

IDENTIFYING EVIDENCE ON ORGANISATIONAL STRUCTURE AND OUTCOMES FOR THE NATIONAL CO- ORDINATING CENTRE FOR THE NHS SERVICE DELIVERY & ORGANISATION (NCC SDO)

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Abstract

This paper describes how we

approached the identification and
retrieval of evidence for a scoping

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review to examine the relationships between the structure of an organisation and the outcomes produced. We describe the difficulties of translating search techniques and experience developed conducting traditional systematic reviews, to a diffuse topic, for an audience of health service managers and policy makers. A major aim of the literature review was to identify evidence from outside health services, from the wider domain of organisational science. To this end, ABI/Inform was identified as potentially the most useful source for this topic and we assess the contribution of this database to the review.

Introduction

English health policy aims to change the structure, management and culture of the NHS, on the basis that this will lead to improvements in performance. To inform this policy we carried out the literature searching phase of a 9 month research project, beginning in June 2003, to identify and examine the evidence-base for the relationship between the structure of an organisation and the outcomes produced. The project was funded by the NCC SDO Research Programme. The findings of the research are reported elsewhere (1).

We examined the methods sections of previous literature reviews in this field and noted the differences in terminology, methodology and publication types between organisational science and medicine (2-4). Literature reviews of diffuse topics require an iterative approach to searching with extended phases for defining the topic, assessing the value of sources and types of evidence available, and revising inclusion and exclusion criteria (5, 6). With only 9 months to complete the project we had to be pragmatic and achieve a balance between the application of a systematic approach and achievable project goals. Abstracted Business Information (ABI Inform) is a leading database for management and organisational science (7). At the time of writing only 3 Cochrane Reviews had used ABI-Inform as a source to identify studies.

After the project was completed we reflected on:

- How effective was our search

strategy in identifying relevant literature for inclusion in this review?

- the value of ABI-Inform in comparison to other bibliographic databases included in our search.
- the practical difficulties and problems in attempting to apply database searching techniques used in systematic reviews to bibliographic databases outside the medical/health domain.

Database searching

A scoping review can help in developing a comprehensive search strategy by identifying all relevant thesaurus terms and synonyms (8). As librarians in the medicine and health field we were familiar with devising relatively long and complex searches. However, the search interface for the ABI-Inform database, provided by Proquest, limited the number of terms which could be used in any one search (9). There were also practical limitations to the database for supporting research, for example, a limit of 50 records which could be downloaded at one time. Having identified a large number of relevant terms from the research team, we were only able to produce a basic search strategy, compatible with ABI Inform [see Figure 1]. This search strategy was consequently very broad and contained few synonyms or narrower terms for organisational structure. Whilst this was not necessarily inappropriate for a scoping review we were aware of its limitations. This search strategy was then run, with modifications, on the following databases:

ISI Web of Science

Expanded Academic

OVID Psychological Information (Psychinfo)

OVID Index Medicus (Medline)

OVID Excerpta Medica (Embase)

OVID Cumulative Index to Nursing and Allied Health (CINAHL)

OVID Health Management Information Consortium (HMIC)

BIDS International Bibliography of the Social Sciences (IBSS)

CSA Applied Social Sciences Index (ASSIA)

A total of 14,554 records were identified.

Figure 1 – ABI-Inform search strategy

((organisation* or organization*) w/2 (structur* or form* or function* or determinant*)) and (outcome? or process* or perform* or satisf* or efficien* or effectiv* or equity or growth or develop* or justice or quality or cultur* or manage* or leader* or change)

Key: * = truncation for words with the same root replacing zero or more characters at the end of a word

? = wildcard for any number of characters or none

w/2 = proximity search for words occurring within X number of words of each other

Evaluating our search strategy

We tried to validate our search strategy (10). The bibliography of 491 references included in the final report to the SDO (1) formed our baseline of relevant literature. We went back to the bibliographic databases included in the search to examine whether relevant records identified in our ABI-Inform search were unique to ABI in our search results, and/or truly unique in not being available from any other database. We checked to see whether relevant references were on other databases, but not retrieved by our search strategy, and if so, what would have needed to be added to our strategy to retrieve them.

Of 491 references included in the literature review, 273 (56%) were identified by database searching. Of these, 98 (36%) were in our ABI-Inform search results and 175 (64%) were in other database search results. Of those in other database search results, those contributing most records not identified by the ABI-Inform search were Psychinfo, Web of Science, ASSIA and IBSS.

Of the 98 relevant records which were in our ABI-Inform search result, 77 (78%) were unique to our ABI-Inform search results. When the 77 records were compared with the content of the other databases searched, 12 records (15%) were truly unique. However, 49 of the 77 records were also on Web of Science but not retrieved by our strategy. There are a number of possible reasons for this:

1. The more limited search interface on Web of Science which existed when our searches were

conducted, in particular the absence of the facility to combine search sets.

2. Problems with the downloading of the records to Reference Manager bibliographic software, such that records in the search results were identified as duplicates and not imported, when we should have imported them.

3. Since the searches were conducted, additional retrospective records have been added to Web of Science extending back to 1945. This data was not available at the time of searching.

With our search strategies remaining unchanged, Embase and ASSIA could have been excluded and the same 77 relevant references identified. When examining the 77 relevant records on other databases we noted any indexing terms [see Table 1] or synonyms [see Figure 2] which may be useful in locating evidence on this topic in future. In an organisational review of this type, it is vital to identify and map the differences in terminology, meaning and indexing of the topic across the different databases, but this takes additional time. One of the outputs of the review was therefore, an improved understanding of how the language of this topic is codified and represented in different databases. Many relevant papers were not retrieved on other databases because they contained synonyms for organisational structure which were not in our search strategy.

Searching the organisational science literature

ABI-Inform contains a number of additional search features which we could have utilised in developing our search strategy. These include:

Classification codes. These classify articles by organisational function or process. Classification code 2320 is “Organizational Structure”. Whilst we did not search intentionally using the classification code field, when we examined ABI-Inform records subsequently the classification code field is searchable as free-text content.

Companies search field. These classify content by the company or name of the organisation which is the subject of the article and

Figure 2 - Synonyms and free-text terms for identifying evidence on the topic of organisational structure and outcomes

Which sub-topics should be included in updates and future reviews of organisational structure and outcomes?

- Organisational environment
- Labour supply
- Workforce
- Information environment
- Performance Information
- Policy environment
- Health policy
- Incentives
- Employee satisfaction/motivation/values
- Information systems
- Information technology
- Professional and patient networks
- Organisational culture
- Organisational strategy
- Middle-management
- Strategic management
- Synonyms for organisational structure**
- Ownership Structure
- Informal Organisation
- Structural reorganisation
- Structural change
- Management Structure
- Organisational Climate
- Organisational restructuring
- Organisational Properties
- Organisational Characteristics
- Organisational factors
- Internal Characteristics
- Internal Organisation
- Organisational Effectiveness
- Informal structure

Terms to locate evidence on changes in organisational structure

- Corporate refocusing
- Downscoping
- De-diversification
- Diversification
- Strategic Planning
- Organisational Change
- Organisational Development
- Institutional Change

Terms to locate evidence on changes in organisational processes

- Business Process Re-engineering
- Total Quality Management
- Business Process Improvement

Synonyms for Job Satisfaction

- Employee Motivation
- Organisational Commitment
- Job Performance
- Role Motivation

Employee Attitudes

Terms for identifying evidence on what determines organisational structure

- Relationships between groups of Professionals
- Dyadic relationships/Dyads
- Work Teams
- Group Dynamics
- Organisational Congruence (ie. Fit between strategy, structure, process etc.),
- Organisational Alignment
- SSEM's (Strategy, Structure, Environment Matches)
- Decision Making
- Communication
- Management of Innovation
- Teams and Teamwork

Terms for identifying evidence on types of organisational structure

- Function
- Matrix
- Network
- Process
- Bureaucracy
- Professional Organisations
- Institutionalisation
- Decentralised
- Centralised

Theoretical concepts related to organisational structure

- Contingency Theory
- Environmental Uncertainty
- Configurational Theory

Table 1 – Databases searched for the review which index content on organisational structure

Databases searched for the review which index content on organisational structure	
Medline	<p>Could use subheading Organization & Administration with specific MESH term for the health organization eg. Hospitals or Health Facilities</p> <p>HOSPITAL RESTRUCTURING SCOPE: Reorganization of the hospital corporate structure.</p> <p>HEALTH FACILITIES, MERGER</p>
Cinahl	<p>SUBJECT HEADING: ORGANIZATIONAL STRUCTURE SCOPE: The different levels and components of an organization; includes discussions of subordinates, peers, superiors, etc.</p> <p>Narrower terms:</p> <p>DECENTRALIZING ORGANIZATIONAL RESTRUCTURING DOWNSIZING, ORGANIZATIONAL HOSPITAL RESTRUCTURING</p>
EMBASE	<p>Thesaurus goes no deeper than ORGANISATION AND MANAGEMENT</p>
HMIC	<p>ORGANISATIONAL STRUCTURE (no scope note) (used for Administrative structure) Narrower terms: DEPARTMENTAL STRUCTURE MANAGEMENT STRUCTURE</p>
PSYCHINFO	<p>ORGANIZATIONAL STRUCTURE (no scope note - narrower aspect of Organizational Characteristics)</p>

include, for example, National Health Service – UK.

ABI-Inform subject index. Our assumption, based on our experience of using controlled indexes, such as MeSH, was that this would help provide us with some consistency and control in our searching. However, on examination, whilst this index is referred to as a thesaurus it appears to be an uncontrolled list of subject headings. Indexing on ABI-Inform was generally poor. ABI-Inform is made up of several databases and some records are duplicated within and between databases. From a list of search results displaying author, title and bibliographic details, some link straight to the full-text without a full bibliographic record. This made it more difficult to validate how our search strategy had been translated by the database.

Web of Science was also, only searchable using free-text methods. It has a feature called Keywords Plus. These are generated electronically by examining terms occurring frequently in the titles of references cited in the paper, therefore they may often appear unrelated to the content of an article. There are no keywords to records before 1991 on Web of Science and many older articles lack abstracts. Since this project was carried out the search interface of Web of Science has been developed to allow the combination of sets into more complex search strategies and the downloading of more than 500 records. There is still a limit of 100,000 records which can be retrieved when entering any term or phrase. We therefore had to re-run searches individually by year to ensure we did not exceed this limit in any one stage of the search.

Document types in organisational science

One approach considered for the review was to concentrate initially on identifying literature reviews within the topic area and then search the reference lists, or bibliographies, attached to them. Searching for reviews is a recognised technique used in scoping reviews (8). However, there are major differences in the type of publications and the indexing of publication type

between organisational science and medicine/health databases. ABI-Inform searches can be limited to “publication type”, however, we could not limit our search to reviews in peer-reviewed publications. Records are tagged with a Document Type field but many records lacked this tag.

ABI-Inform included a field for the “Document Treatment Code”. Only records after 1993 are tagged with this code. This is similar to indexing by methodology or study design on medical and health databases. Document Treatment Code 9130 is defined as Experimental/Theoretical. However, on examination indexing again proved to be inconsistent. Of the 141 journal articles included in the final research report which were not identified from database searching 51 were subsequently found to be on ABI-Inform. Thirty-eight of these records were classified under 9130 and 13 were not. Only 3 of these were pre-1993, the remaining 10 lacked the appropriate coding.

Distribution of the literature

The 401 peer-reviewed journal papers included in the final review were published in 191 different journals. With diffuse topics which transcend subjects and disciplines the identification of key journals is more difficult as relevant literature can appear in a wide range of titles. We examined a list of titles hand searched by Goodwin et al. for their recent review of networks (2). We searched the electronic table of contents pages for journal titles from this list which were not indexed on ABI-Inform. No articles were identified from this exercise for inclusion in the review. However, key journals for coverage of this topic emerged when the distribution of literature in the final review was examined. The most valuable journals in terms of papers included in the final review were Academy of Management Journal and Administrative Science Quarterly. Therefore, it should not be assumed that searching a lot of databases in a review of a diffuse topic necessarily reduces the need for hand searching. The remaining 218 publications included in the final review were identified by the expert panel of researchers.

Conclusions

ABI-Inform contained much valuable evidence on this topic, however, it is a difficult database to search systematically. It was originally set up to facilitate current awareness (7), and this is reflected in the search features it incorporates. ABI-Inform contained significant unique content for a literature review of this topic. The database has a number of innovative indexing features which, on reflection, we could have used to improve our search.

Our results were partly due to the fact that we approached the searching using models that were familiar to us, without first exploring the nature and structure of the literature in this field and the particular features of ABI-Inform. We realised that we needed to learn more about the particular database sources and terminology used in organisational science to identify evidence across a range of theories, models and methods.

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OBSERVATIONS ON THE ISSUES INVOLVED IN CONDUCTING A RANDOMISED CONTROLLED TRIAL

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Abstract

This paper outlines the experience of conducting research from the perspective of a practicing librarian with a limited research background. Issues and problems with aspects of the research process emerged, mainly in regard to the ethical approval application and with recruitment of staff. The ethical approval application forms were very long, and some sections were irrelevant or difficult to complete. Obtaining ethical approval took nearly 4 months in total, and delayed recruitment for the trial. Clinical staff can be particularly difficult to recruit and recruitment numbers for this trial were low. Incorrect or unavailable staff contact details, staff obtaining permission to attend non-mandatory training and time constraints, all proved a problem for recruitment. The paper concludes by suggesting important issues to consider when planning research, including early ethical approval application, using different contact methods for recruitment, and getting help from other librarians and researchers

Background

Librarians often question the applicability of published research to their own libraries or information work. This may be because many research projects are conducted by academics or staff with a background in

research. Practitioners should be encouraged to participate in research in order to conduct projects on the issues that matter most in the real world. However, many librarians may be reluctant to engage in research without knowing the issues or experiences involved, and the practical steps that can be taken to reduce or avoid potential problems. Most research trials are published without indicating the potential (and actual) pitfalls that can be encountered along the way, making it difficult for new researchers to gain insight into the process.

Objective

This paper outlines the experience of conducting a randomised controlled trial (RCT) from the perspective of a practicing librarian with a limited research background. The RCT compared two different educational interventions for teaching search skills to health professionals (1). The aim of the trial was to establish whether there was a significant difference in terms of knowledge and skills, between self-directed learning using a web-based resource directed by participants, compared with a classroom based interactive workshop directed by a librarian, for teaching health professionals how to search. Although the trial was completed within the specified timeframe (one year), issues and problems with aspects of the research process emerged, mainly

in regard to the ethical approval application and with recruitment of staff.

THE RESEARCH PROCESS

Ethical and management approval

All research trials involving National Health Service (NHS) staff or patients have to obtain ethical approval before beginning. As this was an educational trial recruiting only professionals, with no obvious risks associated, ethical approval was expected to be easy to obtain. However, due to changes in the ethical application process in the UK, all applicants were required to complete a 68 page COREC form, containing three sections (<http://www.corec.org.uk/>), and supply other documentation which were not readily available, such as a peer review of the proposal.

In addition to the length of the form, some sections seemed irrelevant or were difficult to complete, and help had to be sought from more experienced research colleagues. The form did not differentiate between a multi-million pound drug trial involving patients and a team of investigators, and a small educational trial involving only professionals with one researcher. As well as ethical approval, management approval from the hospital Trust was required, which involved completion of additional forms and letters. Obtaining ethical approval took nearly 4 months in total, and delayed recruitment for the trial.

Articles published in the British Medical Journal suggest this is not an isolated experience; clinical researchers have reported that the ethical committee application procedure can impede, delay or distort their research, or prevent them from starting altogether (2-6). One editorial from a Director for Public Health states:

"...bureaucratic barriers, such as the length and complexity of the COREC forms and the dual hoops of research ethics and governance, are putting off those considering starting smaller locally based studies." (5)

Recruitment of staff

It is well known that clinical staff can be particularly difficult to recruit. Issues such as the difficulty of obtaining up-to-date contact lists for staff, plus the perceived importance of the outcomes by the health professional can affect the recruitment (7-9). Consequently, the group of people of particular interest to health librarians is actually one of the most difficult to study.

Recruitment of staff for this trial was by invitation letter, sent by post to Hospital Departments and/or by email. Contact details were obtained from the Trust intranet, the paper staff directory and hospital librarian email discussion lists. However, the intranet pages and staff directory were both considerably out of date (the most recent paper directory available was over 3 years old, and the intranet was only updated sporadically). Posters and leaflets about the trial were displayed around the hospital in an effort to recruit more staff.

Recruitment numbers for this study were very low - only 17 participants registered and were deemed eligible for inclusion. The reasons for low recruitment in this trial were specifically:

- many staff names and contact details were incorrect, out-of-date or unavailable
- email addresses of Trust staff were not readily available
- clinical staff reported that they found it difficult to obtain permission to attend non-mandatory training
- some staff did not have the time or interest to participate in a trial
- the ethical approval process reduced time available to recruit participants
- training rooms were not always available on the hospital sites

It is significant that learning how to search and use good quality health information, in order to assist and improve patient care, is not considered mandatory! When time has been spent developing the methodology for a trial, it is extremely frustrating to have so few participants. Published studies with small sample sizes can be easily criticised due to their lack of

statistical power, but the reasons why recruitment is so difficult became apparent during this trial.

Tips for conducting your research

This RCT has suggested a number of important issues to consider when planning research:

- conduct a thorough literature search; your question may already have been answered
- read books on research methods to try and get an overview of the subject
- apply for ethical and management approval as soon as the study is initiated, and try to obtain help in completing it; this will reduce delays in the process, but some frustration is inevitable
- the population that practitioners would like to study are often the most difficult to engage or recruit; this does not mean they should be ignored
- recruitment of staff, especially clinical staff, will always be difficult, but start the recruitment process early, use different contact methods and make the inclusion criteria as wide as possible
- collaborate with other librarians or researchers where possible; conducting a research study individually while also maintaining a full-time job is very time consuming
- don't feel inadequate when things go wrong; often you have no control over them
- don't give up; without research into the issues that matter, evidence-based librarianship would not be possible

By discussing the main issues and problems experienced during this study, it is hoped other practitioners' intending to undertake research will have a clearer picture of the processes involved, be able to learn from any mistakes made in this study, and have a realistic idea of the problems that maybe encountered, some of which may be insoluble.

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UPDATE ON IFMH SPONSORED VSO (VOLUNARY SERVICES OVERSEAS) VOLUNTEERS

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As reported in the Summer 2005 issue of Inform (Vol 16 no.2), IFM Healthcare has been sponsoring a Voluntary Service Overseas (VSO) project in the Kunene region of Namibia. Two volunteers, Anita Pearson (Disabilities Social Worker) and Machteld Oltof (Physiotherapist) are working to train community-based rehabilitation (CBR) volunteers in an area of the country where resources and budgets are limited. The IFMH grant is enabling Anita, Machteld and their Namibian colleagues to write a manual to be used in training workshops for the CBR workers and to print and distribute copies for use in further training events.

The project is going well and a first draft of the CBR Volunteers Training Manual was produced. It contained sections on:

- disability rights awareness
- disability prevention
- general management and interventions in communities
- medical rehabilitation
- assessment of pathology.

A consultation workshop took place in Windhoek at the National Training Health Centre of the Ministry of Health and Social Services from the 31st of October to the 4th of November 2005. 30 people attended, mainly medical rehabilitation workers and social workers from 13 regions in Namibia.

As a result of this workshop, corrections, amendments and additions to the draft manual were agreed. Machteld and Anita then lead the process of revision and the final draft was due for completion in April 2006. The manual then needs to be approved by an internal commission of the Ministry of Health before publication.

IFMH receives regular updates on the progress of the project which will be reported in future issues of Inform. There is also more information about the project on the IFMH website: <http://www.ifmh.org.uk/VSO.html>

CORRECTION TO THE ARTICLE BY KAREN SMITH

(Inform volume 16, no. 3 Winter 2005/2006 p.10-11)

In the article which appeared in our last issue (Inform volume 16, no 3 Winter 2005/2006 p.10-11) by Karen Smith on Multiple Choice Questions for a Virtual Learning Environment for Nurses the following references should have accompanied the text. We apologise for any confusion this may have caused.

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IFM HEALTHCARE NEWS

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**Health Libraries Group
C o n f e r e n c e :**
<http://www.ifmh.org.uk/HLG006.html>

IFMH is delighted to be hosting a session of integrated and partnership working at the Health Libraries Group Conference, Eastbourne on Monday 10th July at 3.15pm. Speakers at the session include Joan Hunter (Norfolk Suffolk and Cambridgeshire Strategic Health Authority) and Helen Thompson (Leeds North West PCT) who will respectively be talking about "Increasing access to knowledge, information and the evidence base of health and social care in the East of England" and "NHS libraries working with the hospices and universities across the city". We'll look forward to seeing you there, and to meeting you in person at Stand 14 in the Exhibitors Hall.

Research in the Workplace Award 2003/4

In the second of two articles, the first having described the findings of her randomized randomised controlled trial comparing the effect of e-learning, with a taught workshop, on the knowledge and search skills of health professionals (1), we are delighted to publish Nicola Pearce-Smith's experiences of conducting this research. Her article provides particular insight to anyone about to go through the ethical approval process.

Research in the Workplace Award 2006/7

IFMH is pleased to be able to

confirm that we are once again a key sponsor of the Research in the Workplace Award (RIWA). This will be the fourth time the award has been made and will seek to fund small library or information professional-led workplace research projects. Look out for further details on the IFMH discussion list (<http://www.ifmh.org.uk/discussion.html>) later this year.

Personal Development Opportunity

If organising is your thing, then you'll be interested to know of the Study Day Coordinator vacancy on the IFMH committee. No previous experience is required and the post is shared which means you can learn alongside an existing coordinator. For further details please email me at m.j.grant@salford.ac.uk or call me direct on 0161 295 6423.

Committee Changes

The committee would like to pass on its thanks to Julie-Ann Roszkowski who has left the IFMH committee having changed jobs and moved out of the health and social care sector.

New Postal Address for IFMH

IFMH has a new postal address and can now be contacted at IFM Healthcare, P.O. Box 493, York YO1 0AW. The previous address will continue to operate until the end of 2006, so if you've contacted us recently, we'll still receive your correspondence.

IFMH COMMITTEE MEETING: 9TH MARCH 2006: DIGEST OF MINUTES

Karen Macpherson

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Study Days/HLG Conference

IFMH will hold a session on the first day of the HLG conference on the theme of integrated/partnership working. There will also be an IFMH stand. The next Study Day will be in the autumn.

Inform Newsletter

A regular contributor from the social care area is still being sought. Future issues of Inform will notify readers that there is a time delay between preparation of the Surf's Up and publication of Inform.

Authors submitting articles to Inform will also be asked to provide an abstract which can be displayed on the website and included in the HMIC database.

VSO

The manual being prepared by the VSO volunteers, sponsored by IFMH, is nearly complete. The volunteers will be asked to speak at an IFMH Study Day when they return to the UK.

European Partners

IFMH is currently investigating whether there are any organisations serving a similar function to IFMH in other parts of Europe, with which links could be formed.

Personnel

Julie Glanville has now stepped down from the committee. She was

thanked for her extensive contribution to IFMH over more than 10 years.

Research in the Workplace

IFMH agreed in principle to contribute £500 to the Research in the Workplace Award, if this is to be available again this year.

An archive of summarized minutes from IFMH committee meetings is available on the IFMH web site at <http://www.ifmh.org.uk/archive.html>

IFMH

Inform

SURFS UP - INTERNET SITES OF INTEREST

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NEW WEBSITES/RESOURCES

Autism Data

<http://www.autism.org.uk/autismdata>

Autism Data, the National Autistic Society's database, is now freely available to search on the NAS website. The contents include bibliographic records of everything in the NAS Information Centre Library, together with the details of research articles on autism and Asperger's syndrome published in journals which journals that are not part of their holdings.

Concordat Website

<http://www.concordat.org.uk/homepage.cfm>

The Concordat is a voluntary agreement between bodies that regulate, audit, inspect or review elements of health and healthcare in England. There are now 20 signatories working together to coordinate their activities such as audits, reviews and inspections. This site supports the implementation of the Concordat, and also provides searchable access to Concordat Activity scheduling. This part of the website is intended as a one-stop-shop to check what inspection, audit and review activities are planned for NHS trusts and registered independent healthcare providers in England, and is aimed at staff in those providers and in the signatory organisations.

Cosmetic Surgery Advice

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/CosmeticSurgery/fs/en>

[cs/CosmeticSurgery/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/CosmeticSurgery/fs/en)

This website gives information aiming to help patients make an informed decision about whether or not to have cosmetic surgery or non-surgical cosmetic treatments, and includes the following: lists of questions patients should ask themselves when considering cosmetic surgery; an A-Z listing of cosmetic surgical treatments; what qualifications mean and how to make a complaint. It was compiled to meet the requirements of the Report of the Expert Group on the Regulation of Cosmetic Surgery.

Database of Good Ideas

<http://www.networks.nhs.uk/ideas/>

In November 2005, as part of the Your Health, Your Care, Your Say consultation, NHS Networks was asked by the Department of Health to request examples of good practice from all the PCTs in England relating to these areas: Integration; Prevention; Rapid Access and Services normally provided in hospital. More than 100 case studies were received, and it was decided to publish all the case studies in an on-line database of good practice in primary care. The database is searchable, and gives basic details of projects and contacts.

Heart Surgery of Great Britain

<http://heartsurgery.healthcarecommission.org.uk/>

The Healthcare Commission and the Society for Cardiothoracic Surgery have jointly launched a website with information on outcomes of Heart Surgery in

Great Britain. Influenced by the Learning from Bristol enquiry, the website gives rates of survival from operations from most of the heart units in England and Wales, with surgeons from 17 of those units choosing to provide survival rates from their operations. It also provides general information for patients about different operations, the benefits of having heart surgery, and details about what to expect after you have had an operation.

Improvement Foundation

<http://www.improvementfoundation.org/View.aspx?page=/default.html>

The Improvement Foundation, a not for profit company limited by guarantee, incorporates the work of the National Primary Care Development Team (NPDT). Their aim is to develop capacity and capability in public services to use continued improvement methods for the benefit of service users. The website gives details of the various projects and collaboratives, including the National Primary Care Collaborative and the Mental Health collaborative. A section labelled the Knowledge Centre is being developed.

Information Catalogue

<http://ic.dh.gov.uk/infocat/>

The Information Centre is responsible for reducing bureaucracy through effective coordination of collections, elimination of duplication, and delivering efficient and effective information sources to enable service delivery improvements for service users regardless of the point of delivery. This searchable catalogue contains summary details of data collections related to Health and Social Care services.

Information Literacy Website

<http://www.informationliteracy.org.uk/>

This website has been designed and developed by information professionals from UK organisations actively involved in the field of information literacy, and includes news, case studies, examples of best practice and freely available toolkits. Their aim is to provide a practical resource that information professionals regularly visit to discover the latest developments. In the UK,

information literacy is defined by the CILIP as: "...knowing when and why you need information, where to find it, and how to evaluate, use and communicate it in an ethical manner."

Mortality Data for Surgeons in Scotland

<http://www.indicators.scot.nhs.uk/Surgical/Main.html>

On December 8th 2005 the Scottish Information Commissioner ruled that Information Services (ISD) – a division of NHS National Services Scotland (NSS) – should provide information on the mortality rates of surgeons in Scotland from 2002/3 to 2004/5. In order to comply with this ruling they are now publishing the data; however they are, stating that all users consider carefully the background information given before making any attempt to draw conclusions from the figures.

Office for Disability Issues

<http://www.officefordisability.gov.uk/>

The Office for Disability Issues, which was established in December 2005, is the focal point within government to coordinate disability policy across all departments and implement recommendations in the Prime Minister's Strategy Unit report *Improving the Life Chances of Disabled People*.

PALS Online

<http://www.pals.nhs.uk/>

PALS Online is the website of the national network of NHS Patient Advice and Liaison Services. This site aims to: provide information about the PALS throughout England and how they can be contacted; provide a directory of links to other health and support agency websites; provide a library of resources for PALS workers to share with each other and the public; and publish news about PALS service development, PALS networks and articles for anyone in patient and public involvement in the health service. Further development to the website will provide new features during 2006.

Patient Opinion

<http://www.patientopinion.org.uk/>

Patient Opinion is a new service enabling patients to share stories

about local health services. It has been set up as a social enterprise, aiming to be open and transparent about how it works and what it does, and to become a sustainable and financially independent organisation. The comments can be searched by postcode or service.

Patient Management

<http://www.scie-peoplemanagement.org.uk/public/index.php>

As part of its role in promoting good practice in social care, the Social Care Institute for Excellence (SCIE) has commissioned this website to enable social care providers to review and improve their human resource (or people management) policies and practice. It is aimed at smaller providers (those with little access to specialist human resources support) and consists of a series of organisational audits covering the journey of an employee from recruitment to exit interview.

Please Ask

<http://www.npsa.nhs.uk/pleaseask>

Please Ask is a new magazine and website from the National Patient Safety Agency (NPSA) encouraging patients to ask questions and raise concerns about their healthcare. It provides tips for people going into hospital, as well as for those taking medication, having emergency treatment, and supporting children or elderly relatives in hospital. It also invites patients to share their experiences and concerns in the hopes that this can help the NHS learn from its mistakes and improve patient safety.

QOF Database

<http://www.gpcontract.co.uk/>

This site, published independently by a GP in Swindon, publishes the data produced from the Quality and Outcomes Framework of the GP contract in the UK. The site now includes all of the data from all four countries for the year 2004/5. The 2005/6 data is expected in September. It is possible to search for a PCT or surgery, and to look at service prevalence data down to PCT level, plotted on an interactive map. Raw data is also available from the site.

Tobacco Information Scotland

<http://www.tobaccoinscotland.org.uk/>

Tobacco Information Scotland (TIS) is an initiative from ASH Scotland's Information Service and is funded by the British Heart Foundation. It offers a searchable database of smoking-related resources relevant to Scotland, such as: statistics and information on smoking-related illnesses and diseases; policies and information on tobacco issues and inequalities; government policies, targets and legislation; smoking cessation guidelines; aids and services, and issues relating to the tobacco industry. Each resource is indexed using MeSH and ANRF (a specialist tobacco control thesaurus). On the 26th March 2006, Scotland became the first part of the UK to implement a smoking ban in enclosed public places. It is now illegal to smoke in any enclosed public place, including shopping centres, sports centres, cafes, bars, restaurants, schools, theatres and bingo halls.

UPDATED / REVISED WEBSITES

NICE

<http://www.nice.org.uk/>

The National Institute for Health and Clinical Excellence (NICE) has redesigned and relaunched its website, reflecting its merger with the Health Development Agency (HDA). The new site integrates clinical and public health content on one site.

INTUTE

<http://www.intute.ac.uk/development/>

Intute will be the new name for the Resource Discovery Network (RDN) service. The current eight subject gateways will be re-organised to create four major subject groups: Arts and Humanities (bringing together Artifact and Humbul); Science, Engineering, Technology (bringing together EEVL, GEsources and PSigate); Health and Life Sciences (BIOME), and Social Sciences (Bringing together Altis and SOSIG). The aim is to complete the re-structure and adopt the new brand by mid-2006. The purpose of this exercise is to create a new more consolidated service and to provide a single interface for users.

NHS Institute for Innovation and Improvement

<http://www.institute.nhs.uk/nhsinstitute>

The mission of the NHS Institute for Innovation and Improvement is to improve health outcomes and raise the quality of delivery in the NHS by accelerating the uptake of proven innovation and improvements in healthcare delivery models and processes, medical products and devices and healthcare leadership. They have been developing and extending their website over the early part of 2006.



SIDELINES

Jo Akers, Julie Glanville, Su Golder, Vickie Orton and Kath Wright

Centre for Reviews and Dissemination

University of York

Web: <http://www.york.ac.uk/inst/crd>

Childs S, Blenkinsopp E, Hall A, Walton G. Effective e-learning for health professionals and students - barriers and their solutions. A systematic review of the literature - findings from a HeXL project. Health Info Libr J. 2005;22 (Suppl. 2):20-32.

E-learning is growing in importance and receiving increasing emphasis in various government initiatives where lifelong learning is being advocated. The research reported in this paper was undertaken in North East England during 2003-2004 and used a systematic review, telephone interviews and a questionnaire survey. The systematic review examined the barriers to effective use of e-learning options and solutions that have been identified. The findings of the review were then 'tested' in 12 interviews and a questionnaire survey (149 respondents). The review identified many organizational issues that create barriers to e-learning and it represents a very useful and exhaustive checklist of issues which e-learning project developers and users need to appreciate and for which they need to plan.

The reviewers concluded that the review findings reflected the experience of the daunting early days of e-learning. Although the subsequent interviews and questionnaires supported the systematic review findings, the reviewers noted that, despite continuing barriers and issues, e-learning has really progressed and improved since the research, on which the review was based, was published. The reviewers indicate that the majority of NHS managers and health service trainers considered e-learning to be effective and that learners were very positive about its effectiveness.

As well as providing a useful list of issues to consider when developing e-learning programmes, this paper also suggests various levels at which librarians can support e-learning and e-learners. This ranges from individual support and the provision of support materials, to information literacy skills training, and providing access to publications on the web by creating digital libraries. This paper provides much food for thought for anyone considering the planning or use of e-learning programmes.

Druss BG, Marcus SC. Growth and decentralization of the medical literature: implications for evidence-based medicine. J Med Libr Assoc. 2005;93(4):499-501.

This paper describes several trends in the number and content of MEDLINE records over time by looking at 8.1 million journal articles published from 1978 through to 2001.

The authors present the findings in an easy to read table with figures showing an increase in the amount of material on MEDLINE (in terms of number of articles and number of pages), as well as an increase in human subject studies, randomised controlled trials (RCTs) and the number of authors per publication. They also measured trends in funding sources for the research. This shows an increase in the number of studies declaring the source of funding and a shift from public to private funding. The authors then go on to discuss these results in the context of the published literature.

Although the results may hold few surprises to an experienced searcher, the results nevertheless are interesting. Overall the results in this paper reemphasize the vast literature available and the growing value of synthesised information such as that provided by systematic

reviews.

Leclercq E. Indexing of a clinical paper by Embase and Medline. CILIP Health Libraries Group Newsletter. 2005; 22(4):10-14.

This is an interesting and thought provoking article albeit limited to an investigation into the indexing of just one paper. The author compares the indexing assigned to this particular paper in MEDLINE and EMBASE. The author looked at the usefulness of the indexing by examining the full text of the paper and attempting to understand the relationship between the indexing terms used and the content of the paper.

Something which has concerned many information specialists recently has been the over indexing in EMBASE and this example reiterates this concern. For example, the paper addressed in this study is indexed in EMBASE as a 'controlled study' despite being a retrospective study. It also has the index term 'adolescent', despite not including any patients between the 13-19 years old, and uses an index term for a drug therapy term which does not appear in the study (but is used in one of the references included). On the other hand, the longer time lag for indexing publications in MEDLINE is demonstrated here as the paper in question was indexed in EMBASE 6 months before it was indexed in MEDLINE.

The author concludes, however, that although EMBASE may over index, MEDLINE may under index. The differences in indexing may have implications for those constructing searches in MEDLINE and then 'translating' into EMBASE as the author states that different approaches may be required.

Little can be concluded from an assessment of just one paper and it would be instructive to carry out this comparison of indexing terms in MEDLINE and EMBASE on further papers.

Skinner B. Web alert: advanced techniques for simple searches. Quality in Primary Care. 2005;13:171-5.

Internet based search engines, and especially Google, are popular means of retrieving healthcare

information despite their limitations (for example, the large number of hits they retrieve). It is possible, however, to learn to use them effectively and the author of this paper outlines a number of ways in which this can be done. Firstly, he suggests using other search engines (Yahoo!, Scirus, Dogpile) in addition to Google so that a search is more comprehensive. Secondly, he highlights a number of search features such as phrase and field searching that can increase the precision of Internet searches. Finally, he reviews how Google Images and Google News can be used when a narrower search focus is required. Overall, the article gives some time saving hints and tips for all Internet users.

Abad Garcia F, Gonzalez Tervel A, Bayo Cadduch P, de Ramon Frais R, Castillo Blasco L. A comparative study of six European databases of medically oriented Web resources. J Med Libr Assoc. 2005; 93(4):467-79.

The authors investigated the performance of a number of subject gateways (including OMNI and the Health On the Net Foundation) by carrying out one simple search and comparing the results. The performance indicators constructed are based on the number of unique resources identified, the number of resources with active links, and relevancy of resources. Of the gateways investigated, OMNI, CISMeF (Catalogue et Index des Sites Medicaux Francophones) and DDRT (Diseases, Disorders and Related Topics) performed well. The study concludes that subject gateways are useful as quick reference sources.

Armstrong R, Jackson N, Doyle J, Waters E, Howes F. It's in your hands: the value of handsearching in conducting systematic reviews of public health interventions. J Public Health. 2005; 27(4):388-91

This paper reports on a pilot scheme organised by the Cochrane Health Promotion and Public Health Field. A set of six journals that were proven to contain a high number of trials from the field of health promotion and public health interventions were handsearched for randomised controlled trials,

controlled clinical trials and systematic reviews. All of these journals are indexed by MEDLINE but not currently handsearched by the Cochrane Collaboration. The pilot research found that whilst a high percentage of those papers retrieved in this exercise would have been retrieved by an electronic search, a small number would not. This was due to key information pertaining to the study type not being present in the title, abstract or MeSH headings, or because the supplement issues of the journal are not indexed in MEDLINE.

The paper discusses ways to improve the reporting of study type via abstracts, referring particularly to the CONSORT statement. It also talks about retrospective work on CENTRAL (Cochrane Central Register of Controlled Trials, available on The Cochrane Library) that will code health promotion studies with study type. There is also a brief discussion concerning ways to encourage the recruitment and retention of quality handsearchers, and the problems of time and resource access for handsearchers.

The paper concludes by discussing the lessons learnt from this pilot and how these can be applied to the handsearching of non-indexed journal relating to health promotion and public health.

Ahern NR. Using the Internet to conduct research. Nurse Res. 2005;13(2):55-70.

This paper addresses the increased opportunities for research provided by the Internet within the last decade. Technological advances, the use of graphics, images and sounds to enhance usability, and the huge explosion of contributors make the Internet a vast potential source of information for researchers.

A literature search of EBSCO and PubMed to retrieve articles addressing the Internet and research or data collection was conducted, and resulting papers retrieved from a variety of disciplines were pooled to assess the uses, advantages and disadvantages to researchers of conducting web-based research.

Uses included recruiting subjects, completing online surveys or

participating in online discussion boards. Advantages were the cost-effectiveness, efficiency and speed involved. The ability to get in touch with otherwise hard to reach or vulnerable populations is mentioned, as is the opportunity for anonymity. The Internet is seen as an ideal medium for collecting data on children. The ability of the researcher to maintain levels of control throughout the research project is also an advantage.

Limitations and disadvantages are also investigated. The potential bias of the population groups is an acknowledged problem: it is likely that they are largely middle class computer owners. Technical issues such as network incompatibility are mentioned. The lack of control over the setting of the test/interview and time spent on designing user-friendly interfaces are other possible disadvantages. Privacy, confidentiality, copyright and ethical issues can arise from Internet research and must be addressed.

The paper provides two boxes listing the advantages and disadvantages of using the Internet for research and advises on the importance of weighing one list against the other before engaging in Internet research. A section on implications for research, education and practice is included. The paper recommends that guidelines are developed that will deal with some of the more practical issues raised by Internet research.

Generally the paper concludes that the benefits of conducting Internet research outweigh the limitations, and sees the new technology as offering a great opportunity for researchers.

Simon C, Hegedus S. Exploring websites on cancer clinical trials: an empirical review. Contemp Clin Trials. 2005;26:530-3.

The aim of this study was to review the first 100 websites retrieved after searching for "cancer clinical trials". Searches were carried out using Google and Yahoo during October 2004. After duplicates had been removed 66 sites were analysed. Quality indicators included confidentiality assurances, supported user feedback and comprehensible

language.

Websites analysed included sponsored links, 70% were .com or .org sites of which 82% were non-profit or non-commercial sites. The majority of sites provided a question and answer format for users to get more information about clinical trials, including what they are and how they work. 46% of sites allowed users to search for information on specific trials, 17% of sites provided information on advances in clinical trials and breakthroughs. All 66 sites allowed searching using key words.

A number of sites were difficult or time consuming to navigate or were not working properly (for example, faulty scroll functioning). There were also confidentiality issues with several sites that required personal information from the user. Other sites charged a fee for users to take part in one or more trials, to receive reports on trials and one charged to match users with trials.

The authors conclude that cancer patients have reported that the Internet has increased their understanding of clinical trials and their ability to discuss trials with their health care professionals. However, the authors acknowledge that complex language, lack of confidentiality and the amount and diversity of information available may discourage users. There is also an issue that sites recruiting users for trials can impede equitable access to trials by discriminating against non users of the Internet. The authors finish by suggesting that further research be carried out to understand the possible benefits and problems associated with commercial and other online sites aimed at prospective clinical research subjects.



E-LIBRARY SCOTLAND UPDATE: DELIVERING KNOWLEDGE FOR HEALTH: UPDATED VERSION OF NHS SCOTLAND E-LIBRARY LAUNCHED

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The NHS Scotland e-Library was recently relaunched with an emphasis on simple and direct access to knowledge to support healthcare delivery by NHS Scotland staff and their partners involved in delivering patient care. The pilot e-Library interface was launched in May 2004, with an undertaking to enhance the service continuously through user feedback and evaluation. With approximately 70,000 users and 4 million hits per month, the e-Library has already engaged large sectors of the healthcare family in accessing and using knowledge.

This latest release equips it to operate yet more effectively as a national knowledge service committed to: applying evidence to clinical and managerial practice; to improving health and addressing health inequalities; to sharing knowledge across traditional boundaries to support collaborative working, and to integrating knowledge with the educational solutions emerging

under NHS Education for Scotland's remit for workforce development. New services include:

- A powerful new cross-search facility enabling a single search to retrieve information simultaneously from many key health information sources. For the first time, staff can access articles from major collections such as MEDLINE, CINAHL and the Cochrane Library direct from the e-Library interface.
- A special clinical practice search engine. This helps to apply knowledge to practice in the clinical setting by providing rapid, focused searching of clinical evidence summaries, systematic reviews, guidelines, patient information, and reference sources such as the British National Formulary.
- Dedicated areas to help staff to access journals, books and guidelines quickly and efficiently; keep up to date with

new information as it is produced; and access knowledge and learning resources for continuing professional development.

- Personalisation enabling the user to customise the e-Library interface, search system and key resources to his / her individual needs.
- New Specialist e-Libraries (formerly called "Portals"), providing tailored knowledge support for specific subject areas and staff groups:
 - Equality in Care: - a unique new resource designed to support healthcare staff and partners in improving health and addressing health inequalities
 - Information Governance Specialist e-Library
 - General Practitioners' e-Library
- A dedicated patient information area providing a single point of access to resources from high quality information providers, building on information-sharing partnerships with NHS 24, Health Scotland and many voluntary organisations
- The Shared Space: a unique collaborative workspace which supports the sharing of knowledge by communities and project groups. It also enables these communities to share their information more widely with a Knowledge Network – comprising all individuals with a broad interest in the subject area. And it is also possible for a community to request that its information is evaluated and published to the e-Library for all users to access – a form of "open access" publishing. These sharing tools help to reduce duplication of effort and to widen access to all kinds of resources produced locally - for example, conference abstracts, posters, project reports, good practice and learning materials.

This latest development also demonstrates the e-Library's commitment to an inclusive approach to health information for patients, carers and the general public.

NHS Get Involved (www.nhsgetinvolved.com), one of the family of Specialist e-Libraries,

is a new resource providing information and tools to help individuals, groups and communities to get involved in improving their own health and healthcare, and in influencing NHS priorities and contributing to the way services are planned.

We have also extended access to key resources such as MEDLINE and the Cochrane Library to the general public, as well as the wide range of freely available, evaluated resources offered by the e-Library. In addition, we have enabled patients, carers and the public to apply for passwords to access e-Library services such as personalisation and information-sharing tools.

This new platform for delivering and sharing knowledge is designed to provide a knowledge infrastructure which will support future integration with the strategies for eHealth, Patient Focus, Public Involvement and Workforce Development.

For further information please contact Sandra Davies, Information Architect, Sandra.Davies@nes.scot.nhs.uk



NATIONAL LIBRARY FOR HEALTH UPDATE

<http://www.library.nhs.uk>

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Consultation on the draft National Service Framework

Introduction

In January 2006 the National Library for Health undertook a national consultation on the draft National Service Framework (NSF) (<http://www.library.nhs.uk/forlibraries/nlhprogramme/nsf>).

The process was managed by the Department of Information Science at Loughborough University and the 28 English Strategic Health Authority Library Leads were asked to manage the consultation within their areas, meet with local library staff and complete a questionnaire. All 28 SHAs submitted the questionnaire.

The National Library for Health and the NSF

The National Library for Health will be a modern, integrated, hybrid service; that aims to be 'the best, most trusted health related library and information service in the world'. The underpinning aim is to put knowledge to work, to transform patient care and public health. This will be achieved by a radical review of current knowledge service provision, the design and delivery of new services, retaining and building on best practice.

Local library and information services are fundamental to the NLH vision: knowledge services must be delivered at the point of care and in the workplace, they

must support the objectives of their parent/host organisations and they must offer services tailored to the needs of different groups.

The National Service Framework will establish a single set of national standards, be flexible to facilitate variety in service models, encourage local innovation and allow service managers to manage difference, speciality and local need

The National Service Framework is a change document that will reform NHS library services. The change process will be founded upon the existing success in library standards development and will push forward the principle of equity of access for all those who support the delivery of care to NHS patients (clinical and non-clinical, NHS, voluntary and independent sector) and NHS patients themselves.

The general benefits are defined in the NLH strategic plan <http://www.library.nhs.uk/about/>

1. A 'service offer' defining the library all should expect to receive.
2. Clear understanding of commissioned service.
3. Planned and co-ordinated services, meeting local needs, based on national standards.

The questionnaire

The questionnaire was designed to gauge support for the core and developmental components described in the NSF. It also aimed to attain rich data about perceptions of risk and benefit.

Crucial findings

The NLH Board has emphasised that if the National Service Framework is to be endorsed, it must have measurable standards in a form that can be used (1). When asked about the measurable standards:

- **55% agreed** that performance measurements can be developed from the framework, 45% disagreed.
- **86% agreed** that performance measurements should be developed from the framework, 14% disagreed.

Benefits and risks

When asked about benefits:

- Will lead to the delivery of equitable service standards across the NHS; **44% agreed**, 35% neutral, 17% disagreed and 4% strongly disagreed.
- Will lead to a more cost effective service 17% agreed, **61% neutral** and 22% disagreed.
- Will add credibility and visibility to Library and Information Services across the NHS; 4% strongly agreed, **49% agreed**, 17% disagreed.
- Will provide a clear audit pathway for Library and Information Services across the NHS; 23% agreed, **49% neutral**, 23% disagreed and 5% strongly disagreed.
- Will provide evidence for service development; 5% strongly agreed, **60% agreed**, 25% neutral and 10% disagreed.

When asked about risk:

- Will restrict and stifle local initiative; **44% agreed**, 35% were neutral, 17% disagreed and 4% strongly disagreed.
- Will inhibit local practice; 9% strongly agreed **31% agreed**, with 26% neutral response. 30% however disagreed with this view, whilst 4% strongly agreed.
- Will threaten local funding opportunities; 13% strongly agreed, 35% agreed, **43% were neutral**, whilst 9% simply disagreed with this view.

- Will be too demanding for existing skills levels; 13% strongly agreed, **35% agreed**, 13% were neutral, 13% disagree and 13% strongly disagree.
- Will be too demanding for existing local capacity; 36% strongly agreed, and **40% agreed**, 14% were neutral, 5% disagreed and strongly agreed respectively.

The next stage

The consultation process is continuing and independent health libraries, higher education and other partners will be invited to contribute to the development of the framework.

The next stage contains two elements:

1. A larger than expected amount of qualitative data was submitted with the questionnaire and this data requires extensive analysis to identify themes and issues.

2. Facilitation of four focus group events across England to identify themes and issues. The focus groups will be opened up to key stakeholders in the health library and information sector, including library users, clinicians, Professional Bodies, University Medical Schools Librarians Group (UMSLG), Consortium of Health Independent Libraries (CHILL), National Institute of Clinical Excellence (NICE) and the Chartered Institute of Library and Information Professionals (CILIP).

Context

The National Library for Health is using a benefits led approach and aims to realise benefits through a number of strategic deliverables (outcomes). Each deliverable is intended to simultaneously deliver a service to end users and promote the reconfiguration of library services. The NLH strategy (2) states that between 2006 and 2008 NLH will deliver:

- A number of strategic services, including comprehensive resource location; document delivery; and clinical question answering
- A National Service Framework, which will describe the services to be commissioned by the NHS and the standards for the

delivery of those services

- An enhanced learning and development programme for NHS library staff

National Service Framework and quality

Quality is the foundation stone of the NLH and the National Service Framework will define a quality programme that will enable library and information services to adopt change and drive improvements through a shared vision.

However, quality is a subjective concept that is dependent on an individual's expectation of a service or product. If a customer has a high expectation and receives a service or product that does not meet expectation, their perception of quality will be poor. If the service or product meets or exceeds expectation then their perception of quality will be neutral or high.

LibQUAL+

Introduction

LibQUAL+ is a survey instrument produced by the Association of Research Libraries in the United States, which aims to enable libraries to solicit, track, understand and act upon users' opinions of service quality. It enables service managers to measure the expectation users have about the library service against the service they receive.

LibQUAL+ poses questions in three sections: affective service, library as place and information control. Affective service includes user's interaction with and general helpfulness and competency of library staff and information control poses questions about the range of resources available and whether they meet the needs of users.

The survey data identifies best practices, analyses deficits, and effective allocation of resources. Benefits to participating organisations include:

- Organisational data and reports that enable the assessment of whether the library service is meeting user expectations
- Aggregate data and reports that allows comparison of library's performance with peer

institutions

The system has been used widely in UK academic library services including Cranfield University, Loughborough University, City University, London and Glasgow University.

The NLH project aims

The project aims to assess the appropriateness of LibQUAL+ as a performance monitoring tool for health library services.

- Assess the capacity to 'solicit, track and understand' customer expectation.
- Assess the questionnaire as a tool for service planning and development.
- Record issues and lessons learnt.
- The potential for use by independent health libraries.

Methodology

- 9 NHS libraries and 1 independent health library
- Select additional 5 questions for the questionnaire
- Define sample
- Develop a promotional plan.
- The questionnaire will be live for 8 NHS sites from 24th April to 19th May 2006, the independent health library from the 2nd to 31st May 2006 and one NHS site from the 3rd July to 27th July 2006.
- It will be available online, via local web and intranet services.
- LibQUAL will provide a quantitative analysis report for each pilot site.

Evaluation

Aim 1 is to assess the capacity to 'solicit, track and understand' customer expectation.

- Examine usability of the questionnaire as a research tool.
- Evaluate views from pilot site library managers and HE colleagues (and others) that use or have used LibQUAL.
- Can we demonstrate a link to NLH benefits realisation?
- Desk research into the use of LibQUAL in the UK.
- Evaluate the sampling process.

Aim 2 is to assess the questionnaire as a tool for service planning and development.

- a. Analyse the data provided in the quantitative report.
- b. Review how this data is used for service planning and development.
- c. Include analysis of qualitative data as part of this process.

Aim 3 is to record issues and lessons learnt.

- a. Report risk and issues log will aid future questionnaires if LibQUAL or other process is adopted.
- b. Will there be a capacity issue in relation to managing questionnaire data on a national scale?

Conclusion

The LibQUAL pilot will report in October 2006.

References

(1) NLH Team, (2005). National Knowledge Service National Library for Health Strategy 2005 - 2008. <http://www.library.nhs.uk/about/>

(2) NLH Board meeting minutes for 12th October 2005, <http://www.library.nhs.uk/forlibrarians/nlhboard>

NLH MANAGEMENT NEWS

<http://www.nelh.nhs.uk/management>

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A major stage in the transition from NeLH to NLH took place at the end of April 2006. The Specialist Libraries (SLs) all migrated to an NLH 'look and feel', with improvements being made at the same time to the design of browsing and navigation tabs. The NLH Management specialist library was pleased to retain its familiar 'NHS blue' as part of its colour scheme!

In the new-look SLs, an improved search results display includes the ability to search within results, enabling users to sort results by title, publication date, publication type or publisher, and to control the number of results displayed in a page. The ability to search across specialist libraries or within a specific specialist library has been made easier. And greater emphasis is now given to introductory articles and editor's picks (highlighted essential reading resources chosen by individual specialist libraries).

Part of our remit at NLH Management is to encourage NHS managers to use research and evaluation techniques in their work. Our list of peer-reviewed briefings includes titles on evidence-based health management, research utilisation, quality management, using the balanced scorecard approach, benchmarking, change management, and qualitative research methods (for this last, see elsewhere in this issue). A new briefing, 'Acting on the evidence', written by NLH Management Joint Project Manager Andrew Booth, is in the pipeline.

A reminder that the news column

on the home page at www.library.nhs.uk/management is now automatically streamed through to the site using RSS technology. If you would like to know more about receiving the news alert in RSS format rather than as an email, please let me know.

Send feedback on the site to Lynette on 020 7307 2560 / l.cawthra@kingsfund.org.uk

Health Management Specialist Library: Management Briefing

Qualitative Research Methods

(05/04) (Compiled by Siobhan McClelland. Updated by Andrew Booth)
(October 2005)

What are qualitative research methods?

Why are they important?

What do I need to do?

What are the implications?

Whom can I contact?

Where can I find examples of good practice?

Resources

References

Comments

What are qualitative research methods?

Qualitative research is defined as: "Research that derives data from observation, interviews, or verbal interactions and focuses on the meanings and interpretations of the participants." (1)

Qualitative research "seeks to understand and interpret personal experiences, behaviors, interactions, and social contexts to explain the phenomena of interest, such as the attitudes, beliefs, and perspectives of patients and clinicians; the interpersonal nature of caregiver and patient relationships; the illness experience; or the impact of human suffering" (2). It is particularly useful in areas where there is little pre-existing knowledge, where it is difficult or inappropriate to generate hypotheses and where issues are complex and require in-depth exploration.

Why are they important?

Qualitative methods are increasingly being used in health services research. "The term, "qualitative", represents various research methodologies including ethnography, phenomenology, grounded theory, and narrative analysis. Instead of quantifying or statistically portraying the data, qualitative research focuses on the narrative account of the individual and in so doing gives voice to the patient or provider in the health care decision making process" (2)

Managers need to understand qualitative research methods and ways of critically appraising research in order to contribute to effective delivery of the clinical and research governance agendas. Qualitative research offers methods for identifying what really matters to patients and carers, detecting obstacles to changing performance, and explaining why improvement does or does not occur (3). Qualitative research methods are particularly appropriate in the study of health services management and policy and therefore underpin evidence based management

What do I need to do?

Find out about the main tools used by qualitative researchers (4):

- Interviews
- Focus Groups

- Observations
 - Documentary Analysis
- Read qualitative research projects and critically appraise them using this basic framework:

- Are the aims and objectives clearly stated?
- Is the research design clearly specified and appropriate for the aims and objectives?
- Do the researchers provide a clear account of the process by which their findings were produced?
- Do the researchers display enough data, for example extracts from interviews, to support their interpretations and conclusions?

Examine published critical appraisal frameworks for qualitative research (e.g. [Quality in Qualitative Evaluation: A framework for assessing research evidence](http://www.policyhub.gov.uk/docs/qqe_rep.pdf) http://www.policyhub.gov.uk/docs/qqe_rep.pdf) (5)

What are the implications?

- Qualitative methods have been shown to be effective in assessing user views of hospital and home care (6)
- Qualitative methods, used to assess implementation of the National Programme for IT, identified major sociocultural challenges (7)
- There is an important role for qualitative management research in the health sector given current reservations about models of rational management. (8)

Whom can I contact?

- The Association for Qualitative Research (www.aqrp.co.uk) provides training and publications on using qualitative methods
- The Cochrane Qualitative Research Methods Group (www.cochrane.co.uk) is developing the use of qualitative research methods
- Computer Assisted Qualitative Data Analysis Software (CAQDAS) Networking Project – This ESRC funded project aims to provide practical support, training and information in the use of software programs which have been designed to assist qualitative data analysis.

Where can I find examples of good practise?

- The National Research Register (<http://www.update-software.com/national>) is a register of ongoing and recently completed research projects funded by or of interest to the NHS
- MEDLINE (www.pubmed.gov) introduced the MeSH term “Qualitative Research” in 2003

Resources

- [An introduction to Qualitative Research](#) is a guide written by John F Schostak at the School of Education and Professional Development, University of East Anglia. Its nine chapters cover differences between qualitative and quantitative research, researching action and change and how to conduct an evaluation.
- QualPage: Research Resources for Qualitative Research
<http://www.qualitativeresearch.uga.edu/QualPage/>
- Centre for Health Leadership Wales. Health Services Research for Health Service Managers: an introduction
<http://www.chl.wales.nhs.uk/research/hsm.pdf>
- Qualitative Research Methods
<http://www.cf.ac.uk/socsi/rsu/issue9/qualres.pdf>
- TRIAGE – Qualitative Research resource page
http://www.trentnrsu.org.uk/triage_qualitative.html
- Murphy, E. et al (1998) [Qualitative Research Methods in Health Technology Assessment: a review of the literature](#). Health Technology Assessment Vol 2:No 16
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- Hewison A Qualitative management research in the NHS. A classic case of counting to one? *J Health Organ Manag*. 2003;17(2):122-37.

Comments

Please address all comments, suggestions or ideas for improvement via [NLH Management](#)

Related Management Briefings and Hot Topics

None

View the complete listing of Health Management Specialist Library briefings at:
<http://rms.nelh.nhs.uk/healthManagement/briefings.asp>

Management Briefings are short briefing papers produced by experienced health management librarians. Their purpose is to provide a brief introduction to topics of current concern. Information is obtained from the HMIC database and from desk-based Web research. Readers are advised to consider further information before acting on information contained in Management Briefings

This briefing will be reviewed and updated in October 2006

Visit the NeLH Health Management Specialist Library homepage at:
<http://www.library.nhs.uk/management>

INFORMATION FOR AUTHORS

Scope

IFMH Inform is the official newsletter of IFM Healthcare, a subject group of CILIP's Health Libraries Group. It provides a forum for information professionals working or interested in health and social care management and other related topics. The Editors invite articles from presenters of study days and regular authors. We would also welcome submitted articles on examples of good practice, research and resources. If you would like a sample copy of Inform, please contact the Publicity Coordinator: rosemary.stark@norfolk.nhs.uk

Format

Copy should be submitted in Word format (no headings or footers) to the Joint Editors; email: richard.bridgen@ulh.nhs.uk or Rosalind.McNally@manchester.ac.uk All articles should have a title, author's name and contact details (the email address will be published - please let us know if you wish to withhold this information). Articles should be approximately 2000 words in length.

Abstract

A short abstract on your article should also be submitted. It should be no more than 150 words in length. Please ensure the abstract is clearly labelled as such.

References

References should be in 'Vancouver (author-numbered) style' (see <http://www.bma.org.uk/ap.nsf/Content/LIBReferenceStyles#Vancouver>). Authors are responsible for the accuracy of the references.

Illustrations, graphs & tables

IFMH Inform is printed in black and white. Therefore, all illustrations, tables and graphs,

need to be clear and readable in black and white.

Proofs

It is not our normal practice to send proofs to authors as very little copy needs editing. On the rare occasion that this does happen, copy will be emailed to you for comment. We ask that the copy be returned within three working days of receipt.

Free copy

Authors will each receive one free copy of the newsletter.

Further information

If you wish to discuss your submission, please contact either the Study Day Coordinator who has requested the article, the Editors or the Publicity Coordinator. Details can be found on the IFMH web site at: <http://www.ifmh.org.uk>

Subscriptions

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IFM Healthcare is a non-profit making organisation existing to facilitate improvements in the quality of healthcare information provision and to expand the network of like-minded professionals.

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IFMH Healthcare's aim is to improve the provision of all formats of information to health and social care managers and other professionals, and enable its members to keep up to date on issues related to the management and delivery of healthcare.

We offer:

- **IFMH Inform.** A newsletter published three times a year on topical issues, resources and research.
- **Study days.** The opportunity to hear about leading developments in the provision of information within health and social care settings, and the chance to meet and share ideas informally. IFMH members can attend study days at a discounted rate.
- **A web site.** <http://www.ifmh.org.uk> the site contains reviews of IFMH study days, excerpts from Inform, links to other web sites, IFMH papers and access to the IFMH members' electronic discussion list.
- **Discussion list.** Enables members to share information, questions and thoughts with fellow group members, and with the IFMH committee.

IFMH Healthcare is a partnership organization of the CILIP groups Health Libraries Group and Libraries for Nursing.

If you have an enquiry about any specific aspect of our work, e.g. a study day, please contact the committee member concerned. For all other enquiries, or if you are unsure to whom to speak, please contact the IFMH Chair.

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