



Evidence Summary

A User Survey Finds That a Hospital Library Literature Search Service Has a Direct Impact on Patient Care

A Review of:

Farrell, A., Mason, J. (2014). Evaluating the Impact of Literature Searching Services on Patient Care Through the Use of a Quick-Assessment Tool. *Journal of the Canadian Health Libraries Association*, 35(3),116-123. doi: 10.5596/c14-030

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Abstract

Objective – To assess the impact of a library provided literature search service on patient care.

Design – Multiple choice questionnaire survey.

Setting – Hospital library.

Subjects – 54 library users who had requested a literature search and indicated the primary purpose of their request was patient care.

Methods – A multiple choice questionnaire survey was designed, building on previously published library impact surveys and best practice guidelines, with input from staff in the

local research department. The survey was reviewed by library staff, researchers and prospective respondents and piloted. The survey was sent out with the answers to literature search requests and a small incentive was offered to those who completed the survey. The survey was followed up with reminders.

Main results – The response rate was 57.5% (n=54/94). The most common staff groups requesting literature searches were physicians (33.3%), nurses (22.2%), therapists (16.7%), pharmacists (11.1%) and residents (7.4%). The majority stated that their questions had been answered (77.8%), while 18.5% indicated their questions had been partially answered, for reasons such as the answer leading to more questions, or parts of the question had not

been addressed. Two (3.7%) of the respondents' questions were not answered, either because no answer existed, or because the question didn't contain enough detail.

Of those who replied that their question had been answered, 64.3% judged the information to have had an immediate impact on patient treatment or management. Other uses of the information included refreshing memory, avoiding an adverse event, diagnosing a patient, or preventing a referral. The percentage of respondents judging there to be no immediate impact on patient care was 16.7%. The impact on diagnosis and treatment was further investigated in those who had said there had been an immediate impact, with 22.2% saying the information *determined* their choice of drug, 29.6% saying the information *confirmed* their choice of drug, while 18.5% stated the information *changed* their choice of drug. All respondents replied that they intended to use this information in the future, regardless of whether the information had an immediate impact, or if their question had been answered.

Conclusion – The authors concluded that the survey results show hospital libraries can have an impact on patient care through a literature searching service. They also found that the library was answering its literature service users' questions.

Commentary

The article was assessed with the CRiSTAL checklist for appraising a user study (Booth & Brice, 2003). The strengths of this study lie in its rationale, design, and reproducibility. There is a tradition of measuring the value of health library services (Marshall, 2007) and the motivation for this study was recognition that the hospital library was not currently measuring its impact on patient care. The authors recognise that issues surrounding the measurement of impact aren't unique to their institution, raising a wider need for the development of a common tool.

The study targeted a clearly focussed group of users of a literature search service with the

defined objective of measuring the impact of this service on patient care. The authors built on previous work in survey design and best practice to develop a tool which they piloted and critically reviewed. Based on the number of literature search requests in the previous year, they estimated that 50 responses were necessary for a representative sample, and this was achieved. The authors provide the full questionnaire in the article, together with a web link to the survey, to enable other institutions to reproduce and adapt the tool. The authors acknowledge that while they found that the service provided by their library had a direct impact on patient care, this may not be generalizable to other populations.

The results raise issues not discussed in the article. Reasons for non-response were not considered, or the possibility that these reasons may be skewing the results. Each respondent's profession was analysed, but it is not clear whether the proportion of individual professions is representative of the whole library user base, or if some staff groups were under-represented. There wasn't a control group, so we do not know how the impact of a library-provided literature search compares with a self-conducted literature search, for example. Library users were only surveyed if they indicated that patient care was the reason for their inquiry, so it is not possible to say anything about the value of the service overall.

The study has provided a validated tool for other health libraries to measure their own impact on patient care, and the authors encourage others to do so. The tool could be adapted to assess other outcomes, such as impact on teaching, learning, and policy decisions by the hospital, and other services not limited to health libraries, such as information skills training. By demonstrating their impact and value, libraries will be in a stronger position to justify funding to provide these services.

Future research opportunities include work to further validate the tool, and to answer some of the unknowns, such as how a library literature search service compares with a self-conducted literature search.

References

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