26,016; full texts=15,934). *The Cochrane Central Register* was accessed 5,640 times and *Database of Abstracts of Reviews of Effects* was accessed 1,612 times. Periods of low usage corresponded with summer and Christmas breaks. The type of search strategy used was tracked; the authors note that an emphasis on MeSH during training between October 2004 and December 2006 corresponded with the higher number of MeSH searches during the same time period. Participants reported using *The Cochrane Library* in response to patron requests, to prepare educational materials, and to support health care policy

and practice changes. Reasons for not using *The Cochrane Library* included lack of time, limited access to the Internet, forgetting how to find and use the Web site, and disappointment with the content.

Conclusion – Since the fall of 2004, *The Cochrane Library* has been promoted and made available free of charge to all Saskatchewan residents. Usage fluctuates during the year, with less use during the summer and winter holidays; it is reasonable to presume that students use *The Cochrane Library* during the academic school year. Most telephone interviewees who used *The Cochrane Library* reported that it was somewhat to very helpful; this number increased slightly over time while the number of respondents who used the resource fell measurably over twelve months. In other words, those who continued to use *The Cochrane Library* over time were more likely to report a higher level of satisfaction with the resource. Interviews indicated how librarians used *The Cochrane Library*, why they do or do not use the resource, and their level of satisfaction. The study revealed less about how others, such as practitioners or consumers, use the resource. Based on the limits of the telephone interviews, follow-up studies should try to capture more detailed usage data to describe the attributes of those who do and do not use *The Cochrane Library*. The authors note that additional data collected through online surveys or the Wiley-Blackwell website could help determine how to sustain use of the resource.

Commentary

The study aimed to evaluate the use of *The Cochrane Library*, a premier information resource for evidence-based health care. The study will be of limited interest to those who provide access to evidence-based health care resources. This article thoroughly describes the context of the

study, detailing the process of access, promotion and training.

The methodology employed included usage data and telephone interviews and surveys of volunteer participants. Three years of quantitative data collected by Wiley-Blackwell show a pattern of usage; the authors surmise that dips in usage may correlate to school and vacation calendars, but it is also possible that spikes correlate to training. The data on MeSH searching do seem to suggest that training increases the use of MeSH. The data would have been more interesting if the authors had compared usage before and after provincial access, promotion and training.

A mixed-methods study was appropriate for the research question, however one point is confusing. As a whole, health care workers made up over 50% of respondents, while they made up about 75% of trainees; a table might have helped readers understand why the authors concluded that health care workers were not well represented in the qualitative data. Librarians represented 31.5% of participants. Public library staff (the majority of whom were not professional librarians) represented 25% of training attendees. The data do provide a perspective of female librarians ages 40 to 65, in rural areas. However it would have been valuable to ascertain what kind of librarians had used The Cochrane Library. Participants both requested training sessions and volunteered to be interviewed,

Reporting of telephone interview results was murky; it is difficult to extract discernible meaning from the numbers as reported, and the authors could have used a table for clarification. Likewise, the authors recognise that a more detailed survey would have been useful. For instance, the question of helpfulness might have been better developed; helpfulness means different things to different users. The authors note

that the plain-language summaries were well received while some reported that the reviews were more appropriate for researchers and health care workers than the general public. The questionnaire did not address plain-language summaries so it is unclear why the authors have included the commentary. As noted by the authors, Saskatchewan's Health Quality Council provided funding for the licence, promotion, training, and evaluation.

The study augments our awareness of why users, including librarians, do and do not use *The Cochrane Library*, and their level of satisfaction with the resource. Unfortunately the study has flaws and leaves many questions unanswered. It would be interesting to explore the impact of universal access. What is the cost per use for universal access, and is it justified? How effective was promotion in reaching those who did not previously have access? *The Cochrane Library* is highly regarded resource for health care providers, librarians and consumers alike. This study should prompt further evaluation of user behavior and the benefits and limitations of free access.