



*Evidence Summary*

***Local Purchasing of Journals is Required in Addition to a Nationally Purchased Collection to Meet the Information Needs of NHS Staff.***

**A review of:**

Glover, Steven William, John Addison, Colette Gleghorn, and John Bramwell. "Journal Usage in NHS Hospitals: A Comparison Report of Total Usage at an Acute NHS Trust and a Specialist NHS Trust in the North West of England." Health Information and Libraries Journal 24.3 (2007): 193-9.

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**Received:** 3 December 2007

**Accepted:** 17 February 2008

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**Abstract**

**Objective** - To compare journal usage between an acute National Health Service (NHS) Trust and a specialist NHS Trust located in North West England to provide some evidence as to how well the National Core Content Collection (provided by ProQuest) meets the needs of staff in these settings.

**Design** - Comparative study

**Setting** - An acute NHS Trust, comprising four hospital sites, and a cancer specialist NHS Trust based on a single site. Both Trusts are located in North West England. The cancer specialist NHS Trust is a

teaching hospital with undergraduate nurses, medical students, and student radiographers. This Trust is also closely associated with an adjoining cancer research institute. The acute NHS Trust has a large number of healthcare staff in training and was not described as a teaching hospital.

**Subjects** - Staff of the respective NHS Trusts. The staff numbers for each organisation were not provided.

**Methods** - COUNTER usage statistics of online journals, obtained from publisher administration tools, were collected for one year covering the period 1 December 2005 to 30 November 2006. Where

available, the number of photocopies made from print journals during the same period by library users for their own use was also included. All full-text downloads of journal articles were counted as part of this study, hence the possibility of double counting if a single article was requested in both HTML and PDF versions. Details of free or open access articles accessed without the need for a username and password were not included in the study.

To encourage use of the electronic journals, library services at both Trusts implemented a number of initiatives to maximize publicity. These included direct e-mails to staff, posters, and presentations to staff. Athens registration, required for access to the electronic journal collections, was promoted as part of the induction process for new library users. Staff members were encouraged to apply for the electronic table of contents alert for journals in their area of specialty. An A-Z list of journals was accessible via the Trusts' intranet and internet sites, and direct links to electronic journals were added to the NHS Dialog/Datastar databases and on *PubMed*.

**Main results** - The libraries at both Trusts in the study provide the majority of their journals in electronic-only format. In addition to the National Core Content titles, the cancer specialist Trust provides access to an additional five journal collections: Science Direct Health Sciences, Blackwell Synergy Medical and Nursing collection, five journals selected from Nature Publishing Group, selected society journals via HighWire Press and Oxford University Press titles. Staff members of the acute Trust have access to an additional three journal collections: Science Direct Health Sciences, the BMJ Publishing Group (BMJPG) collection and 16 LWW titles via Ovid.

During the study period, a total of 93,376 articles were downloaded or copied. Of these, 47,079 articles were downloaded or

copied by staff of the cancer specialist NHS Trust and 46,297 articles were downloaded or copied by staff of the acute NHS Trust. The usage of each of the journal collections during the study period for each Trust is shown in the table below with the most used resource shown in bold.

Content Provider	Cancer Trust	Acute Trust
HighWire Press Hosted Journals	<b>19,773 (42%)</b>	n/a
Science Direct Health Sciences	10,808 (23%)	<b>15,844 (34.2%)</b>
Nature Publishing Group	6,034 (12.8%)	n/a
Blackwell Synergy Medical and Nursing	4,487 (9.5%)	n/a
Oxford University Press	3,387 (7.2%)	n/a
National Core Content ProQuest	2,118 (4.5%)	13,834 (29.9%)
BMJPG journals	n/a	5,440 (11.8%)
LWW via Ovid	n/a	2,279 (4.9%)
Photocopies from print journals	472 (1%)	8,900 (19.2%)
<b>Total</b>	<b>47,079</b>	<b>46,297</b>

General information regarding some of the commonly used journal titles by staff of each Trust was included in the commentary, but levels of use were not enumerated. Staff of the cancer specialist NHS Trust favoured cancer-related titles, whilst staff of the acute NHS Trust accessed journal titles over a greater range of subject areas. Details of the top titles accessed from the National Core Content collection were not provided for either Trust. A possible reason given for the lower usage level of the National Core Content collection by the cancer specialist NHS Trust compared to the acute NHS Trust was the presence of embargoes on

many cancer-related titles within the National Core Content collection.

Information about training offered to staff, their level of access to computer facilities, or familiarity with accessing electronic journal collections was not provided.

**Conclusion** - Staff of both Trusts in the study recorded a high level of journal use, with a total of 93,376 articles downloaded or photocopied during the study period.

There was a marked difference in the usage patterns of the National Core Content journals between the two Trusts studied with the acute NHS Trust showing a higher proportion of usage (29.9%) compared with the cancer specialist Trust (4.5%). Staff members of the acute NHS Trust accessed a greater range of subject areas, while staff those at the cancer specialist NHS Trust favoured cancer-related titles.

The results indicated that the National Core Content collection did not meet the information needs of the specialist cancer Trust as well as it met the needs of the more generalist acute Trust. The National Core Content collection appears insufficient to meet the diverse information needs of all NHS staff. Local purchasing of journals, in addition to national level provision, is therefore required to ensure that the needs of local specialties are adequately supported.

### **Commentary**

This study compares overall usage of journal collections by staff of a cancer specialist NHS Trust with that of staff at an acute NHS Trust. The main conclusion from the study was that the National Core Content collection does not meet the information needs of a specialist cancer Trust as well as it does a more generalist acute Trust. However, there are a number of uncertainties in the study design that

make it difficult to draw firm conclusions from the study results.

No justification is provided for the choice of Trusts included in the study. Whilst they may have been chosen for convenience, it would have been useful if the authors had clarified how these particular settings addressed the research question.

The validity of the study results would have been stronger if more information had been provided about the various journal collections available to staff as part of the study. For example, it would have been useful to know the extent of any overlap between the various online collections, whether any of the print journals duplicated those also available in electronic format, and how many print journal titles the respective libraries held.

Although told that both Trusts provided an A-Z list of journals available, we do not know whether staff members were given the option to access duplicated journal titles from more than one provider. If staff were offered multiple access options, either via the A-Z list or via the direct links from the Dialog/Datastar or *PubMed* databases, we do not know whether a particular provider was displayed first. Either of these situations may result in increased usage of journals from a particular provider. It would also have been useful to know how many staff used the electronic table of contents alerts facility. Usage of journals from a particular provider would be expected to be higher if a greater number of staff were accessing articles through the table of contents alerts. In addition, the level of familiarity with the publisher interface for the various journal collections may have had a bearing on whether staff preferred to use a particular collection. We do not know when the various journal collections were first purchased by the respective Trusts nor the extent of any training and

computer facilities provided to help staff use these resources.

Overall, given the limitations of the study design, the data presented provides little firm evidence to support the authors' conclusions other than in a general way.