The information needs and information seeking behaviour of health visitors in Leicestershire

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The Information Needs
and
Information Seeking Behaviour
of Health Visitors in Leicestershire
by
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A Master's Dissertation, submitted in partial
fulfilment of the requirements for the award of
Master of Science degree
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September 1997

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Department of Information and Library studies

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ABSTRACT.

All Health Care professionals require information for various professional and personal requirements and Health Visitors are no different, however they represent, in relation to access to information, a marginalised and neglected group within the Nursing profession. Their plight reflects the under provision of information for qualified Nurses as a whole but on a larger scale due to the nature and location of their work. The NHS and the Nursing profession are in a state of transition with many changes for professionals to assimilate. The role and information requirements of Health Visitors are examined in relation to those changes which are having greatest impact on them. NHS structural and policy changes, for example the 'primary-care led NHS' and the Health of the Nation proposals, and Nursing educational and professional development changes, such as the Post Registration Education and Practice Project (PREPP), and research and evidence based practice.

Previous research undertaken into the Information needs of Nurses is discussed to provide a background for the survey results. Health Visitors were surveyed about their information needs and information seeking behaviour, by means of a questionnaire distributed by the divisional Nurses. Survey results indicate that Health Visitors do not feel that their information needs are being satisfactorily met by the Leicestershire Health Care Libraries. They overwhelmingly seek information for specific client based issues, and a pattern emerged of only managing to access information when the need cannot be put off, i.e. coursework and research needs were met but PREPP and personal interest needs were not. Health Visitors use Newspapers and personal copies of journals for information and also seek information from informal sources such as colleagues, memos/circulars and meetings frequently. They find their use of the libraries limited by location, opening times and inability to find resources wanted, and call for regular promotion of services and resources available, training and assistance when using the libraries, increased access to the Leicestershire Health Care Libraries, and time allowed within the working day to access information. Some areas of good practice are highlighted and recommendations are made for the improvement of information services to Health Visitors in Leicestershire.
ACKNOWLEDGEMENTS.

I would like to thank Janet Rolinson, my supervisor, for all her support and encouragement throughout this long year and her understanding and constant assurance that I could do it! A huge thank you must go to Rebecca Riley, divisional Nurse South without whom all the Health Visitors would not have received their questionnaires, and also the others involved in the distribution of the questionnaires. I am extremely grateful to the 82 Health Visitors who found time in their busy schedules to complete and return the questionnaires, and also to the Librarians and information professionals in the Leicestershire Health Care Libraries and other information resources who similarly found time to supply information about their services.

My colleagues at Charles Frears Campus Library need to be thanked for putting up with a rather distracted and tired library assistant and for offering advice and sympathy whenever they could.

Finally I wish to offer my wonderful baby, Ruben Joseph, who knows all about the Information Needs of Health Visitors even though he is only one, many thanks for keeping me sane and happy, and my husband, Sean, for going without a life while this was being completed.
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List of Acronyms and Abbreviations.

BNI British Nursing Index  
CD-ROM Compact Disc-Read Only Memory  
CETHV Council for the Education and Training of Health Visitors  
CINAHL Cumulated Index of Nursing and Allied Health Literature  
CPHVA Community Practitioner's and Health Visitor's Association  
GP General Practitioner  
HVA Health Visitor's Association  
LHIN Leicestershire Health Information Network  
MEDLINE The electronic version of Index medicus  
NHS National Health Service  
OPAC Online Public Access Catalogue  
PREPP Post Registration Education and Practice Project  
RCN Royal College of Nursing  
UKCC United Kingdom Central Council for nursing, midwifery and health visiting
Chapter 1. Introduction

1. INTRODUCTION.

There is a growing awareness that the information needs of qualified Nurses are not being met. Surveys by Wakeham, Houghton and Beard (1), and Moorbatch (2) and also the Nursing Times library campaign (3) have highlighted the lack of services provided to qualified Nurses and the inaccessibility of those that do allow membership. Personal experience of listening to frustrated qualified Nurses who wish to access information but find it impossible to visit the Health Care Libraries that they are able to borrow from, and are now being denied borrowing rights from the library that they are able to get to, gives this situation a particular poignancy to the researcher.

Health Visitors were chosen to highlight the plight of marginalised qualified Nurses because they provide an extreme example of a neglected and, in relation to demanding information services, dis-empowered group. As Kate Billingham, Health Visitor said:

"our clients increasingly face problems of poverty, poor housing, unemployment, family breakdown, and a reduction in public services. At the same time the Health Visitor is faced with unmet health need in the community, and a reduction in NHS services and resources. She is often coping with acute staff shortages and trying to carry out child protection - a role that is often unrecognised and unsupported. In addition, Health Visitors can feel the pressure caused by other changes: GP's trying to reach their contractual targets, the self governing Trusts and the internal NHS market, and concerns about how Health Visitor's services will be sold to and by general managers who may not understand her work" (4)

Within this uncertain and taxing environment Health Visitors are expected to access relevant information, with limited information skills training, from a minimal number of services none of which are specifically designed to meet their information needs and which are located inaccessibly, and have restricted opening hours which are incompatible with Health Visitors' shift times.

Health Visiting services are at the forefront of the National Health Service (NHS), increasingly so with the growing 'primary-care led NHS', and Health Visitors' practice...
has an effect on many more lives than most other Nurses as they come into contact with the whole population of people who have children under five years old. By the very nature of their work Health Visitors require a dynamic and flexible information service to complement the dynamic and flexible service they provide to their clients. Their role is expanding and their information needs can provide an indication of the information needs of other professionals in the increasingly numerical and powerful Primary Health Care Teams.

There is a growing awareness that information is necessary for effective health care with research showing that information can lead to less hospital admissions and shorter lengths of stay (5) and that Nurses value information highly and use it for a variety of important purposes in health care delivery from educating patients and their families to revising treatment plans (6). Similarly the EVINCE project found that Nurses, Midwives and Health Visitors valued information - 96% of the respondents agreed that there was, or would be an effect on future practice through enhanced competence in one or more areas (7).

This research, conducted via a postal questionnaire to a convenient sample of Health Visitors aims to establish what topics Health Visitors require information on and to what use they are putting the information. The NHS and the Nursing profession are in a state of flux causing changes which are likely to have major repercussions on the information needs of Health Visitors. The research also aims to establish whether this is the case and if the information needs of Health Visitors are on the increase, is access to information being increased correspondingly? The pattern of library and source usage of Leicestershire Health Visitors is identified and discussed in comparison with the results of other research into Nurses information needs and information seeking behaviour.

The services provided by the Leicestershire Health Care Libraries are examined and those that can be utilised by Health Visitors highlighted, other information resources that may be of interest to Health Visitors are also discussed.
Health Visitors are invited to evaluate the services provided for them, to identify the major limiting factors to library use and provide suggestions for improvements. Possible initiatives for effective information provision to Health Visitors are examined and recommendations for establishing an effective information service for Health Visitors are made.

REFERENCES.


4. Billingham, Kate New ways of working *Health Visitor*, 1991, 64(2) 40


2. HEALTH VISITING IN CONTEXT.

2.1 A DEFINITION OF HEALTH VISITING.

The Royal College of Nursing defines Health Visiting as

"that branch of the family of nursing which is specifically directed to promoting, enhancing and prescribing the health of individuals, families and communities. The specific characteristics which distinguish it from other kinds of nursing practice are the emphasis which it places on pro-active search for health needs (as opposed to responding to the demand for care) and on primary prevention (as opposed to treatment), its focus on people as members of groups (families and communities) and its concern with the health of populations as well as of individuals" (1)

In falls within the World Health Organisation's definition of 'family nursing' i.e. based on the concept of the family as a unit and also of 'community nursing' i.e. concerned with identifying the community's broad health needs and involving the community in development projects to promote health and welfare (2)

Statute requires Health Visitors to be competent in the following areas (Statutory Instrument No 873) (3)

- co-ordinated skills in health assessment,
- identification of need,
- planning, implementation and evaluation of interventions,
- co-operation with other agencies and disciplines within the field of primary health care,
- encouragement of community participation and the use of voluntary workers in health care programmes

2.2 REGULATION AND TRAINING.

In 1875 the Royal Sanitary Institute was founded to promote the health of the people and began to set examinations for sanitary inspectors. In 1882 Florence Nightingale started a course at Buckinghamshire Technical College where health missionaries were
trained in the needs of home health bringing and women thus trained were employed by the local council to visit people in need. The Royal Society for Health set examinations for Health Visitors and School Nurses from 1906 and in 1908 the London County Council decreed that all Health Visitors should hold an accredited certificate by the local government board. The Royal Society handed over responsibility for examining Health Visitors in 1962 to the council for training of Health Visitors now named The Council for the Education and Training of Health Visitors (CETHV) which completely revamped the programme of training for Health Visitors and ensured that a nursing qualification became a pre-requisite throughout the UK for entry into Health Visiting. The Nurses, Midwives and Health Visitors Act (1979) and the Briggs Report (1972) led to the development, in 1983, of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). This body was required by law to establish and improve standards of training and professional conduct, to determine rules for registration for maintaining a single professional register, and to protect the public from unsafe practitioners.

The professional organisation which represents Health Visiting is the Health Visitors Association established in 1886 which in 1997 changed its name to the Community Practitioners and Health Visitors Association (CPHVA) to reflect the changing state of Community Health Nursing.

Health Visitor training is in the same state of change as is other community and hospital pre- and post-registration training. The changes taking place in Nurse education and training will be discussed in more detail in chapter 3 section 3.2.1 Health Visitor training takes place in higher education institutions, and is changing from the traditional one year post registration training to the shared Community Nursing courses with branches in each of the specialised Community Nursing fields. In Leicestershire, Health Visitor training is undertaken at De Montfort University (Scraptoft Campus) and is one of the five programmes of study on the BSc (Hons) Community Health Nursing course which can be taken full time 45 weeks or 90 weeks part time. There are 5 core modules to be undertaken by all participants which are health, welfare and community, research methods and information systems, human development, promotion of health in the community, and management issues in the
community health care. Then there are 3 specialist modules of professional practice of the relevant speciality in this instance Health Visiting, an elective module from a choice of options and an integrated practice module. Fifty per cent of the total programme is practical and comprises a period of initial integrated practice and final integrated practice (5).

### 2.3 THE EMERGENCE AND ROLE OF THE HEALTH VISITOR.

The history of Health Visiting can be traced back to the 1860's when the Ladies Sanitary Reform Association of Manchester and Salford paid women to visit mothers to advise on the care of children, cleanliness and healing the sick. Since the 1907 and 1915 Acts required all births to be registered Health Visitors have concentrated on infant and maternal welfare. The specifics of the role of the Health Visitor are in constant change due to the changing health needs of the population, the changing causes of ill health and the changing health policies of the government. However, some general functions have been identified by The Council for the Education and Training of Health Visitors (6):

- Identifying and fulfilling self declared and recognised as well as unacknowledged and unrecognised health needs of individuals and social groups,
- Providing a generalist health agent service in an era of increasing specialisation in the health care available to individuals and communities,
- Monitoring simultaneously the health needs and demands of individuals and communities, contributing to the fulfilment of these needs and facilitating appropriate care and service by other professional health care groups.

It also sets out the following prescriptive list of 'Measures and Methods' (7):

- Using one to one relationships and small peer groups,
- Being a service that reaches out to people, working out of the professional's territory within people's homes,
- Selecting those people who need priority or extra visiting from within apparently homogenous groups,
Chapter 2: Health Visiting in Context

- Using communication techniques (including language) that are appropriate to the people concerned,
- Selecting apt educational materials,
- Selecting other methods and techniques apt for promoting health at that time for that individual e.g., liaison with other services, observation, examination or screening techniques,
- Health campaigns and health screening activities,
- The formation of, or representation on, special interest or pressure groups e.g., tenants associations, sickle cell society, and under 5's resource centre,
- Provision of health information at local events such as agricultural shows,
- Collaborating with other workers to produce information resources,
- Involvement in health education in the workplace,
- Use of local media for discussion of local health topics,
- Taking part in community health initiatives such as unemployed groups, rape crisis centres, neighbourhood health projects

The majority of Health Visitor practice still involves working with the young family at home or in the clinic, this usually includes the antenatal visit on notification from the GP or Midwife, the primary visit at home 10 to 14 days after the birth, 1 or 2 visits in the first 6 weeks and then developmental assessments at 6 weeks, 6 months, 9 months, 18 months, 3 years and pre-school plus immunisations and visits intermediary.

Health Visitors are usually available at child health clinics on certain days and parents are encouraged to bring their babies for weighing, advice and to meet other parents. Some Health Visitors may be involved with other health centre and clinic work such as well women's clinics, audiology clinics, elderly screening clinics. In some areas Health Visitors are also involved with school health services.

A great deal of Health Visitors time is spent in liaison activities for example with local services for housing problems, Department of Social Security for claimants queries, Social Workers and NSPCC for child abuse. (See figure 1 for a detailed presentation of the liaison communications network of the Health Visitor.)
Group health education such as parentcraft classes, stop-smoking groups, and outreach programmes such as local radio are another field of practice for many Health Visitors. In fact, health education and promotion is often seen as synonymous with the role of the Health Visitor. In a study of Health Visitor students, the primary reason for them choosing Health Visiting in preference to District Nursing was because of its emphasis on teaching and education rather than 'just nursing' (9).

Some Health Visitors provide specialist health services, for example, work with the elderly, ethnic minority groups, and special needs children. The Health Visitor may...
also be involved in health at the national level as envisaged by Jean Orr who calls for Health Visitors to influence national policy by linking to national pressure groups and contacting Members of Parliament (10).

As a Community Health Nurse the Health Visitor encompasses the following skills (11):

- Involvement in interdisciplinary collaboration - the ability to work with other groups or organisations outside of nursing in order to ensure that the needs of people are properly met,

- Promotion of participation with people in health care - working in partnership with the recipients of their service is essential to the way in which Community Health Nurses can meet peoples needs,

- A commitment to client advocacy - Community Health Nurses act as an advocate for people when they are unable to achieve health gains for themselves,

- An orientation to health rather than illness - Community Health Nursing seeks to prevent people getting ill or at the very least, minimise the effects of illness. Promotion of health is always the priority,

- The care and support of individuals through major life events such as childbirth or bereavement - inevitably normal events in life cause a degree of stress which can, and often does, affect the health of individuals and families. Community Health Nurses play an active role in assisting such individuals in minimising the negative effects of such events,

- The teaching and support of carers - whilst assisting individuals with their health needs is of prime importance, Community Health Nurses also work with the people who care for those individuals whether they are relatives or friends, helping them to care effectively without damaging their own health,

- The nursing care of those who are sick - helping people make the most of their health and avoiding becoming ill is a priority, but when the need arises, Community Health Nurses are able to deliver skilled nursing care to people in their own homes and communities outside of the hospital settings,

- The nursing care of those who are disabled or infirm - some people may require assistance not because they are ill or sick but because they have a disability.
which makes it difficult for them to fulfil their potential to lead a healthy life. Community Health Nurses are able to assist such individuals in doing so.

- A concern for the environmental factors that may affect health - no matter how hard any individual, group or community may try to lead a healthy life, their efforts will be thwarted if the environment in which they live is unhealthy. Community Health Nurses work with others to provide an environment which is free from threats to health for example atmospheric pollution, poor water supply/sanitation, poor housing, dangerous roads etc.

- A recognition of the need for comprehensive health planning - Community Health Nurses recognise that they are not the only people working for health and respect the need for all involved to determine need and plan services together.

2.3.1 How effective are Health Visitors?
The research findings of a number of studies show that Health Visiting is very effective in many health areas. Research commissioned by the Cumberlege Review 1985 showed a high level of public confidence in the abilities and skills of nurses to provide non-medical health services, 60% said they would prefer to see a nurse for certain purposes (12). Research has shown the effectiveness of Health Visiting in identifying postnatal depression (13), and in promoting recovery from postnatal depression (14), also in preventing behavioural problems in young children (15) and in influencing people to make their homes safer (16). Health Visitors have also been found to be effective in dealing with children's sleep problems (17) and in promoting successful breastfeeding (18).

2.3.2 The Community Health Profile.
One of the most useful functions of the Health Visitor as far as other health workers are concerned may be the compiling of a community health profile. Twinn et al define the term health profile as "the systematic collection of data to identify health needs of a defined population and the analysis of that data to assess and prioritise strategies of health promotion" (19). 

Health Visitors are allocated attached caseloads based on a GP's practice population or a geographical caseload based on a geographical area for which the Health Visitor has responsibility. The Health Visitor is required to profile the community in which they are working. J. Orr has broken this process down into a list of topics which need to be examined: historical, environmental and spatial characteristics, organisations, social climate, social and economic factors, power and leadership, health status, social services; health services; Health Visiting services; health action potential; health needs assessment, action and potential.

At a more micro level, this involves knowledge of, for example, transport networks, play groups, nursery facilities, schools, shopping facilities, housing facilities, religious groups, self-help groups, existence of vulnerable groups, employment and unemployment levels and types, recreational facilities, crime and vandalism, mortality and morbidity rates for all ages, health risks, use of services, local resources and networks, and the community's openness to change. The need for a huge amount of data and information is obvious. The records kept by Health Visitors create an up-to-date database of people's everyday experience of health care in the community, the significance of which is illustrated in Helen Bedford's research on immunisation which showed that Health Visitor records were more accurate than the records kept by District Health Authorities or Family Health Service Authorities.

2.4 THE CURRENT CONTEXT OF HEALTH VISITING: THE CHANGING NHS.

There have been many changes in over recent years in the NHS both in structure and policy/philosophy. Changes which have a specific effect on the information needs of Health Visitor's will be discussed in chapter 3. This section will outline the current structure of the NHS and the most important changes in philosophy. The NHS was created as a result of the recognition of the need for welfare provision between the two world wars, it was set up in 1948 following the Beveridge Report (1942) as a comprehensive health service free at the point of need, accessible to all, paid for through income tax.
2.4.1 Structure of the NHS.

The Secretary of State for Health is at the head of the Department of Health and is ultimately responsible for NHS policy. The Secretary of State is supported by a minister of state and a number of junior ministers. The Department of Health establishes the policy framework for the NHS and sets out major policy statements in white papers. There have been various changes in the structure of the Health Service at a more local level; the most recent change being the abolition of Regional Health Authorities and the merging of District Health Authorities and Family Health Service Authorities into Health Authorities from April 1996. In Leicestershire the Health Authority is known as 'Leicestershire Health' and has, in fact, been in existence in this form since 1994. The core functions of Leicestershire Health are: evaluating the health care needs of the local population; establishing a local health strategy to implement national priorities and meet local health needs, implementing the local health strategy by purchasing services for patients through contracts with NHS and other providers, monitoring and evaluating local changes in health and the delivery of health services to ensure objectives are achieved and refining the strategy as appropriate.

Other Health Authorities in the Trent region: Southern Derbyshire, North Derbyshire, Sheffield, Barnsley, Rotherham, Doncaster, South Humberside, Lincolnshire, Nottinghamshire, North Nottinghamshire.

The NHS and Community Care Act (1990) was one of the most influential pieces of legislation in changing the shape and functioning of the NHS, it brought about the development of self-governing NHS Trusts to provide hospital and community services on behalf of GPs and created the system in which GP fundholders receive a budget to purchase services for their patients. Leicestershire has six NHS trusts, one of which the Fosse Health NHS Trust being the provider of Health Visiting services in Leicestershire.

2.4.2 Policy/Philosophy

The NHS and Community Care Act (1990) embraced the concept of an internal market for health and the introduction of contracts for purchase and provision. Recent government policy initiatives "place the user of the service and their carers at the centre of service provision and the demand that the service is based on an assessment..."
of individual need and offered in partnership with users, their families and carers in an interagency setting which provides high quality and cost effective care" (23) As well as making explicit responsibilities for identifying the health needs of local people and the implementation of the contract system between "purchasers and providers" of health care which specify the level of quality and cost of patient services, the changes have aimed to better integrate primary and secondary care leading to a better balance between prevention, health improvement and treatment signified by the often used phrase "a Primary-care led NHS"

The White Paper _New World New Opportunities_ (24) set out the governments plan to reorganise all Community Health Services under the umbrella of General Practice so Health Visitors become part of the primary health care team rather than the Community Nurse or Health Visiting team, either attached or under contract to the GP. The role for the Health Visitor in these changes involves advising and informing health authorities in their strategies for purchasing of primary health, and ensuring that the contracts which Health Authorities negotiate with providers will provide for high quality care.

### 2.4.3 A primary care-led NHS.

Various policy changes have aimed at increasing the power and role of those involved with the primary health care sector such as GPs, Health Visitors and other Community Nurses the most recent ones being _Primary care: The future - choice and opportunity_ (1996) (25) and _Primary care: delivering the future_ (1996) (26) They recommend new contracts in primary care based on practices rather than GPs which should lead to better team working. There has been much speculation about how this will effect Nurses in the community but most see it providing a challenge and the possible ability to expand the Nurses role. There is also some debate regarding what constitutes primary health care some emphasise the setting in which the care occurs rather than the services provided (27), others describe it as the first contact continuous and co-ordinated care provided to individuals and populations undifferentiated by age, gender and disease (28) and also as a community based health service linked to much wider social network (29) The WHO definition of primary health care in the Declaration of Alma Ata is as follows.
"primary health care is essential care based on practical, scientifically and socially acceptable methods of technology, made universally accessible to individuals and their families in the community through their full participation and at a cost that the community can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part, both of a country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people work and live and constitutes the first element of a continuing health care process." (30)

2.4.4 Shortages of staff and low morale.

According to the CPHVA the changes in the Health Service have not been accompanied by an increase in staffing of the primary health care sector but by reductions. A report on the subject (31) found that the numbers of Health Visitors employed in the United Kingdom have fallen steadily in recent years, with the numbers in England falling from 10,680 whole time equivalents in 1988 to 10,250 in 1992. This has been accompanied by an increase in workload productivity, for example the caseloads of under 4 year olds had risen 22% (32). Even more significant, is that the future does not seem much brighter as the number of Health Visiting students is also falling with a reduction of approximately 30%, from 847 in 1988 to 545 in 1994 (33). Other surveys have found Health visitors suffering from low morale, fear of redundancy, and frustration about their inability to do their job as effectively as they would wish. Research by the Daphne Heald Research unit at the RCN found similar feelings:

"some Health Visitors spoke of the wish to expand into new client groups while others talked of new methods. Many of these complained about their workload not so much because pressure of work compromised their standards of care but because it constrained development of their role." (35)

There is also some anxiety among Health Visitors regarding the introduction of 'skill mix' ("the balance between qualified, skilled and untrained staff" (36)) into Community Health Nursing, with a fear of job losses and a de-skilling of their role,
2.5 HEALTH VISITING IN LEICESTERSHIRE

Health Visitors in Leicestershire are employed by Fosse Health NHS Trust which covers the county in 3 divisions: North (Loughborough and surrounding area), South (Hinckley and surrounding area) and City (Leicester city). The Trust has 24 health centres and 13 community hospitals.

There are 191 whole time equivalent Health Visitors in Leicestershire (37), very little accurate data exists regarding the work load of Health Visitors in Leicestershire, however in a discussion regarding this matter it was decided that the average case load was 400 clients per Health Visitor in the South division (38). The Health Visiting service is being provided to a population of 962,458 (39), making a Health Visitor/population ratio of 1.5459 (40). The 1994/5 Health Visitor contract from Fosse Health NHS Trust was for 303,000 patient contacts.

The following core services provided by Leicestershire Health Visitors have been identified (41):

**CORE SERVICES TO CHILDREN**

- Participation in Leicestershire Child Health surveillance programme
- Health promotion advice following assessment, for example on immunisation and vaccination, accident prevention, nutritional advice
- Child protection (prevention and health related monitoring)
- Children with special needs
- Behaviour modification advice and support
- Care of the next infant (support to families having a subsequent child following a previous cot death)

**CORE SERVICE TO ADULTS**

- Family health assessment in the postnatal period (including development of a plan of care)
- Promotion of breast feeding
- Parenting skills assessment and appropriate education
• Assessment of individual health needs and development with client of appropriate plan of care - focusing on particular target areas e.g. coronary heart disease would include nutrition advice, exercise, stress management and supportive health counselling

• Health Information Resource Person at a local level

• Health promotion in groups in response to identified needs of practice/community profile e.g. stop smoking classes

CORE SERVICES AT COMMUNITY LEVEL

• Health promotion in response to identified needs e.g. community based accident prevention campaign

• Acting as advocate for the community on health related issues

CORE SERVICE TO LEARNERS

• Health Visitors are involved in providing community based learning experiences for pre and post registration student nurses

• Provide learning opportunities for Project 2000 student nurses

• Community practice teachers provide a full range of learning opportunities for student Health Visitors

• Also students in related disciplines e.g. medical students, trainee GPs, speech therapy students

A survey of Health Visitor activities showed the top 10 individual patient activities from April 1990 to March 1991 as an average of the 4 areas in Leicestershire (City, East, North West and South West) to be developmental surveillance (0-5yrs) 18%, feeding/dietary advice 17%, health advice and support 12%, no access 6%, behavioural management advice 5%, immunisation and vaccination 5%, new birth follow up 4 5%, developmental screening 4%, minor ailments 3%, postnatal advice (6wk postnatal period) 3.5% and other 22% (42)
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3. WHY DO HEALTH VISITORS NEED INFORMATION? :
CURRENT ISSUES AFFECTING THE INFORMATION NEEDS OF HEALTH VISITORS.

All Nurses, Health Visitors included, need to access information which will help them to perform their role in the most effective way. The needs of qualified nurses have been perceived by the Leicestershire Health Librarians Association (LeHLA) as follows (1):

- Educational
- Clinical Needs
- Personal development
- To deliver education and support
- Research
- Organisation, management.

Although the idiosyncratic nature of Health Visiting creates a myriad of information needs for individual practitioners, there are recognisable information needs common to most Health Visitors. In order to appreciate the nature of Health Visitors' information needs they need to be examined in the context of the demands they are meeting, therefore this chapter aims to create an understanding of these common information needs by examining them in relation to the issues and factors which have shaped their existence.

3.1 INFORMATION REQUIRED TO MEET GOVERNMENTAL OBJECTIVES.

The last decade has seen a proliferation of policy changes and reorganisations within the NHS. The specific effect of many of the new policies has been to change the role of the Health Visitor in some way and therefore to require the Health Visitor to change their knowledge base and gather information to meet the new clinical needs.
Chapter 3: Why do Health Visitors need Information?

There is now a consensus of opinion held by those involved in health care provision and health care information that there is a need for relevant accessible information for all NHS professionals. The White paper *The National Health Service: a service with ambitions* states that:

"the NHS needs to improve the way it handles information it needs to provide information to patients and the public so they can make informed choices to provide professionals, at the point of decision with relevant information about the latest clinical knowledge, research findings, effective practice and health outcomes, (and) to provide information about services and resources to support research, audit and the efficient running of the service" (2)

Similarly *Child health in the community: a guide to good practice* published by the specialist clinical services division of the Department of Health says

"high quality effective child health service requires accurate accessible information in order to assess health needs and to monitor the health and development of children and the performance of providers in delivering child health services" (3)

3.1.1 Health of the Nation.

The Health of the Nation discussion document (1991) (4) set out the governments proposals for the development of a health strategy for England. The main themes were

- the identification of 5 key areas where improvements could be made: accidents, cancers, coronary heart disease, mental health and sexual health including HIV/AIDS,
- securing genuine improvements by setting targets and monitoring progress,
- improving knowledge and understanding in order to review and reappraise priorities and targets,
- developing a public health information strategy in order to ensure the Department of Health has the information necessary to support its role on public health issues (5)

Health Visitors have a potentially major role in the meeting of set targets within the Key areas and examples of their involvement include *Coronary heart disease and*
Chapter 3: Why do Health Visitors need Information?

stroke- running smoking cessation clinics, Cancers- giving advice on the risks of skin cancers, Mental illness- helping single parents cope emotionally and socially, HIV/AIDS sexual health- giving advice and counselling for unwanted teenage pregnancies, Accidents - forming alliances with colleagues and agencies in the prevention of accidents.

The local strategy of Health devised following the Health of the Nation document was named 'Healthy Leicestershire' The Leicestershire plan for health 1993 (6) It set out programmes for action covering the 5 nationally identified key areas and also locally identified issues of alcohol, asthma, child health, diabetes, maternal health and also health promotion in young people's settings For each key area targets have been set to reduce the number of incidents, e.g. to reduce the death rate for accidents among children aged 5 years and under by at least 33% by the year 2005.

Each programme has an action plan, for example, for the key area of accidents, one objective is to assess and develop public awareness of home and leisure accidents and their prevention This proposed action involves identifying through surveys present public awareness of the causes of home and leisure accidents and their prevention and to identify and develop appropriate accident prevention materials for staff, for members of the public and groups at particular risk. Other key areas and actions of specific interest to Health Visitors are the increasing of immunisation rates for children and the reduction of women smoking at the start of their pregnancy and during their pregnancy and also the reduction in rate of conception amongst the under 16's. The role for the Health Visitor in achieving the targets is immense, and will involve the Health Visitor accessing information about the local population, incidence of the key diseases /problems in their areas, the targets set and ways of achieving them.

3.1.2 The Patient's Charter
The Patient's Charter (1991) (7), set out the existing rights and some new rights of patients within the NHS. Charter rights 5 and 8 relate specifically to the provision of information.
Chapter 3: Why do Health Visitors need Information?

5) to be given a clear explanation of any treatment proposed, including any risks or alternatives, before you decide whether you agree to a treatment.
8) to be given detailed information of local health services including quality standards and maximum waiting times.

In March 1996 children and young people were given their own patient's charter *The Patient's charter and services for children and young people*, which sets out national standards which include parent held child records, and prompt and appropriate information for parents about names and how to contact the Health Visitor, School Nurse and Children's Nurses.

All NHS professionals should be aware of the rights of patient's within the NHS and, more specifically, Health Visitors will need to be able to access information regarding local services to pass on to the public.

3.1.3 Consumer health information.
The rights set out in the Patient's Charter are part of the expanding area of health care information, termed Consumer Health Information which includes

- Information on NHS services e.g. waiting lists, the procedure for complaints,
- Literature on common diseases, conditions and treatments,
- Literature on specific conditions often produced by self-help groups or voluntary organisations,
- Information about self help groups or charities,
- Health Promotion literature

One of the objectives in *The National Health Service: a service with ambitions* is 'a well informed public' The white paper states that

"people need good quality information on how to stay healthy and choose healthy options, when symptoms appear or in an emergency to know what actions to take to help themselves, and whether, when and how to seek help, (and) if a condition is diagnosed to understand the implications and to take part in decisions about treatment and care." (8)
There is a network of national health information services accessible on freephone 0800-665544 and Health Authorities have responsibility for securing the service in line with core mandatory specifications. In a survey by Cartwright and Anderson, 85% of the respondents they interviewed said they wanted to know as much as possible about what was wrong with them when they were ill and about half wanted to know the actual physiological details as well. This growth in the provision and need for consumer health information has implications for the role and information needs of Health Visitors. In a recent survey in Leicestershire it was found that consumers of health services prefer face to face provision of health information to any other format. Health Visitors are ideally placed for the provision of such information and hence need to be able to access it readily.

3.1.4 Child health policy.


This *Children Act* (1989) has brought about a new philosophy in child law, stressing that the welfare of the child must always be the first consideration, that agencies and professionals have a duty to consult both parents and children, listen to and respect their views and work in partnership with them, and that due consideration must be given to the religious, racial and linguistic background of the child and family. The former concept of parental rights was replaced by the notion of parental responsibility and three new emergency protection orders were introduced. Although the Act mainly emphasises what Health Visitors should already be doing in practice the Health Visitor Association identified four particular areas in which Health Visitors will need to critically appraise and evaluate their skills and current professional practice:

- The need to become more confident and expert in working in open and honest partnership with parents and children,
- Awareness of the cultural context in which they work and avoid making decisions based on white ethnocentric assumptions,
- Assessment and identification of children in need,
- Advocacy for children.
Chapter 3: Why do Health Visitors need Information?

The Child Health in the Community consultation document [1] issued by the Department of Health calls for integrating primary and secondary services for children, adoption of good practice in areas such as child health surveillance, school health services and community paediatric nursing better targeted to support families with special needs, and more effective collaboration with other statutory and voluntary agencies concerned with child welfare.

The Joint working party on child health surveillance produced its 3rd report in January 1996 - The Hall Report [2]. It set out a new programme of child health checks with some screening tests discarded because of their poor reliability. For the first time the programme specifically encompasses health promotion emphasising preventing childhood morbidity by providing better support to young mothers, dealing more promptly with postnatal depression, providing better nutritional advice and helping parents avoid accidents in their own homes. It emphasises judgement based on expert knowledge of child development rather than inappropriate technical screening procedures.

Both [1] and [2] focus attention on those providing child health services in the community and necessitate an increase in the knowledge of Health Visitors to deal with the changing demands made of them, in particular an increase in inter-agency work, knowledge of child protection issues, and health promotion in the areas targeted in the Hall Report.

3.1.5 Nurse prescribing

The white paper Primary care: the future calls for all Community Nurses to have prescribing rights. Nurse prescribing was first advocated by the Cumberlege committee (16) and initial prescribing by District Nurses and Health Visitors was legalised in the Medicinal Products : Prescription by Nurses etc. Act (1992). They are allowed to prescribe from a limited formulary following further training. There are calls for the formulary to be increased and those Community Nurses who are allowed to prescribe need to keep up to date and well informed about medicines and health products and as the public comes to identify Nurses with prescribing they will need to increase their knowledge.

26
3.2 INFORMATION FOR EDUCATION AND PROFESSIONAL DEVELOPMENT.

It is only recently that the role of information in Nursing education has been considered, in the past Nurse training and education has focused on practical skills and learning, without utilising other methods of learning, such as literature and research. The following discussion illustrates how this change in educational philosophy is part of the 'professionalisation of nursing' which is making many new demands on qualified Nurses, Midwives and Health Visitors.

3.2.1 Post registration education and practice project (PREPP)

The code of professional conduct, which all registered Nurses, Midwives and Health Visitors are required to practice in accordance with states that

"each registered nurse, midwife and health visitor is accountable for his or her practice and in the exercise of professional accountability shall take every reasonable opportunity to maintain and improve professional knowledge and competence" (17)

However it was not until the introduction of the post registration education and practice project (PREPP) (18) that Nurses, Midwives and Health Visitors were statutorily required to maintain and improve their knowledge. The project was designed to reflect the need for skilled up to date practitioners. It introduced the statutory requirement that all Nurses, Midwives and Health Visitors provide evidence of the maintenance and development of their professional knowledge and competence in a personal professional profile, and that all staff are required to complete regular periods of study (currently the equivalent of 5 days in 3 years) between each re-registration, and for those who are returning to work after a break of five years or more to complete a 'return to practice programme'. An increase in study time and efforts to update knowledge will obviously involve an increase in the need for information, interestingly in the update to PREPP (19) the use of relevant literature was mentioned however there was no mention of the role of libraries! (20)
Chapter 3: Why do Health Visitors need Information?

The PREPP requirements are perhaps the most obvious influence on information needs and the most far reaching as all Nursing professionals need to complete the requirements. The UKCC will accept various methods of learning activity to meet the PREPP requirements including study days, private study in the library, analysing practice through reflection and visiting centres of excellence. The necessary ingredient is that the learning activity must have defined learning objectives and be recorded in a professional profile or portfolio. A variety of educational initiatives have been developed due to the requirements of PREPP such as the ENB Higher Award and Open Learning and distance learning materials produced by nursing journals. Health Visitors therefore need to access information on educational courses, and other means of acquiring the relevant education and also need to access information to complete the course work. It is also important to note that they "must be more than passive recipients of information. They will need to acquire the analytical skills to ask the right questions, to know where to seek answers to them and to reach informed decisions on the basis of the fullest knowledge available" (21).

3.2.2 Project 2000.

Project 2000: a new preparation for practice (22) was a major reform of nursing education of pre-registration students. The aim is to produce nurses that are health practitioners able to make decisions based on strong theoretical knowledge combined with practical skills (23). It called for the move of nurse education into higher education institutions. The diploma course has a 18 month Common Foundation Programme and a choice of branch studies in adult, child, mental health or mental handicap and some colleges have a midwifery branch. The training is intended to create a qualified Nurse who is able to practice in the hospital and the community setting. As well as heralding the shift to classroom based education and an emphasis on self-directed learning which has been adopted throughout Nursing education it has further implications in that Health Visitors are expected to be mentors to Diploma students (and also Health Visiting and other students e.g. National Vocational Qualification) and, "since mentors set the standards that future practitioners will seek to achieve they must be up to date and have their knowledge extended and adapted to changing care delivery" (24).
3.2.3 Research and Evidence Based Practice

The White paper *The National Health Service: a service with ambitions* (1996) states that

"the NHS needs to be part of the frontier scientific research, working with colleagues elsewhere in the world to improve understanding of the causes and effects of disease, and enable improvements in the prevention, diagnosis and treatment of serious causes of death and disability; to be involved in evaluating and assessing both new technologies and existing practice getting up to date information to practitioners on developments and changes in their field, to work with the health care professions to ensure that all professionals in all disciplines routinely review their performance and are able to bring most effective practice into general use."

(25)

Evidence based practice can be defined as "a process of turning clinical problems into questions then systematically searching, appraising and using all the relevant research findings as the basis for clinical decisions" (26) In April 1991 a research and development strategy for the NHS was launched by the Department of Health and the NHSME with the prime objective of ensuring that Research and Development (R&D) become an integral part of the NHS, and health care delivery be based upon high quality research. This was echoed by the 1993 *Vision for the Future* document (27) which looked at the overall direction of nursing and emphasised the importance of research based practice.

The R&D strategy and The Vision for the Future illustrate how the 1990's have seen the recognition of the need for utilisation of research to improve clinical effectiveness. More use of research in nursing has been proposed for many years but it is only very recently that it has been acted upon. Hunt pointed out in 1981 that although a certain amount of research did exist the use of it was minimal because 'nurses do not know about it, they do not understand it and they do not believe it, and they do not know how to apply it and are not allowed to use it' (28) Hence Health Visitors require the skills of a trained Librarian or Information professional who knows where the evidence may be found and how to extract the evidence from the sources and can network people and resources. However Evidence based practice does not only involve utilising research but also initiating, implementing and disseminating research when the need is
recognised. The use of research in Health Visiting has massive implications for Health Visitors' information needs, with many Health Visitors coming across the research process for the first time and echoing Hunt's findings above.

3.2.4 Reflective practice
Nursing professionals are being urged to use this relatively new means of ensuring high quality care, which is described by Street as a way to "empower nurses to become fully cognisant of their own knowledge and actions, the person and professional histories which have shaped them, the symbols and images inherent in the language they use, the myths and the metaphors which sustain them in practice, their nursing experiences and the potentialities and constraints of their work setting." Health Visitors reflecting on their practice will need to access information on the above (29). Forster identifies three ways of achieving reflective practice: (30)

- reflective frameworks to aid reflection,
- meeting with other professionals to reflect on practice,
- reflective journals or diaries

3.2.5 Quality Assurance, Standard Setting and Auditing.
With the changing pattern of health care delivery there is a new emphasis on cost effectiveness and consumer satisfaction, therefore Health Visitors as well as all other Nurses need to demonstrate their effectiveness and 'quality assurance' by the adoption of professional standards in order to audit their service. Standards describe the minimum level of care delivered which could be considered acceptable for a particular task or situation. Once the standard has been established and is familiar to the team audit can be used to measure how closely practice matches the standard. Clinical Audit is "a process involving the systematic and critical analysis of practice, the identification of problems and the implementation of change resulting in improvement in the quality of care" (31). Quality assurance tools have been used for some time in the hospital setting but there is some debate as to how Health Visitors are to implement this process as many of the Health Visiting activities are not easily measured.
The RCN Health Visiting forum set out 12 standards for Health Visiting on the following topics (32):

- Promoting health
- Determining priorities
- Influencing social policy
- Making services accessible
- Responsibility towards vulnerable groups and individuals
- Knowledge based practice
- The health visitor/client contract
- Documentation
- Ongoing assessment and review
- Professional judgements
- Teamwork
- Client participation

The standard on knowledge based practice is of particular importance for this discussion. It states that each Health Visitor is responsible for the quality of advice she gives and must work from a dynamic knowledge base to ensure that the advice is safe and therapeutic. The criteria for the achievement of this standard are perceived as:

- The Health Visitor utilising theory and critical thinking in her (sic) health teaching,
- The Health Visitor recognising the need for continuing education and taking responsibility for updating and extending her own knowledge base;
- The Health Visitor appreciating the relevance of research and utilising research findings and initiating, participating in or co-operating with research activities as appropriate.

Interestingly, the above criteria provide a suitable summary of the factors influencing the information needs of Health Visitors discussed in this chapter. Health Visitors will need to access information about the standard setting and auditing processes, and as it has been perceived as a difficult task, information regarding other Health Visiting quality assurance projects may be of interest.
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Chapter 4: The Information Seeking Behaviour of Health Visitors

4. THE INFORMATION SEEKING BEHAVIOUR OF HEALTH VISITORS.

4.1 INTRODUCTION.
Although a review of the research indicates that the Information Seeking Behaviour of Health Visitors specifically has not been documented, other studies of the Information Seeking Behaviour of Nurses have revealed some similarities and patterns in library usage, sources and services used, reasons for seeking information and topics information is sought on, and also problem areas/limitations of services. These findings can provide an insight into the Information Seeking Behaviour of the Nursing profession as a whole and highlight some patterns which are applicable to Health Visitors, although as Wakeham points out due to variations in methodology, client group and aims it is difficult to make comparisons. Bearing this in mind this chapter provides an overview of some of the main findings.

4.2 LIBRARY USE.
Much of the research indicates that only a small proportion of Nurses are users of Health Care Libraries. A recent research project carried out with the Nursing staff of a South Buckinghamshire NHS Trust found that only a small proportion of all categories of qualified staff were library users, with only 28% of Health Visitors in the survey being library users. Research by Wakeham M, Houghton J and Beard S sent to a convenient sample of student and qualified Nurses in South and Central Sussex found that library and information services were relatively little used except when course work was being undertaken. Research also undertaken by Wakeham in 1996 which aimed to ascertain the attitudes of Nursing researchers towards libraries, found that 98% of the survey were using a library and again that those engaged in a course were more likely to visit than those who were not. Williamson (5) found that nurses were most likely to go to their own personal copies of a journal or book first for information then to nursing colleagues and thirdly to a library. A survey into selection of library services by post-registration Nursing Midwifery and Health Visiting students by Jean
Yeoh, and Claire Morrissey showed that the key factor in selecting a library was the availability of resources rather than convenience to home or workplace. Most of the respondents used the library outside of working hours and very few were able to satisfy their information requirements on the study days (6).

4.2.1 Frequency of use.
The research shows that when Nurses do use the library they use it fairly frequently. Wakeham’s Nurse researchers were found to visit the library more than once a week in 56% of cases (7). Research into the educational needs of ward sisters found that 54% had used the library in the previous year, 11% in the previous month and 7% in the previous week (8), and 42% of the respondents in Wakeham, Houghton and Beard’s research claimed to visit the library weekly and 80% monthly (9).

4.2.2 Use of other libraries.
The research has found that nurses often use libraries other than the Health Service/Higher Education libraries that are being surveyed. Stapleton’s survey of ward sisters found that 35% used the public library for health related matters (10) and Cheung in 1988 found that 72% of the nurses in the survey were using a library other than the health service library, with 34% using the public library and 31% the RCN library (11). The survey into selection of library services by post-registration Nursing, Midwifery and Health Visiting students by Jean Yeoh, and Claire Morrissey showed that 69% used libraries other than the hospital library, 9% mentioned the public library, and specific services such as the Family Planning Association and the Terence Higgins Trust (12).

4.3 SOURCE USE.
Other research echoes the findings of Williamson above that nurses tend to look to their own or ward copies of journals and books and their colleagues for information before turning to the library. Walker found that the most important information sources for Nursing staff in Sheffield were colleagues at work, meetings at work and trade literature (13). Wakeham, Houghton and Beard also found that personal copies of journals and Nursing colleagues were the main source of information for their
respondents (14) Similarly the EVINCE research project found that Nurses valued their personal book and journal collections as highly as colleagues as sources of information and the most frequently used information sources were those available on the ward or base (15) The Nurse researchers' main reason for using a library in, Wakeham's 1996 study, was given as carrying out elements of a literature search (95%) and the main facilities used in the library were journals, books, CD-ROM's, indices, abstracts and the inter-library loans service (16) Wakeham, Houghton and Beard found that the most often used forms of information in the library were books and journal articles (17)

A number of surveys have examined the use of journals by Nurses Haig (18) found that 45% of Nurses read a journal on a weekly basis and the frequency of reading tended to increase with seniority A survey of trained Nursing staff in the Plymouth area (19) found that 85% read journals selectively Only two journal clubs were identified in the sample and GPs appeared to point out relevant articles to the Community Nursing staff Crane (20) found a similar practice with Community and Practice Nurses having a large degree of informal dissemination from GPs She surveyed Nurses satisfaction with the journals they read and found of the community journals the Journal of Community Nursing was most popular with 61% of its readers liking it and 39% quite liking it Community Nurses rated their journals more highly than the hospital based Nurses rated theirs perhaps due the perceived usefulness of the journals to a group who are working on their own a greater deal

The results of a survey into increasing access to information for Nursing staff in remote areas found that Community Nursing staff have little awareness of, or access to, important resources like MEDLINE, Cinal and the Cochrane database Only 8% of the sample had used MEDLINE and 6% Cinal and only 1 respondent had used the Internet for information searching (21)
4.4 REASONS FOR SEEKING INFORMATION AND TOPICS
INFORMATION IS SOUGHT ON.

The survey of Community Nursing staff by Farmer found that 60% had experienced a need for information on a specific topic in the last 6 months. Topics included Health Promotion, clinical updating, care of the elderly, diabetes, leg ulcers, palliative care, PREPP, and support groups (22). Walker's study in Sheffield found that the main reasons for seeking information were keeping up to date (96%), patient care (76%), and study for a further qualification (13%) (23). The EVINCE research project found that the primary purpose for using the higher education or hospital libraries was found to be for personal updating (62%), coursework (54%), patient care (44%), and teaching of staff, students, or colleagues (39%) (24). Analysis of the results of the Wakeham, Houghton and Beard survey shows that respondents most often needed information in relation to patient or client care and for their own personal interests. They were least interested in information that related to courses or jobs or in preparing for interviews (25).

4.5 PROBLEMS/LIMITATIONS ENCOUNTERED.

The research indicates that there are a number of problems encountered when seeking information. Wakeham's survey of Nurse researchers found that the most common problems encountered were lack of time to get to the library (67%), the library not having the information required (60%), and the library being too far away (40%) (26). Response to the Nursing Times libraries campaign found that main problems identified were shortages of relevant books, unacceptably short loan periods and unsatisfactory opening hours (27). The survey of Community Nurses in the Western Isles found that most common problems were lack of local information resources, general lack of awareness of what was available and difficulty in assessing the relevance of material, i.e., a lack of information handling skills (28). Urquhart's survey also found levels of uncertainty among nursing staff as to rights to use certain libraries (29).

4.5.1 Information seeking skills.

Unfortunately, the findings on information seeking skills lead it to be viewed as a limitation rather than a positive pattern of usage as research indicates that Nurses do...
Chapter 4: The Information Seeking Behaviour of Health Visitors

not have the skills necessary to utilise the services to an optimum level. Only one third of the sample in Urquhart's survey (30) could be termed confident in information seeking skills and a third lacking in information seeking skills. In a survey of Nurses information skills, Wakeham looked at how well Nurses as students are equipped to seek out and use information. He found that Nurses had not been well prepared to do what is asked of them. 47% said that they had not been taught information /study skills, and when asked what is the most useful skill in being able to study 59% said finding the relevant information and 16% said how to use a library (31). Gilbert found that there was little use of library tools such as abstracts indexes and bibliography's although the respondents were overwhelmingly in favour of instruction in library use (32). Yeoh and Morrissey found that most of their respondents needed help in literature searching despite having had preliminary user education sessions (33).

4.5.2 Access

One of the problems previously identified is a lack of knowledge of which libraries Nurses have access to. Moorbath (34) surveyed 255 libraries to determine whether Nurses had sufficient access to nursing libraries and found that 80% said that Nurses were not denied access but only one third of University sites allowed full access and borrowing facilities. Gilbert's study of Nurses in Shropshire found that community staff were literature conscious but poorly provided for (35). In Wakeham's 1992 survey 4.46% of the respondents called for better access for trained staff (36). Thomas found in a survey of Occupational Health Nurses, the main problem encountered was knowing where to look for the information and difficulty in gaining access (37).

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5. INFORMATION PROVISION FOR HEALTH VISITORS.

Health Visitors have access to a variety of Information resources which are of varying use and accessibility. The Leicestershire Health Care Libraries allow full membership to Health Visitors to two of the Libraries and varying versions of reference only access to the others. Through these libraries Health Visitors can utilise the expertise of qualified Health Librarians and Information Professionals, borrow books (directly or via inter-library loan), read and photocopy journals, perform manual and computer literature searches, have literature searches performed for them, have access to the Internet, and access to a variety of resources such as videos and health promotion materials. Information can also be found via Health phone lines, information centres, database services such as Helpbox and the Internet and organisations with libraries or information departments which provide health information to interested professionals. Health Visitors can also access information from governmental resources particularly those developed via the Research and Development and Information Systems strategies.

5.1 LOCAL INFORMATION PROVISION.

5.1.1 The funding of Leicestershire Health Care Libraries.

The Leicestershire Health Care Libraries include the Clinical Sciences Library, the Health Promotion Centre Information/Resources Service, the two General Hospital Education Centre Libraries and two of the De Montfort University Campus Libraries. In order to fully understand the provision of library services to Health Visitors the complex issue of funding for qualified Nurses must be mentioned. Only two of the Leicestershire Health Care Libraries, the Clinical Sciences Library and the Health Promotion Centre Information/Resources Service, are funded to provide services to all qualified Nurses, the General Hospital Libraries only receive funding for staff including Nurses who work for their NHS Trust and the De Montfort University Libraries only receive funding for Nurses who are undertaking a course within that.
institution. Funding of information services for qualified Nurses is a complex subject as the sources of funding for the different services can be many and varied. The main area of contention being that even those libraries that do provide services for qualified Nurses receive most of their funding from Post Graduate Medical and Dental Education money and therefore the major emphasis of the library is on medical information, and on meeting the needs of hospital based staff leaving other Health professions such as Health Visitors rather neglected.

### 5.1.2 Clinical Sciences Library.

Since its opening in 1978 Clinical Sciences Library has been jointly funded by the University of Leicester and the NHS to provide library services for all NHS staff in Leicestershire. Hence as employees of NHS Trusts in Leicestershire all Health Visitors are eligible for membership. The library is situated in Leicester Royal Infirmary in the Clinical Sciences Building and is open 9:00 - 22:00 Weekdays, 9:00 - 18:00 Saturdays and 14:00 - 21:00 Sundays. Members are entitled to borrow up to 15 books, other services available are reference books, journals for use in the library, videos to watch in the library, slides for loan, printed abstracts and indexes, computerised databases - MEDLINE, Cochrane Library, Helpbox and there are 2 self service photocopiers. Staff will perform library literature searches for users and will do photocopying for users who are not based close to the library.

### 5.1.3 Health Promotion Centre Information/Resources Service.

Based in the Health Promotion Centre, Enkalon House, Regent Road this is another Health Care library in Leicestershire allowing full membership to Health Visitors. The Library/Information and Resources service, is open Monday to Friday 9:00 - 16:00. The aim of the service is to support health promoters in Leicestershire by providing a wide range of resources and services. There is a wide membership including hospital and Community Nursing staff, GPs and professions complementary to medicine. Services available are books, videos, models, exhibition boards and displays, video camera, projectors, TV's, Overhead Projectors, slide projectors all for loan, which can be booked in advance or borrowed on the day if available. There are also journals, teaching packs, directories and resource lists for reference and free resources such as leaflets on a wide variety of topics including Family Planning, HIV and AIDS, Adult
and Family Health, posters, and Health Promotion Centre publications such as resources catalogues, newsletters and a training programme brochure. There are databases available for literature searching including Helpbox and Patient Wise which has information about medical conditions and treatments. Other services offered are a laminating service, photography/videoing service, campaign support, health exhibitions and courses including tours of the library, resources production and exhibition and display.

5.1.4 Leicester General Hospital Library.

Health Visitors as employees of the Fosse Health Trust are allowed access to the Leicester General Hospital Education Centre Library for reference purposes only. The library is multi disciplinary and has a stock of 4,000 books, 140 journal titles, printed indexes and abstracts, CD ROM’s MEDFIVE, CINAHL, Cochrane Library, and Helpbox. A photocopying facility is available and non members can use the CD ROMs if they are not required by members.

5.1.5 Glenfield General Hospital Library.

Health Visitors as employees of a trust other than the Glenfield Hospital Trust can use this multi disciplinary library for reference purposes only with the librarians permission for security purposes. For a fee of £10.00 per year a Health Visitor may become an external member which entitles them to borrowing rights and full use of the library facilities although inter-library loan costs must be paid for by the user. The library is open Monday to Thursday 8.30 - 15.00, Friday 8.30 - 18.00 and Saturday 9.00 - 13.00. There are 4,000 books, 180 journals, printed abstracting and indexing services, CD ROMs MEDLINE, CINAHL, Cochrane Library, Helpbox, Ethnic Health File, and staff will perform library literature searches. Videos to view in the library are also available and there is access to the Internet via the Librarian.

5.1.6 Charles Frears Campus Library.

Charles Frears Campus, now part of De Montfort University, was, prior to August 1995, a School of Nursing and Midwifery and hence the library is a specialist library with stock appropriate to the needs of Nursing professionals at all stages of education. Health Visitors on courses at De Montfort University can be members of the library,
otherwise they can use the library for reference purposes only. The library is open Monday to Thursday 8.30 to 18.00 and Friday 8.30 to 17.00 and has a stock of 20,000 books and 200 journal titles, printed abstracting and indexing services, CD-ROM databases including MEDLINE, CINAHL, BNI (British Nursing Index), ENB Database, Cochrane Library and ASSIA. Literature searches can be performed by the Librarians on request. The library has a collection of documents specifically relating to Leicestershire which include statistics and reports. There are also a number of Information files on various topics and a collection of newspaper cuttings from the local press. Members can borrow up to five books. A self-service photocopying service is available.

5.1.7 Scraptoft Campus Library.

Scraptoft Campus Library, De Montfort University, is the site for Health Visitor training in Leicestershire, and therefore has resources appropriate to Health Visitors. However, unless on a course at De Montfort University, Health Visitors can use the Library for reference purposes only. The policy on access to library facilities for NHS/Trust employees is at present under review as in the past they could become external members. At the moment some Health Visitors who may have joined prior to the present ruling may be members however Health Visitors wishing to join now can only do so if they are deemed to have a defined close collaboration with the University. If they can become external members it will cost £50 plus VAT or £25 plus VAT for previous students on application to the alumni office. As members of the public, Health Visitors can use the library for reference purposes. External members can only have use of CD-ROM and Internet facilities by prior arrangement. Photocopying facilities are available, books, journals, printed abstracting and indexing services, CD-ROM databases such as MEDLINE, RCN Nurse ROM and Internet access are some of the information sources found in the library. The library produces guides to the different sources and services available and there are student learning packages for sale which are produced by De Montfort University and are on sale at all the campus libraries. For those who can borrow the allowance is 10 books. The opening hours are

Term time Monday to Thursday 08.45 - 21.00, Friday 08.45 - 17.00 and Saturday 09.00 - 12.00 (Summer term), and Vacation Monday to Friday 09.00 - 17.00.
5.1.8 Health Information Plan for Leicestershire.

The Health Information Plan (HIP) for Leicestershire aims to formulate a strategy to improve the flow of up to date health information for the benefit of all those who live or work in Leicestershire, through the efficient use and co-ordination of existing local resources based on the principle of collaboration between the organisations involved in health information provision (1). It is at the planning stage with a steering group with representatives from the Health Care Libraries, Higher Education, NHS, County Council, voluntary sector and other interested organisations. Health Information Plans have attracted a great deal of interest of late and have had documented success in the Northern region with Information North (2). Four steps to producing a successful HIP were identified by the Information North HIP team. These were: a survey or audit of current information resources, an analysis of survey result to identify common problems and issues; a plan or set of recommendations and objectives approved by the participants to improve the awareness, access and availability of information, and finally a mechanism to implement the plan which ensures improved provision and service delivery. The audit of resources has been completed for the HIP for Leicestershire and improvements in the flow of information and access to information in Leicestershire will, hopefully, follow soon.

5.1.9 Helpbox Database.

Helpbox is a computer database of national, voluntary and self help groups, self help and medical books, leaflets and local resources produced by the Help for Health Trust with local information added by Leicestershire Health Information Network and Trent Health Line. There are over 15,000 local details on the Leicestershire help box and it can be found in over 50 sites in Leicestershire ranging from GP's surgeries to the Health Care Libraries. It is designed to be updated regularly and used by or with the assistance of the staff at the site.

5.1.10 Leicestershire Health Information Network (LHIN) phoneline.

LHIN is concerned with the provision of consumer health information in Leicestershire. It is responsible for maintaining and distributing the Helpbox database in Leicestershire and will take enquiries regarding information on Helpbox or related
consumer health information queries LHN is based at Enkalon House, Regent Road, Leicester.

5.1.11 Loughborough Health Information Centre.
The centre is part of Fosse Health NHS Trust, and provides free information to the public and health professionals on health related topics. The centre has access to Helpbox database, Patient Wise database and a database of Primary Health Care services in the Trent region. Books and magazines are available for loan, and there are over 250 free leaflets and 200 information files on a wide variety of topics. It also supports health education and promotion work by providing health promotion materials and an interpreting service. Advice is available from a dietician and a Macmillan Nurse.

5.2 NATIONAL INFORMATION PROVISION.

5.2.1 Trent Healthline.
Trent Healthline was set up in 1992 as part of the Patient’s Charter initiative, the Trent Region local Health Information Service. It is a freephone service on 0800 66 55 44 available to the public and professionals which aims to provide current, easy to understand information over the phone and also in person, and by post. The service is free and confidential. Information is provided on local health service, waiting times, local charter standards, diseases and medical conditions, maintaining and improving health and how to complain. Most enquiries are related to specific conditions and illnesses and related self help groups and mainly come from the public, but the service is also well used by the Health Professions. The staff have access to databases of health services and waiting times, including MEDLINE, Cochrane Database and Helpbox, and details of hundreds of voluntary organisations and self help groups. Leaflets, articles and factsheets on a wide range of subjects can be posted out.

5.2.2 Royal College of Nursing (RCN) Library.
The RCN library has over 80,000 books and over 430 current journals on Nursing and related subjects, (RCN Institute of Advances Nursing Education Annual Report.
1993-1994 RCN London 1995) and a collection of Nursing Research which comprises theses and dissertations on Nursing subjects at Masters degree and PhD levels. Members of the RCN can borrow up to 6 books, and members unable to visit the library may borrow books by post with postal charges being paid by the borrower in addition to a £1 administration charge. Photocopies of articles can be supplied at a charge for members and non-members. Literature searches will be undertaken by library staff for members of the library. Non-members of the RCN may use the library after written request and on payment of charges. The library has a large number of databases available including the RCN Nurse ROM, ASSIA, CINAHL, and MEDLINE and also some full text journals on CD.

5.2.3 Community Practitioners and Health Visitors Association (CPHVA) Library.
The only library which is specifically designed to provide information to Health Visitors, the CPHVA Library is situated in London and is open Monday - Friday 10 00 - 15 00 to members of the CPHVA by appointment only. However, the main service it provides is a literature search of the 105 journals that they hold and the ENB and BNI CD ROMS. A database of innovative practice and clinical audit projects is at present being developed, and the library has a number of books and reports for reference only and will obtain other publications for members if possible.

5.3 DEPARTMENT OF HEALTH RESEARCH AND DEVELOPMENT (R&D) STRATEGY AND INFORMATION SYSTEMS STRATEGY (ISS).
A major development that Health Visitors should be aware of as it signifies a change in philosophy of the Department of Health and is bringing about new and useful resources are the R&D and ISS strategies. These two strategies introduced a comprehensive programme of initiatives for the dissemination of research and development to users and for establishing research practice, plus the development of three new information resources in health:

- A National Research Register containing information about research projects completed and underway.
Chapter 5: Information Provision for Health Visitors.

- The UK Cochrane Centre was established to facilitate, co-ordinate and disseminate systematic reviews in the specialised area of randomised controlled trails. The Cochrane centre produces the databases which form the Cochrane library which are available on CD ROM in many Health Care Libraries.

- The NHS Centre for Reviews and Dissemination at the University of York commissions and supports experts to undertake systematic reviews of the effectiveness of treatments and the delivery and organisation of health care in areas of priority to the NHS. The centre also provides an enquiry service which is available to Health Visitors on the effectiveness and cost effectiveness of health care interventions and referrals to appropriate sources of information.

Two other developments within these strategies which may be of use to Health Visitors are the Centre for Research and Development on Primary Care based at the University of Manchester which has the aim of fostering knowledge based Primary Health Care. It has a framework of research programmes based on a number of themes including quality and cost effectiveness of Primary Health Care, effective working at the primary/secondary interface; and demands for Primary Health Care. The second development is of the Health of Children Policy Research Programme which provides funds for research into a wide range of child health issues e.g. common clinical disorders such as meningitis and asthma; cot death, child health surveillance, injury prevention and promotion of safety.

5.4 MISCELLANEOUS SOURCES OF INFORMATION OF INTEREST TO HEALTH VISITORS.

5.4.1 The Internet.

"The Internet is a worldwide network of computers which gives users access to information they would otherwise have difficulty in finding, (and can give) nurses in remote areas without access to a major library or who work outside the normal business day( the possibility) to search huge databases" (3). The amount of information
Chapter 5: Information Provision for Health Visitors

of interest to Nurses and Health Visitors is increasing constantly, it is therefore an important resource to 'get to grips with'. Databases can be searched via the Internet in a similar way to using the CD ROMs at the Health Care Libraries but can be accessed at home via a Personal Computer with the addition of a modem, and telephone line and an account with an Internet access provider who will provide the basic software to get up and running. It can also be accessed at Clinical Sciences Library, and Scraptoft Campus Library if the Health Visitor is a member or at Glenfield General Hospital Library via the Librarian.

The World Wide Web (WWW) is an information retrieval system which aims to organise some of the information available on the Internet into a more user friendly and accessible format. Unfortunately, although the number of UK sites is increasing the majority are American. A few of the Web sites worth looking at or 'visiting' are the Nursing Standard web site, the ENB web site and the UKCC web site. Others of interest to Health Visitors may be the Health of the Nation web site, Leicestershire Health Authority site which gives a profile of Leicestershire and variety of Health data and the Child Development Abstracts database. Addresses for these sites and further information on using the Internet can be found in the increasing number of Internet guides some of which have been specifically written for the Nursing and Health Professions (4)(5)(6).

5.4.2 Organisations involved in Health Care activities.

There are an abundance of organisations involved in various health care activities which can and will provide information at differing levels to interested health professionals, below are some organisations that can provide useful information to Health Visitors.

• National Community Health Resource (NCHR) 57 Chalton Street, London NW1 1HU- provides information, training and support to community health initiatives

• British Medical Association (BMA) Library, Tavistock Square, London WC1H 9LP
Chapter 5: Information Provision for Health Visitors.

- English National Board for Nurses, Midwives and Health Visitors (ENB), Victory House, 170 Tottenham Court Road, London W1P 0HA - will carry our literature searches on their Healthcare Databases
- Health Education Authority Information Centre Tel 01541 545500
- King's Fund Centre Library 11-13 Cavendish Square London W1M 0AN - includes Nursing and Medical Audit Information Services
- Library Resource Centre Institute of Child Health 30 Guilford Street, London WC1N 1CH

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Chapter 6: Research Objectives and Methodology

6. RESEARCH OBJECTIVES AND METHODOLOGY.

6.1 INTRODUCTION.
The need for Health Visitors to have access to relevant information on various subjects has been illustrated in Chapter 3, however in order to ensure that Health Visitors are able to access the information they so clearly require, their information needs and information seeking behaviour must be more clearly understood. Those who aim to provide an information service to Health Visitors need qualitative and quantitative data on various aspects of their needs and behaviour. Such data does not exist and this survey intends to address this vacuum. Clear aims and objectives were set to ensure the survey addressed the research problem effectively. Prior to designing and distributing the survey approval for the research was sought from Rachael North, Senior Nurse Professional Development and Alison Cooper, Research Development Officer at Fosse Health Trust Headquarters.

6.2 RESEARCH AIMS AND OBJECTIVES.

Aims

- To provide an analysis of Health Visitors' information needs in Leicestershire

- To illustrate how Health Visitors are currently meeting these needs

- To examine how well these needs are being met by Library and information services with particular reference to Health Care Libraries in Leicestershire

- To provide an opportunity for Health Visitors to put forward their views on how the Library and Information services in Leicestershire could be improved

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Objectives
The objectives of the research were to find the answers to a number of questions regarding Health Visitors' use of Leicestershire Health Care Information Services:

- Which Library and Information services Health Visitors are using, and how often they are using them,

- What the main topics Health Visitors are searching for information on, and to what use they will put the information,

- What information format Health Visitors prefer and what services and sources within the Library and Information services they most often use,

- Levels of satisfaction with the services provided and factors that limit Health Visitors' use of the Libraries,

- How current issues have affected Health Visitors' need for information,

- How the Library and Information service provided for Health Visitors in Leicestershire could be improved,

- Age range and length of service of the respondents

6.3 SURVEY FORMAT AND DESIGN.
The survey was in the form of a postal questionnaire. This format was chosen because

- It was the best methodology to access the population and allow a broad sweep approach;

- Difficulty in accessing Health Visitors' workplace details (see section 6.4) and the vast geographical spread of Health Visitors' workplace bases would have made
conducting interviews impossible or at the very least extremely time consuming,

- The aims of the survey were to ascertain the nature of Health Visitors' Information Needs and Information Seeking Behaviour which necessitated the asking of a large number of questions which did not need to be asked personally,

- Due the relatively small number of Health Visitors in Leicestershire a large percentage could be surveyed by questionnaire providing a sample population whose answers would be more representative of the survey population as a whole

The questions were designed to be concise, clear and easy to answer. They were a mixture of open and closed-ended depending on the answers needed. The format of answering was consistent throughout the questionnaire with the respondent being required to circle the appropriate pre-set answer. Where applicable an 'other (please specify)' option was included as recommended by Slater (1). The final question was left open to allow any points which may have not been covered in the questionnaire but may be relevant to be included. A covering letter explaining the role of the survey, who was conducting it and who it was approved by was attached to each questionnaire (see Appendix 1 for a copy of the questionnaire and covering letter). Due to the nature of distribution (see section 5.4) the questionnaires were anonymous and were only identified by division.

6.4 SAMPLE POPULATION

A sample population of 90 Health Visitors was chosen as this gave each Divisional Nurse a manageable total of 30 questionnaires to distribute and allowed access to 39% of the survey population.
6.5 DISTRIBUTION.
The questionnaires were distributed via the Divisional Nurses in each area (South, North and City) This method was decided upon after discussion with the Divisional Nurse from the Southern division, when problems were encountered accessing Health Visitor's work place addresses. No such list exists and no one felt able to compile such a list without contravening personal records legislation. The Divisional Nurses divided the questionnaires among the team leaders who distributed them to the Health Visitors in their teams. This distribution system worked well and will have given the questionnaires official sanction and a higher priority with the Health Visitors. The questionnaires were returned in the stamped addressed envelopes provided with each one. Unfortunately not all the team leaders in the North Division confirmed how many questionnaires they had given out but the numbers of confirmed questionnaires distributed was 21. The questionnaires were sent to Rebecca Riley, Divisional Nurse South who very kindly gave them to her colleagues on 27th February 1997, the completion date was set at 28th April 1997 in order to give all those involved time to receive and pass on the questionnaires.

6.6 CHOICE OF SAMPLE DESIGN.
The ideal choice of sample design would have been stratified sampling or quota sampling in order to reflect the different subgroup characteristics of Health Visitors and provide a more representative sample. However, as the Health Visitors could not be accessed directly the sample design inevitably became convenience sampling, that is "simply includes those subjects that are immediately to hand" (2). The actual choice of respondents was left to the team leaders and their reason for choosing one Health Visitor rather than another is not known.

6.7 SURVEY LIMITATIONS.
There are several limitations with the survey that must be noted prior to analysing the results.

- The possible lack of representation of the survey population due to convenience sampling which may introduce bias into the population,
Chapter 6: Research Objectives and Methodology

- The lack of pilot survey due to problems of access to the Health Visitors, allowing possible unforeseen problems with the questionnaire to remain,

- The enforced anonymity of the questionnaires prevented a follow up letter to remind the Health Visitors to reply,

- Concern over confidentiality prevented further analysis of differences in needs and behaviour in relation to place and area of work,

- Awareness of time constraints, i.e. the time needed to complete the questionnaire led to many questions, which should at some point be asked, being omitted

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7. PRESENTATION OF RESULTS

7.1 INTRODUCTION.
The results were collated manually and are presented in table and chart format using Lotus software (123 Release 5). Of the 90 Questionnaires sent to the Divisional Nurses 72 completed questionnaires were returned. It is known that 30 questionnaires were distributed in the South and City divisions, however it is not known exactly how many were distributed in the North division. 25 completed questionnaires were returned from the South and City divisions and 22 from the North division, giving a response rate of 80% assuming all of the North division questionnaires were distributed (and higher if less have).

7.2 BACKGROUND OF THE RESPONDENTS.

7.2.1 Age range of the respondents

None of the respondents were under 25, 20% (n = 14) were over 50 and an equal amount were 25 to 40 (40%) or 40 to 50 (40%). 2 respondents did not reply to this question.

Figure 2.
7.2.2 Length of service.

As figure 3 shows most respondents had been working as Health Visitors for over 10 years (42.9%, n = 30). The least number had been in service for less than 1 year (5.7%, n = 4) and in the South division no respondents had been working for less than 1 year. The non response rate for this question was 2.

7.2.3 Course attendance.

The highest rate of course attendance was in the South division, with more respondents attending a course than not, and the lowest rate was in the North division where 71% (n = 15) were not attending a course and only 21% (n = 6) were. In the City division more respondents were not undertaking a course than were but not by as large a difference.
Chapter 7: Presentation of Results

7.2.4 Main Client Groups.

This question aimed to indicate whether there was a major difference in the clientele of the Health Visitors. The top eight answers to this question are listed in table 2.

Health Visitors' main client groups.

<table>
<thead>
<tr>
<th>Client Group</th>
<th>No. of respondents mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Children under 5 and their families</td>
<td>60 (88%)</td>
</tr>
<tr>
<td>*Asian Families</td>
<td>5 (73%)</td>
</tr>
<tr>
<td>*The elderly i.e. 75+</td>
<td>5 (73%)</td>
</tr>
<tr>
<td>*The whole GP population for specific programmes eg stop smoking</td>
<td>4 (59%)</td>
</tr>
<tr>
<td>*Women</td>
<td>4 (59%)</td>
</tr>
<tr>
<td>*Antenatal population</td>
<td>4 (59%)</td>
</tr>
<tr>
<td>*Teenagers</td>
<td>3 (44%)</td>
</tr>
<tr>
<td>*Asthmatics</td>
<td>2 (29%)</td>
</tr>
</tbody>
</table>

Table 2.

Other client groups which were mentioned were
- All ages,
- 20-50 year olds with health needs,
- Children with disabilities,
- The mobile population, i.e. travellers, the homeless,
- Single parents,
- Families with special needs,
- Families with multi socio-economic problems

As table 2 indicates there is a great similarity in clientele with most Health Visitors dealing mainly with children under 5 and their families plus at least one other client group from the above list and table.
Chapter 7: Presentation of Results

7.3 PATTERNS OF LIBRARY USE.

7.3.1 Are you a registered member of any of the Health Care Libraries?
This question aimed to ascertain membership as apart from use, and following from that non membership of libraries that allow membership

Table 3 shows that Health Visitors are most likely to be members of the Health Promotion Centre Library, and least likely to be members of Glenfield General Hospital Library. Less than half of the sample (43%, n = 31) were members of the Clinical Sciences Library, falling to only 20% (n = 5) of the Health Visitors from the North division. 16% of the respondents were not members of any of the listed libraries again with the Health Visitors from the North division more likely to be a member of none of the libraries (40%, n = 10) than the other divisions. Significantly more Health Visitors in the City division (96%, n = 24) were members of at least one of the libraries, and 72% (n = 18) were members of more than one library. 56% (n = 40) for the whole sample. More Health Visitors from the South division were members of Charles Frears (28%, n = 7) and Scraptoft Campus (48%, n = 12) libraries than the other divisions. Health Visitors from the North division were least likely to be members of all the listed libraries.

Membership of Leicestershire Health Care Libraries.

<table>
<thead>
<tr>
<th>Library</th>
<th>South</th>
<th>%</th>
<th>North</th>
<th>%</th>
<th>City</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Montfort University -</td>
<td>7</td>
<td>28</td>
<td>1</td>
<td>45</td>
<td>5</td>
<td>20</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Charles Frears Campus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>De Montfort University -</td>
<td>12</td>
<td>48</td>
<td>4</td>
<td>16</td>
<td>8</td>
<td>32</td>
<td>24</td>
<td>33</td>
</tr>
<tr>
<td>Scraptoft Campus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leicester University - Clinical</td>
<td>11</td>
<td>44</td>
<td>5</td>
<td>20</td>
<td>15</td>
<td>60</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>Sciences Library</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leicester General Hospital</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Glenfield General Hospital</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Promotion Centre</td>
<td>17</td>
<td>68</td>
<td>9</td>
<td>36</td>
<td>23</td>
<td>92</td>
<td>49</td>
<td>68</td>
</tr>
<tr>
<td>NONE</td>
<td>5</td>
<td>20</td>
<td>10</td>
<td>40</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>MORE THAN 1</td>
<td>15</td>
<td>60</td>
<td>7</td>
<td>28</td>
<td>18</td>
<td>72</td>
<td>40</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 3.
7.3.2 On how many occasions in the past two years have you used the libraries for Health Information?

Pattern of usage of the Health Care Libraries in the past two years.

<table>
<thead>
<tr>
<th>Library</th>
<th>Never</th>
<th>%</th>
<th>Once</th>
<th>%</th>
<th>2 to 10</th>
<th>%</th>
<th>10</th>
<th>%</th>
<th>Over 10</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Montfort University - Charles Frears Campus</td>
<td>48</td>
<td>67</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>14</td>
<td>8</td>
<td>11</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>De Montfort University - Scraptoft Campus</td>
<td>42</td>
<td>58</td>
<td>8</td>
<td>11</td>
<td>7</td>
<td>9.7</td>
<td>15</td>
<td>21</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leicester University - Clinical Sciences Library</td>
<td>28</td>
<td>39</td>
<td>4</td>
<td>5.6</td>
<td>16</td>
<td>22</td>
<td>2</td>
<td>2.8</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leicester General Hospital</td>
<td>70</td>
<td>97</td>
<td>1</td>
<td>1.4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.4</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenfield General Hospital</td>
<td>71</td>
<td>98</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.4</td>
<td>0</td>
<td>0</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Promotion Centre</td>
<td>18</td>
<td>25</td>
<td>18</td>
<td>25</td>
<td>28</td>
<td>39</td>
<td>8</td>
<td>11</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any of the above Libraries</td>
<td>13</td>
<td>18</td>
<td>12</td>
<td>18</td>
<td>12</td>
<td>25</td>
<td>12</td>
<td>18</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.

Table 4 shows the pattern of usage of the Health Care Libraries over the past two years for the whole county. The library most often used on a regular basis i.e. over 10 times in the past two years is Scraptoft Campus library. 21% of the sample had used Scraptoft Campus Library over 10 times in the past two years, on the other hand 58% of the sample had never used it. 33% of the sample had used Charles Frears Campus Library in the past two years which is significantly more than the 18% which were members of the library. 14% of the sample had used Charles Frears 2 to 10 times over the past two years. 61% of the respondents had used Clinical Sciences Library compared to a 43% membership, 22% had used it 2 to 10 times over the past two years. 6% of the sample were members of Leicester General Hospital Library however only 3% had used it over the past two years, and the one person who was a member of Glenfield General Hospital Library had used it 2 to 10 times in the past two years however no non members had used it. 25% of the respondents had never used the Health Promotion Centre Library, which concurs with the 32% who were not members of this library, 39% had used it 2 to 10 times over the past two years and 11% over 10 times. 18% (n = 13) of the respondents had not used any of the libraries in the past two years which is slightly less than the 22% (n = 16) who were not members of any of the libraries.
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Figure 4.

KEY TO FIGURES 4 - 6

CFC: Charles Frears Campus  STC: Scraptoft Campus
CSL: Clinical Sciences Library  LGH: Leicester General Hospital
GGH: Glenfield General Hospital  HPC: Health Promotion Centre
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Pattern of usage of the Health Care Libraries in the past two years
(South Division)

Figure 5
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Figure 6.
Figures 4-6 show the pattern of usage of the libraries for each division, the significant differences between the divisions were found to be that many more Health Visitors in the North division had never used Charles Frears Campus Library (82%) than the other divisions, however more had used Scraptoft Campus Library regularly - 32% had used Scraptoft Campus Library over 10 times in the North division compared to 16% in each of the other divisions. Significantly more Health Visitors from the City division used Clinical Sciences Library (36% used it 2 to 10 times) than the other divisions and 56% of Health Visitors from the City division used Health Promotion Centre Library 2 to 10 times compared with 46% from the North division never using it, however 16% of South division Health Visitors used the Health Promotion Centre Library over 10 times in the past two years, compared to 8% and 9% from the City and North divisions. The pattern of usage of the libraries when examined in relation to the Health Visitors division was similar enough to provide an overall pattern for analysis.

7.3.3 When did you last use one of the libraries?

This question aimed to establish how often the libraries were being used by the Health Visitors. As figure 7 shows an equal amount of respondents last used one of the libraries 1 month to 6 months ago or over 6 months ago, that is 50% of Health Visitors used the libraries over 1 month ago. 32% used them less than one month ago of which 15.3% used them very regularly at less than one week ago.
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7.4 WHAT INFORMATION IS BEING SOUGHT?

7.4.1 Have you used the Health Care Libraries to help you find information for the following in the past two years?

This question aimed to find out what Health Visitors are seeking information for, i.e. to what use Health Visitors were putting the information they were finding and what were the forces causing them to seek the information. Table 5 presents the results of question 4. The three most popular reasons for seeking information were for coursework, background reading, and research. 30% (n = 19), 24% (n = 15), and 22% (n = 14) had used the libraries on more than five occasions to find information for these. With the exception of coursework, over 20% of Health Visitors had sought information for all of the options given on 1 to 5 occasions, with research, teaching, and keeping up to date being the most often sought for on this many occasions. Information was least often sought for personal interest with 69% never seeking information from the libraries for this, and 66% never seeking information for Consumer Health Information. 65% of Health Visitors never used the libraries to find information for Clinical need/treatment or professional development.

<table>
<thead>
<tr>
<th>Pattern of information use</th>
<th>never</th>
<th>%</th>
<th>1 to 5</th>
<th>%</th>
<th>&gt;5</th>
<th>%</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Need/Treatment</td>
<td>40</td>
<td>64.5</td>
<td>17</td>
<td>27.4</td>
<td>5</td>
<td>8.1</td>
<td>62</td>
</tr>
<tr>
<td>Research</td>
<td>23</td>
<td>37.1</td>
<td>25</td>
<td>40.3</td>
<td>14</td>
<td>22.6</td>
<td>62</td>
</tr>
<tr>
<td>Teaching</td>
<td>26</td>
<td>41.9</td>
<td>28</td>
<td>45.2</td>
<td>8</td>
<td>12.9</td>
<td>62</td>
</tr>
<tr>
<td>Keeping up to date</td>
<td>29</td>
<td>46.8</td>
<td>22</td>
<td>35.5</td>
<td>11</td>
<td>17.7</td>
<td>62</td>
</tr>
<tr>
<td>Personal Interest</td>
<td>43</td>
<td>69.4</td>
<td>17</td>
<td>27.4</td>
<td>2</td>
<td>3.2</td>
<td>62</td>
</tr>
<tr>
<td>Professional Development</td>
<td>40</td>
<td>64.5</td>
<td>16</td>
<td>25.8</td>
<td>6</td>
<td>9.7</td>
<td>62</td>
</tr>
<tr>
<td>eg Prepp, Personal Portfolio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background Reading</td>
<td>31</td>
<td>50</td>
<td>16</td>
<td>25.8</td>
<td>15</td>
<td>24.2</td>
<td>62</td>
</tr>
<tr>
<td>Consumer Health Information</td>
<td>41</td>
<td>66.1</td>
<td>15</td>
<td>24.2</td>
<td>6</td>
<td>9.7</td>
<td>62</td>
</tr>
<tr>
<td>Coursework</td>
<td>33</td>
<td>53.2</td>
<td>10</td>
<td>16.1</td>
<td>19</td>
<td>30.7</td>
<td>62</td>
</tr>
</tbody>
</table>

Table 5.

7.4.2 Which topics do you most often seek information on?

A variety of topics were mentioned by most Health Visitors, a full list is given in Table 6 with the top 15 topics highlighted. Accident prevention and nutrition and weaning...
were by far the most popular topics. Some discrepancies may have arisen due to differing terminology used by different respondents, for example health promotion and health education. Also some Health Visitors mentioned specific diseases such as Asthma while others used the term 'specific childhood illnesses'. Some Health Visitors commented that the topics are constantly changing with different 'scare' and issues highlighted by the media.

Which topics do you most often seek information on?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Prevention</td>
<td>15</td>
</tr>
<tr>
<td>Immunisation and Vaccination</td>
<td>2</td>
</tr>
<tr>
<td>Asthma</td>
<td>9</td>
</tr>
<tr>
<td>Industrial relations</td>
<td>1</td>
</tr>
<tr>
<td>Behaviour Management</td>
<td>6</td>
</tr>
<tr>
<td>Legal issues</td>
<td>1</td>
</tr>
<tr>
<td>Bereavement</td>
<td>1</td>
</tr>
<tr>
<td>Models of care</td>
<td>1</td>
</tr>
<tr>
<td>Breast Feeding</td>
<td>3</td>
</tr>
<tr>
<td>National Health Service issues</td>
<td>2</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition and Weaning</td>
<td>12</td>
</tr>
<tr>
<td>Child Development</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Standards</td>
<td>1</td>
</tr>
<tr>
<td>CJD/BSE</td>
<td>1</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>1</td>
</tr>
<tr>
<td>Colic</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacology and Nurse prescribing</td>
<td>5</td>
</tr>
<tr>
<td>Community Profiling</td>
<td>5</td>
</tr>
<tr>
<td>Politics</td>
<td>2</td>
</tr>
<tr>
<td>Complementary Therapies</td>
<td>1</td>
</tr>
<tr>
<td>Postnatal Depression</td>
<td>4</td>
</tr>
<tr>
<td>Cot Death</td>
<td>1</td>
</tr>
<tr>
<td>Poverty</td>
<td>1</td>
</tr>
<tr>
<td>Crying</td>
<td>1</td>
</tr>
<tr>
<td>Pre-menstrual Syndrome</td>
<td>1</td>
</tr>
<tr>
<td>Eczma</td>
<td>2</td>
</tr>
<tr>
<td>Professional Issues / Professional</td>
<td>3</td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Employment Issues</td>
<td>1</td>
</tr>
<tr>
<td>Psychology</td>
<td>1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>1</td>
</tr>
<tr>
<td>Rare Conditions</td>
<td>1</td>
</tr>
<tr>
<td>E Coli</td>
<td>1</td>
</tr>
<tr>
<td>Reflective Practice</td>
<td>1</td>
</tr>
<tr>
<td>Family Planning</td>
<td>2</td>
</tr>
<tr>
<td>Relationship Skills</td>
<td>1</td>
</tr>
<tr>
<td>General Health Promotion Issues</td>
<td>5</td>
</tr>
<tr>
<td>Research Methods</td>
<td>1</td>
</tr>
<tr>
<td>GP Fundholding</td>
<td>1</td>
</tr>
<tr>
<td>Role of the Health Visitor</td>
<td>2</td>
</tr>
<tr>
<td>Health Education</td>
<td>1</td>
</tr>
<tr>
<td>Skill Mix</td>
<td>1</td>
</tr>
<tr>
<td>Health of the Nation Issues</td>
<td>2</td>
</tr>
<tr>
<td>Smoking</td>
<td>6</td>
</tr>
<tr>
<td>Health Visiting Outcomes</td>
<td>1</td>
</tr>
<tr>
<td>Specific Childhood Illnesses/Treatments</td>
<td>5</td>
</tr>
<tr>
<td>Health Visitor Education</td>
<td>1</td>
</tr>
<tr>
<td>Stress Management</td>
<td>2</td>
</tr>
<tr>
<td>Heart Disease Prevention</td>
<td>2</td>
</tr>
<tr>
<td>Sun safety</td>
<td>1</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5</td>
</tr>
<tr>
<td>Teaching and Assessing/ Presentation</td>
<td>5</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>1</td>
</tr>
<tr>
<td>Women's Health</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 6.
Chapter 7: Presentation of Results

The 15 topics Health Visitors most often seek information on.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident prevention</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacology and Nurse Prescribing</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition and Weaning</td>
<td>12</td>
</tr>
<tr>
<td>Specific Childhood Illnesses/Treatments</td>
<td>5</td>
</tr>
<tr>
<td>Asthma</td>
<td>9</td>
</tr>
<tr>
<td>Teaching and Assessing/Presentation skills</td>
<td>5</td>
</tr>
<tr>
<td>Behaviour Management</td>
<td>6</td>
</tr>
<tr>
<td>Postnatal Depression</td>
<td>4</td>
</tr>
<tr>
<td>Smoking</td>
<td>6</td>
</tr>
<tr>
<td>Women's Health</td>
<td>4</td>
</tr>
<tr>
<td>Community Profiling</td>
<td>5</td>
</tr>
<tr>
<td>Breast feeding</td>
<td>3</td>
</tr>
<tr>
<td>General Health Promotion Issues</td>
<td>5</td>
</tr>
<tr>
<td>Professional Issues/Professional Development</td>
<td>3</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 7.

7.5 USE OF SPECIFIC INFORMATION SOURCES AND SERVICES.

7.5.1 How often do you use the following Information Sources and Services?

Figure 8 shows that Health Visitors use their personal copies of journals regularly (31.9% weekly and 60.9% monthly) but library copies less often, if at all. Personal and library copies of books are most likely to be used 6 monthly. Newspapers are well used by Health Visitors with 78.3% using newspapers weekly. Abstracting and Indexing Services, CD ROM databases, and Library Literature Searches had all never been used by over 60% of the respondents, and were most likely to be used 6 monthly by those who did use them. Only 42% of the sample had used enquiry desk services and those who did use them again mostly used them only 6 monthly.
Chapter 7. Presentation of Results

Figure 8. Frequency of use of Information Sources and Services

70
7.5.2 Which journals do you regularly use?

Table 8 shows the journals read by the Health Visitors and highlights the top 11 most often used journals, the journal with the title Health Visitor was the most widely read by 41.5% of the respondents with the next most popular being the Nursing Times which was read by 18.3% of the respondents. 27 different journals in total were listed by the Health Visitors.

Which Journals do you regularly use?

<table>
<thead>
<tr>
<th>Journal title</th>
<th>No. of Health Visitors</th>
<th>No. of Health Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Visitor</td>
<td>59</td>
<td>British Journal of Health Care Management</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>26</td>
<td>British Journal of Nursing</td>
</tr>
<tr>
<td>Nursing Standard</td>
<td>11</td>
<td>Community Practice</td>
</tr>
<tr>
<td>British Medical Journal</td>
<td>6</td>
<td>Environmental Health News</td>
</tr>
<tr>
<td>British Journal of Community Nursing</td>
<td>5</td>
<td>Community Care</td>
</tr>
<tr>
<td>Professional Nurse</td>
<td>5</td>
<td>GP</td>
</tr>
<tr>
<td>Paediatric Nursing</td>
<td>4</td>
<td>Health Professionals Digest</td>
</tr>
<tr>
<td>Professional Care of Mother and Child</td>
<td>4</td>
<td>Journal of Clinical Nursing</td>
</tr>
<tr>
<td>Community Nurse</td>
<td>3</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>Health Service Journal</td>
<td>3</td>
<td>MIDIRS Midwifery Digest</td>
</tr>
<tr>
<td>Journal of Advanced Nursing</td>
<td>3</td>
<td>New Community</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>3</td>
<td>Social Science and Medicine</td>
</tr>
<tr>
<td>Health Lines</td>
<td>2</td>
<td>UKCC Register</td>
</tr>
<tr>
<td>Practice Nurse</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 8.

7.5.3 On how many occasions have you used the following Information Services to find Health Care Information in the past two years?

This question asked the respondents to note how often they used a number of specified information services to find Health Information. An 'other' option was included. The results are displayed in figure 9.
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Figure 9.

The Public Library was the most popular other information service used by the Health Visitors with 60% \((n = 43)\) using it 1 to 5 times in the past 2 years and 11% \((n = 8)\) using it over 5 times. 30% \((n = 22)\) of the respondents had used Helpbox, 25% \((n = 18)\) the Leicestershire Health Information Network phoneline, 18% \((n = 18)\) the Internet, 12% \((n = 9)\) the RCN Library and 9% \((n = 7)\) had used the Trent Health Line.

Three other Information Services were noted by the Health Visitors; these were the CPHVA library which was used by 8 respondents 1-5 times over the past two years and by 2 respondents over 5 times, the Loughborough Health Information Centre which was used by 3 Health Visitors in the North division and one Health Visitor had used the Terence Higgins Trust for information on over 5 occasions.

7.5.4 How often do you seek Health Information from the following Sources?

This question identified a number of work related Information Sources which may be used by Health Visitors to access information and asked the respondents to note how often they sought information from each of the sources. The results are shown in figure 10. All of the listed sources were used by a large proportion of the Health Visitors with Colleagues being the most popular and Conferences being the least popular. Colleagues, circulars/memo's and meetings were all used often by over 60% of the sample.
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7.5.5 Which Information Channel do you prefer to use?

As figure 11 shows the most popular Information channel was text, then personal contact, however 16.7% of the sample chose both text and personal contact and 16.7% did not respond to this question or commented that they had no preference. Only 5.6% preferred multi-media.
7.5.6 Which Information Channel do you least like to use?

Figure 12.

Figure 12 shows that multimedia was overwhelmingly the least liked Information channel with 72.2% choosing this option. 15.3% had no preference or did not respond, 11.1% least liked personal contact as an Information channel and only 1.4% least liked text.

7.6 SATISFACTION WITH THE SERVICES PROVIDED.

7.6.1 How important are the following factors in creating a good Information Service for Health Visitors?

Respondents were asked to indicate whether they considered a list of specified factors to be very important, rather important, not very important or not at all important. The results are presented in Figure 13. Opening hours, up to date books and up to date journals were considered to be very important by over 80% of the respondents. Location, large stock of books, large stock of journals and helpful staff were considered very important by over 50% of the respondents, and all the listed factors were considered to be either very important or rather important by over 70% of respondents. The factor most likely to be considered as not at all important was the availability of CD ROM databases, followed by an easy to use OPAC. None of the respondents considered opening hours and helpful staff to be not at all important.
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How important are the following factors in creating a good Information Service?

<table>
<thead>
<tr>
<th>Factors</th>
<th>% of Health Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Hours</td>
<td>85</td>
</tr>
<tr>
<td>Location</td>
<td>79</td>
</tr>
<tr>
<td>Large stock of books</td>
<td>64</td>
</tr>
<tr>
<td>Large stock of journals</td>
<td>80</td>
</tr>
<tr>
<td>Up to date books</td>
<td>87</td>
</tr>
<tr>
<td>Up to date journals</td>
<td>82</td>
</tr>
<tr>
<td>Availability of CD ROM Database</td>
<td>47</td>
</tr>
<tr>
<td>Easy to use OPAC</td>
<td>40</td>
</tr>
<tr>
<td>Clear layout of library</td>
<td>40</td>
</tr>
<tr>
<td>Helpful staff</td>
<td>80</td>
</tr>
</tbody>
</table>

Figure 13.

7.6.2 How well does the Health Care Library you use most often perform in relation to the following factors?

As figure 14 indicates all of the factors were most likely to be considered to be satisfactorily performed by the Health Care Library each Health Visitor used most often.
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Figure 14.

The libraries performed best in the staffing department with helpful staff receiving the highest number of extremely well votes and the least 'poorly'. The location of the libraries was poorly scored with 41% of respondents considering performance poor in this aspect and only 15% considering their library located extremely well. The availability of CD ROM Databases also received a high number of 'poorly' votes (22%) and a low number of extremely well (8.5%). Health Visitors in the City Division considered the libraries to perform extremely well in all the factors more often than Health Visitors from the other divisions. 13 respondents did not answer this question.

7.6.3 How often do you find the information you are looking for in the libraries?

Table 9.

<table>
<thead>
<tr>
<th>Rates of success at information searching</th>
</tr>
</thead>
<tbody>
<tr>
<td>always</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
Table 9 displays the answers to question 7. Health Visitors usually found the information they were looking for but only 1 always found it and only 1 rarely found it. No respondents never found what they were looking for but 11 respondents never used the libraries.

7.6.4 Do any of the following limit your use of the libraries?
This question aimed to ascertain what factors were actually preventing effective use of the libraries, as apart from factors that were considered not to be satisfactory but did not limit use.

Figure 15 shows that a large percentage (38.2%) felt that the location of the library limited their use, and 19.5% felt that limited opening times did. The least limiting factor appears to be the lack of Internet facilities (2.4%), followed by lack of help (4.9%) and a difficult to use OPAC (4.9%). 9 of the respondents did not answer this question.
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7.6.5 User Education.

Question 16 and 17 asked about the specific limitations and improvements user education may have on effective library use.

<table>
<thead>
<tr>
<th>Q.16 Have you ever been taught how to use Library facilities?</th>
<th>Q.17 Would your use of the libraries increase if you were shown how to use them correctly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>South</td>
<td>18</td>
</tr>
<tr>
<td>City</td>
<td>12</td>
</tr>
<tr>
<td>North</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 10 User education.

Figure 16.
User education.
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A much larger percentage of Health Visitors from the South division than the other divisions had been taught how to use library facilities such as the OPAC and CD ROMs. Of the 28% who had not 71% said their use of the libraries would increase if they were shown how to use them correctly. Only 36% of the Health Visitors from the North Division had been taught how to use the Library facilities and of those who had not 86% said they would use the libraries more if they were. Figure 16 presents the results of the whole sample and shows that only slightly (6%) more Health Visitors have been shown how to use the facilities than have not and considerably more would increase their use of the facilities if they were taught how to use them correctly than would not.

7.7 FACTORS AFFECTING INFORMATION NEED.

7.7.1 How have the following affected your need for information?
Question 19 asked respondents to judge whether PREPP, Project 2,000 health of the nation proposals, the patient's charter and evidence based medicine had increased, decreased or had no effect upon their need for information. The question included a decreased option to ensure the respondent was not lead into an answer, however none of the Health Visitors chose this option for any of the stated issues/factors. PREPP, health of the nation and evidence based medicine had all increased more Health Visitors needs than caused no change. Evidence based medicine appears to have had the greatest effect with 86% of Health Visitors stating that it had increased their need for information. The Patient's Charter has had the least effect increasing the need for information for 35% and causing no change for 65% of the respondents. This question was completed by all respondents.
7.7.2 Have any other factors increased your need for information?

This question aimed to allow Health Visitors to highlight any other factors which may be affecting information need which had been overlooked.

<table>
<thead>
<tr>
<th>Other factors Increasing need for information</th>
<th>No. of Health Visitors</th>
<th>Other factors Increasing need for information</th>
<th>No. of Health Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertaking a course</td>
<td>7</td>
<td>Nurse prescribing</td>
<td>3</td>
</tr>
<tr>
<td>Personal development/ fulfillment</td>
<td>6</td>
<td>Supervision/ teaching of students</td>
<td>3</td>
</tr>
<tr>
<td>Community profiling</td>
<td>4</td>
<td>Newly qualified</td>
<td>1</td>
</tr>
<tr>
<td>Standard setting/ auditing and evaluating</td>
<td>4</td>
<td>Return to the profession</td>
<td>1</td>
</tr>
<tr>
<td>Changing role of the Health Visitor</td>
<td>3</td>
<td>Skill mix</td>
<td>1</td>
</tr>
<tr>
<td>Increasingly well informed clientele/media coverage of certain topics</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11.
31 Health Visitors said that other factors had increased their need for information, 20 said no other factors had and 11 did not reply. Undertaking a course was the most often mentioned factor, followed by personal development/fulfilment. Table 10 shows the factors/issues mentioned and by how many Health Visitors.

7.7.3 If your information needs have increased, has there been a corresponding increase in information available to Health Visitors in Leicestershire?

59 Health Visitors replied to this question, of these 7 (11.9%) of respondents said that there had been no increase in information needs, 20 (33.9%) said there had been an increase and the information available had increased correspondingly, and 32 (54.2%) said that although their needs had increased the information available had not increased.

7.7.4 Have you heard of the passport to information for nurses?

This question aimed to ascertain whether Health Visitors were aware of the programmes for promoting access to information for Nurses. Only 4 of the respondents had heard of the passport to information for nurses, there was 1 non-response and 67 had not heard of it.

7.8 SUGGESTIONS FOR IMPROVEMENTS IN THE INFORMATION SERVICE PROVIDED TO HEALTH VISITORS.

Forty-three Health Visitors made suggestions for improvements. The suggestions fell into eight distinct groups as shown in Table 11. The two most popular suggestions involved promoting and advertising library services and resources and training Health Visitors to use the services and providing assistance when Health Visitors use the libraries. The main format suggested for promoting services was a regular newsletter telling Health Visitors about the services available and new resources that may be of interest to them sent to their place of work.
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As one Health Visitor said
"currently its all one way - the health professional makes the contact it would be very helpful if
the Health Care Librarians had a newsletter or circular that informed professionals of new items,
systems etc"

Suggestions for improving services to Health Visitors

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion of resources and services</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Training and assistance</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Comprehensive Membership</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>Opening Times</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Parking (CSL)</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Outreach Programmes</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Local Libraries</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Checks on needs</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 12.

23% (n = 10) of those who replied said that more training in library skills and more assistance when using the libraries would improve the service Two examples of the comments made are
"invite Health Visitors into the library for a training session on how to use the service (as) lots of
staff are apprehensive about finding information and using the computer to do it can seem
terrifying"

"more time spent on training - often done at the beginning of courses in limited time, it is so
crucial that accessing information is done efficiently yet it often only gets low priority attention
Also it is no good done in large groups - individuals have very different previous experience which
cannot be acknowledged in large groups"

The suggestions regarding more local libraries were concerned with how long it takes
to get to the existing libraries in limited time and that a closer library would make
information gathering much quicker and more responsive to clinical need
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The outreach programmes were suggested by those Health Visitors who felt isolated in the rural areas, a mobile library was one of the suggestions made. One Health Visitor commented:

"Working in Hinckley it's a 20 mile round trip to access health promotion or hospital libraries or Charles Frears (there is) no local means of obtaining relevant data."

16% called for better parking facilities and all of those who specified where specified for Clinical Sciences Library.

21% of the suggestions were concerning the problems of membership to the libraries with a call for one comprehensive membership to all of the libraries. Extending opening times was suggested by 19% with requests for evening and weekend openings.

7.9 ANY OTHER COMMENTS.

This final section was included to allow Health Visitors to elaborate on any answers and to comment on any issues relating to their Information Needs which had not been highlighted in the questionnaire.

The main comments were concerned with the lack of time available to access relevant information, two suggestions which were put forward by 8 Health Visitors were to give time in working hours over to information seeking and learning opportunities and to lessen workload to allow the same.

One Health Visitor found particular problems accessing information on her main client group - the Bangladeshi community.

This section tended to be used to repeat the overall message that Health Visitors want to access relevant information but need assistance in some form or another to do so more effectively, as one respondent said:

"As Health Visitors we have a professional responsibility to base our practice on research findings. We need help in the effective use of Leicestershire libraries."
8. DISCUSSION OF RESULTS.

8.1 ACCESS TO LIBRARY SERVICES.

8.1.1 Membership.
Health Visitors are only allowed full membership of a third of the Health Care Libraries in Leicestershire, these being the Clinical Sciences Library and the Health Promotion Centre Library/Information and Resources Service. As would be expected the results show that these two libraries had the highest membership within the sample, however non membership figures of 57% and 22% are high considering that all Health Visitors are eligible to be members of these libraries and considering the need for information that their job requires, also 64% of the Health Visitors surveyed had never used one or both of these and only 13.8% had used one or both on more than 10 occasions in the past two years. However it must be recognised that the non membership and user rates among the Leicestershire Health Visitors is more acceptable than those found in the survey by Hernando of Nursing staff in a South Buckinghamshire NHS Trust where only 28% of Health Visitors in the survey were library users (1).

One reason for the relatively high non membership rates and low usage rates of these two libraries may be their location, as the results show the percentage of Health Visitors in the City division, where both libraries are situated is much higher than the other two divisions. Many more Health Visitors had used Clinical Sciences Library than were members which may indicate that the users did not know that they could be members.

The membership figures for the De Montfort University Libraries correlate closely to the numbers of Health Visitors undertaking a course, as would be expected as membership is only allowed by those Health Visitors who are undertaking a course at De Montfort University. The fact that Scraptoft Campus Library was the most used on a regular basis may be explained by coursework creating more frequent and
Charles Frears Campus Library was used by many more Health Visitors than were members, this signifies that Health Visitors continue to find the specialist resources there useful even when not on a course. The low membership figures for the General Hospital libraries are expected due to their membership rules which do not allow membership by Health Care professionals not employed by their trusts.

Over half of the sample were members of more than one library which may signify that their needs are not being fully met by one single library, this would be expected as none of the libraries provides a specialist Health Visitor Information service.

This pattern of low access membership is despite a number of papers calling for better access to library services for qualified nurses such as the Nursir11 proposal set out in 1993 which stated that

"urgent attention should be given to the learning resources needs of employed nursing, midwifery and health visiting staff. Committees should be established at regional level to include regional and unit nurses responsible for contracting for continuing education and appropriate learning resources service managers. Learning resources working parties should be set up to identify the level of need, services currently available, systems of provision (including service arrangements, guided learning resources, availability and access, tariffs and charges, contracts etc.)" (2)

The regional librarians group which is the principle organisation representing and co-ordinating health science library services for National Health Service staff set out the mission of library services within the NHS in 1993 as follows

"to support high quality knowledge based health care by:

a) ensuring that all NHS staff have access to up to date and reliable sources of information relevant to their clinical management, educational and research needs, and
b) encouraging the effective use of information sources in all media."

The review goes on to say that good management of library services should ensure
that the knowledge base of health care should be available and accessible to all providers and consumers of health care irrespective of institutional or professional affiliation " (3)

This was recognised by the Leicestershire Health Librarians Association in their publication 'Library services to qualified nurses, midwives and health visitors in Leicestershire', in October 1994 Unfortunately despite recognition of the problem and acceptance that it must improve, the situation has not improved and appears to be worsening, with one of the Leicestershire Health Care Libraries, Scraptoft Campus Library, De Montfort University now denying membership to Health Visitors where it once allowed external membership with some borrowing rights

8.1.2 Frequency of Use.
The majority of Health Visitors who use the libraries used them over 1 month ago and only 15.3% used them very regularly at less than 1 week ago. It would appear that library membership and use is strongly influenced by Course demands and those who do not use or use the libraries infrequently may do so due to lack of knowledge, time and inclination to go out of way to visit inaccessible libraries.

8.2 WHAT ARE HEALTH VISITORS SEEKING INFORMATION FOR?

8.2.1 Coursework, Background Reading and Research.
The research shows that most information is being sought for coursework, this is not surprising considering the influence coursework appears to have upon library use. Background reading and research were the next most popular reasons for seeking information, however it should be borne in mind that some of the terms used were ambiguous and so may have produced misleading results. In particular Clinical need/treatment was not a popular reason given for seeking information, although research and background reading were however, it is likely that the research and background reading were being used for Clinical need/treatment and so it was in fact a major reason for seeking information although the results do not indicate this.
8.2.2 Consumer Health Information.
A rather surprising low scoring reason for seeking information was Consumer Health Information which due to the patient's charter should be on the increase, however it may be that the GP's surgeries and medical centres where the Health Visitors are based have a good amount of such resources, or it may be that Health Visitors do not know where to access such material or perhaps are advising clients where to get them from rather than supplying it.

8.2.3 Professional Development.
Another surprising result was that 64.5% of Health Visitors said they had not sought information for Professional Development e.g. PREPP and Personal Portfolio in the past two years. This may be explained by lack of time to access information that is not directly needed for work purposes, but signifies a shocking lack of compliance (or ability to comply) with the requirements of constant updating of PREPP. Interestingly Health Visitors did not seek information for personal interest in 69.4% of cases which may again be due to lack of time.

8.3 WHAT TOPICS ARE HEALTH VISITORS SEEKING INFORMATION ON?
The huge number and variety of topics mentioned by the Health Visitors regarding which topics they most often seek information on, indicates the wide variety of problems and needs that they are dealing with and their ever changing need for information. They need access to a wide variety of up to date information. It is interesting that there is a discrepancy between what the Health Visitors said they were seeking information for, i.e., coursework, background reading and research and not clinical need/treatment and what specific topics they were seeking information on. The topics sought were overwhelmingly clinical need/treatment based, e.g., accident prevention, weaning and nutrition, asthma - this may be a questionnaire terminology fault, this option may have been more clearly understood had it been called client care.

Other topics which Health Visitors were seeking information on were concerned with the changing role and position of Health Visitors caused by changes demanded by
Government policies, the UKCC and other issues discussed in chapter 2, examples of such topics are employment issues, Health Visitor education, community profiling, GP Fundholding, Health of the Nation issues, Health Visiting outcomes, skill mix, pharmacology and Nurse prescribing, National Health Service issues, legal issues, occupational standards, professional issues and professional development. Health Visitors are, therefore, wanting information on how to cope in these unsure times, what is required of them and how these changes will affect their role and position.

8.4 WHAT SOURCES AND SERVICES ARE HEALTH VISITORS USING?

8.4.1 Newspapers and Journals.
Newspapers are well used by the Health Visitors in the sample with 78.3% using this accessible cheap up to date resource weekly. This indicates a wish to access information and an ability to recognise the resources that are most accessible, it would be fair to say that many professionals forget that newspapers can be useful sources of information. Health Visitors also seem to like using journals but due to the inaccessibility for whatever reason of the libraries tend to use their own copies which will give them a limited number to refer to. This echoes the findings of Wakeham, Houghton, and Beard (4) and Urquhart and Davies (5) who found that ward and personal copies of journals were one of the most used sources of information. Crane and Urquhart also found that Community Nurses rated their journals more highly than the hospital based Nurses rated theirs perhaps due the perceived usefulness of the journals to a group who are working on their own a greater deal (6). Health Visitors, as a group, tend to use the same journals i.e. the Health Visitor journal and the Nursing Times, however 27 journals were mentioned in total showing an awareness of what is available.

8.4.2 Literature Searching Tools.
The finding that Health Visitors in the sample are not using resources such as abstracting and indexing services is not surprising considering the few times many of them use the libraries, the number who have not had user education, and perhaps the time available to use the libraries. Although using such services would increase the
ability to find information required and make the whole information seeking process more efficient, services such as these can appear daunting and time consuming to the uninitiated. One surprising result is the fact that 58% of the Health Visitors said they had never used the enquiry desk, it can only be surmised that they are using browsing to find resources which is not an efficient seeking method in limited time. It is also surprising when only 35% considered the standard of staffing in the library they use most frequently to be poor, it is therefore unlikely that they were being put off using the enquiry desk by unhelpful staff. The under use of these services must be taken into account when designing and undertaking user education.

8.4.3 The Internet.
The non use of the Internet does not come as a surprise, as although it has the potential to be a huge information source it can be daunting to use and time is needed to use it and also access to an internet connection. The rhetoric of the Information super highway has certainly not reached the ground level of Primary Health care provision. If Health Visitors have difficulty accessing and using relatively simple and well known library resources the chances of them attempting to access information on the internet is highly unlikely. This is despite the Cumberlege seminars in 1992 and 1993 (10) recognising the need to disseminate the knowledge base of the NHS via the NHS wide network and the Internet.

8.4.4 Informal Sources.
The results show that Health Visitors also seek information from sources closer to home with colleagues, circulars/memo's and meetings being used often by over 60% of Health Visitors in the survey. Crane (11) found a similar practice with Community and Practice Nurses having a large degree of informal dissemination from GP's. This fact is worth bearing in mind when disseminating information and setting up a service which will meet the information needs of Health Visitors. It is also worth bearing in mind that Health Visitors equally like personal contact and text as information channels and least like multi media however this is not unexpected as few Health Visitors appear to use multi media resources and the unknown is usually not liked.
8.4.5 Other Sources and Services.
The results showed that while Health Visitors were not using the Leicestershire Health Care Libraries as much as they could they were utilising other sources of information. These results are similar to findings in surveys by Yeoh and Morrissey (7) Stapleton (8) and Cheung (9). 71% of the Health Visitors in the sample were using the Public Library for health care information but only a few were using other resources which aim to provide services to health professionals such as the Trent healthline, Helpbox and the Leicestershire Health Information Network, it may be that the Health Visitors do not know of these resources or that they do not have time to access them. The above mentioned resources provide Consumer Health Information which the majority of Health Visitors said that they were not seeking information for and again it may be that clients are being directed to these sources themselves.

It is interesting to note that other libraries are used i.e. the RCN library and the CPHVA library but perhaps not as often as would have been thought considering the under use of the Leicestershire Health Care Libraries. This may be due to a lack of knowledge regarding the existence of other professional and Health information libraries and services. Certainly the CPHVA library is not well publicised and perhaps the RCN library is so overused it does not want to encourage many more users.

Another potentially useful but under promoted resource is the Loughborough Health Information Centre, Health Visitors from the North division were particularly under utilising the resources available in Leicestershire and were the most critical of the problem of access to libraries however only 3 Health Visitors in the North division had used this resource which is located in the North division, and none of the Health Visitors in the other regions had, this is particularly interesting considering that this centre aims to support health education and promotion work and is funded by Fosse Health NHS Trust.

8.5 HEALTH VISITORS SATISFACTION WITH LEICESTERSHIRE HEALTH CARE LIBRARY SERVICES.
The research looked at the factors which were considered by the Health Visitors to be important in creating a good information service and how they rate the same factors in
the library they most often use. The research did not ask for named libraries as this would be counter productive but aimed to highlight areas that Leicestershire Health Care Libraries should endeavour to improve upon in providing a service which will more effectively meet the needs of Health Visitors.

8.5.1 Opening Hours and up to date stock.
The top three factors in creating a good information service were found to be opening hours, up to date books, and up to date journals. These factors were considered to be extremely well performed/provided for by the library each Health Visitor used most often in under 25% of cases and satisfactorily in over 55% and poorly in over 18% of cases. The Health Promotion Centre Library has only 9-4 opening hours and is more of a materials and reference resource than having an extensive range of books and journals at hand although they do have an inter-library loan service but with the limited time that Health Visitors are seeking information in, this may not be of much use. Clinical Sciences Library has a large stock of books and journals but being a multi-disciplinary library only a small percentage will be Nursing and even smaller Community Nursing orientated. The libraries with the stock most likely to be relevant to Health Visitors, i.e., Charles Frears and Scraptoft Campus Libraries allow only limited access to Health Visitors unless undertaking a course at De Montfort University. The overall consideration by the Health Visitors surveyed that the opening hours and stock were only satisfactory to poor would, therefore, appear to be a reasonable judgement.

8.5.2 Location.
79% of respondents considered the location of the library to be very important and 17% rather important, it is therefore worrying that 41% considered the library they used most often to be located poorly. Again this is fair judgement considering that all of the Leicestershire Health Care Libraries are situated within the City division and both of the libraries allowing full membership have extremely limited parking facilities.
8.5.3 Helpful staff.
The saving grace of the Leicestershire Health Care Libraries seems to be their helpful staff with 35.5% of respondents considering the staff to perform extremely well and 61% considering them to perform satisfactorily.

8.5.4 Success in Information Seeking.
Unfortunately only one Health Visitor felt that they always found the information they were looking for in the libraries which is not a satisfactory service, although 52 considered that they usually did and only one person rarely did. There may be many reasons for this such as the lack of information seeking skills on the Health Visitors part, as found in other surveys (Urquhart's (12), Wakeham (13), Gilbert (14) Yeoh and Morrissey (15)) which indicate that Nurses do not have the skills necessary to utilise the services to an optimum level, and/or the lack of appropriate resources within the libraries. However whatever the reason it should be a cause for concern.

8.5.5 Limiting factors.
The results of the question regarding factors which limit use of the libraries corresponded to the above with 38.2% considering the location of the library to limit their use, 19.5% said the opening times limited use and 13.8% considered difficulty in finding resources wanted to limit their use. 46% of the respondents who answered the question regarding user education had not had user education and of these 78% felt that their use of the libraries would increase if they were shown how to use them correctly, this indicates a want to use the libraries more but a feeling that they cannot do so efficiently due to lack of information seeking skills. Interestingly the number who have not had training, and the percentage who said they would increase their use of the libraries if they had user education is largest in the North division where library use is least.

8.6 FACTORS AFFECTING INFORMATION NEED.
The research shows that issues/factors identified in chapter 2 have caused an increase in Health Visitors' need for information, but no way of meeting it 54.2% of the
sample said that there had been no increase in information available to Health Visitors to correspond to their increased needs.

Evidence-based practice has had the greatest impact with 86% of the Health Visitors considering it to have increased their information needs. This has implications for service delivery in that Health Visitors are increasingly going to need to access research and therefore should have access to research skills training which could be based upon models such as in Anglia and Oxford where regional library networks have run finding the evidence networks (16).

As would be expected over 60% felt that PREPP and Health of the Nation proposals had increased the need for information but only 35% felt that the patient’s charter had increased their information needs which is expected considering the number of Health Visitors not using the CHI services. Only 38% felt that changes brought about by Project 2,000 had increased their need for information, this may be the percentage who have found that they have had to supervise/mentor Project 2,000 student placements.

The results of the question asking for other factors/issues which have increased the need for information highlighted once again the fact that course work creates demand for more information and as more Health Visitors go on courses their needs will increase. Interestingly personal development/fulfillment was mentioned frequently in this response, an area which had not been considered a major cause for information seeking in the other questions, perhaps it is that the need is there but the Health Visitors have not acted upon it. Community profiling was also highlighted indicating a need for community information.

This question aimed to highlight any influences on information need that had not been discussed or recognised in the research, none were specified however it provided and insight into topics/issues that may demand more access to information in the future such as standard setting, auditing and evaluation, practices which were mentioned as increasing information need and are on the increase and will call for specialised information to ensure their effective practice.
8.7 HOW WOULD HEALTH VISITORS LIKE THE LEICESTERSHIRE HEALTH CARE INFORMATION AND LIBRARY SERVICE TO BE IMPROVED?

8.7.1 Advertising and promoting services.
The Health Visitors surveyed were quite sure of how they would like the service to be improved. The overall message from this reply was one of letting Health Visitors know what was available i.e. promotion of services via a regular newsletter, in other words market the services. It is interesting that Nurse11 (17) recommended quality assurance in clearer communication and more accurate information to enable users to access libraries and learning resources more effectively. It called for a mechanism which both informs users and promotes services objectively.

8.7.2 Training sessions.
The Health Visitors also suggested that training sessions to use what is available and assistance offered when using the libraries would be an improvement. The above could be implemented without a great deal of upheaval and financial stress and may bring about a vast improvement in the service offered to Health Visitors.

8.7.3 Opening Times.
As would be expected from earlier responses evening and weekend opening times were called for. Clinical Sciences Library has reasonable opening times but perhaps these requests are more from members or users of Scraptoft and Charles Frears Libraries. It may also be that the respondents are not aware of the opening times.

8.7.4 Comprehensive membership.
This was the next most popular suggestion, one example given was for one membership card to be automatically issued to Health Visitors covering all the Leicestershire Health Care Libraries. This would provide a partial answer as there would then be a wide range of resources available to Health Visitors, however it does not address the problem of time to access these services which are all located far away from the work base of most Health Visitors.
8.7.5 Outreach Programmes.

Some Health Visitors suggested outreach programmes and more local libraries, a mobile van and more postal/telephone services were suggested. This recommendation has been made by many other interested parties, for example, the National Association of Health Authorities and Trusts (NAHA T) said in 1996 that libraries should develop innovative outreach services aimed at non-trust based clients such as GP's and the public, this seemed to be ignoring the fact that some trust employees are neglected too.

(18) In a similar vein Wakeham et al stated

"If libraries continue to rationalise and centralise they will have to look towards programmes of outreach in order to maintain their position as information providers to the distance learning nurse. More importantly for the isolated nurse, the librarian perhaps has to take on the information giving role of the colleague" (19)

8.7.6 Time to Access Information.

Many of the respondents mentioned that no time is allowed within work to access information, obviously this is something that managers need to address however this issue can be addressed in some way by an effective service which may prompt managers into recognising the need for information gathering. This will involve a pro-active marketing policy/ programme by the Leicestershire Health Care Libraries perhaps through a forum such as the Health Information Plan. The necessity to create services which can reach Health Visitors within their workplace is glaringly obvious as a solution to this and other problems that Health Visitors are coming across when trying to access information.

8.8 AREAS OF GOOD PRACTICE

As Jean Yeoh points out

"as an increasing number of community based staff will find hospital based information provision irrelevant new ways of providing services will have to be considered and these are very likely to involve the development of links between the computer networks of information services and the nurses workplace which is becoming increasingly computerised. The future emphasis may well be on access to resources rather than close proximity to a physical collection" (20)
The dearth of services supplying effective information to Health Visitors is not a local phenomenon restricted to Leicestershire but is one that is shared nationally. Despite extensive enquiries there appears to be very few examples of good practice in meeting the needs of Health Visitors. This section therefore, examines a number of programmes and services which could be applied to an information service for Health Visitors in Leicestershire and therefore may provide library service designers wishing to meet the information needs of Health Visitors effectively with a starting point.

8.8.1 Prise and Prima

Prise and Prima are two projects undertaken in Anglia and Oxford region to provide better information for Primary Health Care Teams. Primary care sharing the evidence project (Prise) aims to achieve a better understanding of the mechanisms and skills which will enable Primary Health Care teams to provide high quality care based on the best available evidence. A small number of pilot sites have been chosen to have electronic access to a package of library and information services provided by the Institute of Health Sciences Library and also training in appraisal and searching skills will be given. The aim is to set up a package of services for managing information provision to be delivered at an appropriate level by the library services in the Anglia and Oxford region. The Primary Care Information Management across Anglia (Prima) project aims to empower Primary Health Care workers to deliver effective health care. The project is looking at the information skills needed by members of the primary care team and will assess the effectiveness of an electronic document delivery service (EDDIS). These projects are still in the early stages however the interest in Primary Health Care information needs and the attempt to meet them is the "good practice" issue being highlighted. The results will be of interest to anyone wishing to meet the information needs of Health Visitors effectively (21).

8.8.2 The Midwifery and Nursing Audit Information Service (AIS)

AIS is funded by the Department of Health and provided by the Royal College of Midwives and the Royal College of Nursing. The service is fairly new and allows free access to all Nurses and Midwives regardless of professional membership. It provides a literature database and audit project database of completed audit projects, factsheets on the most frequently asked questions regarding audit, a referral and contacts service.
and an enquiry service covering a large number of topics. It is an example of a user-friendly information service set up to meet a set of specific needs but flexible enough to provide an effective service (22).

8.8.3 Child Health Information Resource Health Visitor

Working from the Child development centre in Chesterfield Derbyshire the Resources Health Visitor for children with special needs is a qualified Health Visitor employed within the children's specialist services Community Health Care Service. The service provided is one of information, support, advice and guidance to fieldworkers and families (via the family Health Visitor) about all aspects of care of a special needs child. There is a resources bank of information about statutory and voluntary help and aspects of care file for children with special needs and their families. The service maintains a Special Needs Database which provides information to monitor the incidence and prevalence of children with special needs within the District for statistical and epidemiological purposes and programmes of health. Notifications to the databases of children with special needs initiates a package of information to the Primary Health Care team which includes a copy of Pathfinder the Directory of Social Services, details of support groups and organisations, specific information about the condition, details of other Health Visitors who have had the care of a child with the same condition (to put families in touch while respecting confidentiality) The service therefore acts as a resource for advice on community services, promotes the best use of health care resources, ensures Community Health Care staff receive all relevant information as soon as possible, provides research based knowledge to Health Care Staff and promotes research based practice, ensures inter-agency communication and provides regular updates of database information (23).

8.8.4 Practice Libraries.

Practice libraries can

* provide (s) an efficient means for doctors and staff to find background, clinical and organisational material for their work tailored to their needs without having to go outside the practice" (24)
Chapter 8: Discussion of Results

Such a library would be extremely accessible to Health Visitors and would be able to be used in work time, the resources would be oriented towards Primary Health Care, although it may be strongly influenced by the GP's needs and less so by the other primary Health Care workers. A working example of a successful practice library service is that provided by SL Bryant in Aylesbury. Three practices have libraries which are stocked with journals, books, subject information files, audio-visual materials, and official documents. There are also plans to link to the Internet. Funding is provided by the practices themselves. The Practice Librarian liaises with several information services and has established good links with local services, particularly the postgraduate medical library and the Health Authority and public library.

8.8.5 The Internet

The Internet is expounded as the answer to all information problems and perhaps it can be but a project to encourage the use of the Internet will of course involve major planning and finance. One such project was set up in the Western Isles to improve access to information for Community Nursing staff working in remote areas. Workshops were held to train the Community Nursing staff to use the Internet and the Nurses found the World Wide Web fairly easy to use once shown and the aim of increasing access to information was met. However, the Nurses felt that the amount of relevant information was disappointing as most information was concerned with nurse education rather than practice and originated largely from America rather than the United Kingdom. The conclusion from the project was that the Internet has the means to increase access to information but further work needs to be undertaken to increase the number of relevant sites on the Internet.

8.8.6 The Passport to Information for Nurses.

This emerged from NURLIS 11 as a concept to empower Nurses. The results of the survey indicate that the concept of a passport to information for nurses (nurpass) has not been widely promoted; however, it can provide a basis for good practice in meeting the needs of neglected groups such as Health Visitors. The British Library found in a study on "nurpass" that it was welcomed by potential users in the Nursing sector and would be particularly suited for Nurses working in dispersed environments. It has been incorporated into projects in Bournemouth and Dorset and Wiltshire.
Chapter 8: Discussion of Results

It necessitates a mixture of directory, service guarantees, identification and charge back mechanisms through the use of smart card technology. The key elements involve:

- A guide for Nurses to the availability of sources and services of learning resources libraries and information,
- A way to inform Nurses of their rights to access to these sources and services,
- A channel through which Nurses could be directed to an appropriate initial point of access to resources,
- A device to educate and develop nurses as independent learning resource users,
- A method of controlling the use of alternate or specialist points of access,
- A way of identifying the holder of the passport at the point of access to learning resources;
- A way to monitor the take up of services provision,
- A record of individual use of learning resources and a means of charging back to budget holders.

A number of feasible suggestions for improving the service to Health Visitors have been made however one question needs to be asked - is there a willingness to implement any changes? The likelihood of implementation will depend upon the implications for the Leicestershire Health Care Libraries on staffing, resources, and finance. For those libraries that have a remit to provide services to Health Visitors the problem is whether they can they cope with an increased demand for information from Health Visitors in an already stretched service. For the libraries with no obligation to provide an information service to Health Visitors how would they be remunerated for any additional service and how would this affect the service they are providing to present members?
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9. CONCLUSIONS.

9.1 THE INFORMATION NEEDS OF HEALTH VISITORS IN LEICESTERSHIRE.

The research leads to the following conclusions regarding the information needs of Health Visitors in Leicestershire.

- The idiosyncratic nature of Health Visiting creates a myriad of information needs for individual practitioners which are constantly changing due to the changing needs of the Health Visitors' clients. Health Visitors overwhelmingly seek information on specific client issues, the most frequent at the time of questioning being accident prevention, Asthma, behaviour management, nutrition and weaning, postnatal depression, smoking, 'specific childhood illnesses and treatments' and women's health issues.

- Health Visitors are practising in a climate of change resulting from changing government policy which has marked a shift towards a Primary-care led NHS with a changing role for Health Visitors and some uncertainty about what the future will hold. Changes in Child Health Policy have also resulted in some revision of Health Visitor roles. Health Visitors are wanting to access information regarding the changes being implemented, what is expected from them, and what the future will hold.

- The climate of change also results from the changing expectations of the Nursing professions from within the Nursing body itself, in particular the need for continuing education and updating of knowledge to comply with the PREPP regulations. Nursing is also progressing towards becoming a graduate occupation, both of these changes are necessitating Nurses to undertake courses. Coursework was the major reason given for seeking information amongst the Health Visitors in the sample.

- There is a realisation that health care must be based on informed decisions, i.e., evidence-based practice, which involves accessing relevant research and putting into
practice these findings 22.6% of Health Visitors surveyed were accessing information for research and Evidence Based Practice was considered to increase the Health Visitors need for information in 86% of cases.

- The research established that Health Visitors' need for information was increased by other changes affecting the role of Health Visitors such as the Health of the Nation proposals, the patient's charter and the increased right to Consumer Health Information and also the changing nature of nursing education with the increased need for supervision and mentorship.

- Health Visitors also identified that Nurse prescribing, standard setting, auditing and evaluating were practices that were increasing their need for information.

- The majority of the respondents said that although their information needs had increased the information available to them had not increased correspondingly.

- The research indicates that information needs do not always manifest themselves as information seeking behaviour, this is most obvious in the case of professional development. 65.4% of Health Visitors said that they had not sought information for professional development, however over 60% said that PREPP had increased their need for information.

9.2 THE INFORMATION SEEKING BEHAVIOUR OF HEALTH VISITORS IN LEICESTERSHIRE.

The research highlighted the following patterns of Information seeking behaviour:

- Health Visitors can only become members of two of the Health Care Libraries in Leicestershire these being the Clinical Sciences Library and the Health Promotion Centre Information and Resource service, unless they are on a course at De Montfort University in which case they can use the De Montfort University Libraries. 78% of Health Visitors surveyed are members of one of the Leicestershire Health Care
Libraries, the largest number being members of the Health Promotion Centre Library and second largest Clinical Sciences Library

- Considering the Health Visitors need to access information a large percentage - 18% - of the Health Visitors surveyed had never used any of the Leicestershire Health Care Libraries and 57% were not members of Clinical Sciences Library and 22% were not members of Health Promotion Centre Library

- All of the Leicestershire Health Care Libraries allow use of their libraries for reference only purposes with permission from the Librarian and all the libraries are used this way by a small percentage except for the General Hospital Libraries Charles Frears Campus Library is most often used in his way Almost twice as many used this library as were members, most likely due to Health Visitors wanting to access the specialised stock

- A pattern of accessing information only when it is absolutely necessary emerges with the need to complete Course work being a great impetus to access information This is indicated by Scraptoft Campus Library, De Montfort University, being the most accessed frequently, that is over 10 times, and the fact that Health Visitors are much less likely to access information for personal development or interest and professional development than other work or course related reasons that demand an increase on knowledge

- Slight differences in user patterns emerged between the divisions, the major one being that Health Visitors from the North division least use all the libraries. The research findings indicate that this is may be due to the inaccessible location of the libraries and also the lack of user education and hence information seeking skills

- 50% of the Health Visitors had last used a Health Care Library over a month ago and 32% had used them less than one month ago

- Approximately half of the sample had not had user education and of these 71% said that they would use the libraries more if they were shown how to use them
Chapter 9: Conclusions.

- The research shows that Health Visitors are major users of newspapers, and personal copies of journals. They rarely use Abstracting and Indexing services, CD ROM Databases and the enquiry desk, and would appear to be using browsing as the main literature searching tool. This pattern of use could be explained by the lack of user education received by Health Visitors and would partly explain their under-use of libraries if they are having difficulty finding information wanted using this technique.

- 27 journal titles in total were read by the Health Visitors surveyed and over 40% read the Health Visitor journal and 18% the Nursing Times.

- Health Visitors overwhelmingly do not like multi media as a channel of communication however other results indicate that this channel is very rarely used and this may explain the dislike. Only 18% of the respondents had used the Internet in the past two years and only 2.4% felt that lack of internet facilities limited their use of the libraries.

- Health Visitors use informal sources on a regular basis with colleagues, meetings and circulars or memo's being the most often used. This indicates the necessity of immediacy and ease of access to information.

- Health Visitors often use the Public Library as a source of health care information indicating a failure by the Leicestershire Health Care Libraries to adequately meet their information needs. The research indicates that resources such as the Trent healthline and Helpbox, which are concerned with the provision of Consumer Health Information have not been greatly used by the Health Visitors.

- Health Visitors are making use of other health information libraries such as the RCN and the CPHVA library but not by as great an extent as would be expected by the under-use of the Leicestershire Health Care Libraries.

- Health Visitors consider opening hours, up to date books and journals, and location to be the most important factors in a good information service.
• Health Visitors consider the Health Care Library they most often use to perform satisfactorily in relation to opening hours, up to date books and journals, location of library, stock of books and journals, availability of CD ROM databases, easy to use opac, clear layout of library, and helpful staff in over 40% of cases. The libraries were most likely to be judged as performing extremely well in the category of helpful staff and performed least well in the category of location, availability of CD ROM databases, and easy to use opac.

• Health Visitors consider that they usually, but not always, find the information they are looking for in the HCL, and the main limitations to library use are considered to be the location of the library, limited opening times, and difficulty in finding the resources wanted.

9.3 IMPROVEMENTS TO THE SERVICE.

• Overwhelmingly the Health Visitors called for a newsletter or other promotional information about what is available to them. This indicates that Health Visitors are aware that they do not know of all the services available to them but that they would like to use those that are, however do not have time to gather this information themselves.

• The Health Visitors also recognise that they are lacking in information seeking skills and call for training in information skills and to be offered more assistance when using the libraries.

• Comprehensive membership and outreach programmes/more local libraries are suggested by a number of Health Visitors to increase access to the resources available.

• The overall problem highlighted is the lack of time allowed for Health Visitors within a busy working day to access a minimal amount of resources available within a climate of increased information need.
10. RECOMMENDATIONS

The primary recommendation that is of vital importance in order for any improvement in Information Services to Health Visitors to be made is

- For Leicestershire Health Care Libraries to recognise that the needs of Health Visitors are not being adequately met by the present services within Leicestershire and to accept responsibility for ensuring that the situation will be improved and make a commitment to carrying out measures which will create as effective an information service as possible. Unless the Leicestershire Health Care Libraries take responsibility for improving the situation nothing can reasonably be done to increase access and/or resources available to Health Visitors. Although there are measures that can be undertaken by the libraries which are obligated to provide a service to Health Visitors, a much stronger and far reaching service can be set up if all the Health Care Libraries commit themselves to improving the situation. An improved service to Health Visitors will also be an improved service to many other neglected groups, particularly Primary Health Care Professionals. It is therefore within the interests of the Health Care Libraries to be able to provide a recognisably effective information service to this sector which is growing in numbers and purchasing power.

There are a number of relatively simple strategies which could be implemented without major upheaval and financial/staffing/organisational change but will bring about a considerable improvement in the service provided to Health Visitors in a relatively short space of time.

- Promotion/marketing of services and resources currently available and of interest to Health Visitors via a regular newsletter circulated via key information gatekeepers such as divisional Nurses or team leaders.
Chapter 10. Recommendations

- Inform Health Visitors of other information services which they may wish to contact for information such as the CPHVA Library, RCN library, Health Education Authority Information Centre, Kings Fund Centre Library, and Library Resource Centre. Institute of Child Health

- Implement a user education programme which invites Health Visitors to attend at regular intervals to learn how to use the services available. Evaluate these programmes regularly to ensure that they are pitched at the right level and are improving service use. The sessions should encourage the use of services which are currently under used such as the enquiry desk, abstracting and indexing services and CD ROM's.

- Create a mechanism to inform newly employed Health Visitors of information services available and invite them to participate in the user education programmes.

- Assess the possibility of extending opening hours or providing simple outreach services, such as phone and postal services, to Nursing professionals who find it difficult to access services.

- Review stock and resources for suitability for Health Visitors and purchase more relevant resources to meet their information needs.

- Market the service and the necessity of accessing information to Fosse Health Trust managers and GP's who are able to allow Health Visitors time off to access information.

Other more far reaching measures need to be implemented if a truly dynamic service responsive to the changing needs of Health Visitors is to be created. The commitment by Leicestershire Health Care Libraries to improving the information service to Health Visitors should, therefore, include the following.
Chapter 10. Recommendations

- An invitation to Trust and Health Authority managers, GPs, divisional Nurses, Team leaders and Health Visitors to discussions about the deficits in information provision for Health Visitors and encourage them to recognise the need for more access to information and the need to fund better services.

- An examination of the feasibility of comprehensive membership, i.e., how access to all of the Health Care Libraries could be opened up to Health Visitors and other Health Care professionals, allowing maximum use of resources within Leicestershire. This could perhaps be along the lines of the passport to nursing, or changing the nature of inter-library loans and allowing immediate access to all the libraries and services which would have been allowed through the inter-library loan system but without the wait. This will involve a review of funding and service capabilities, research will need to be undertaken to find out whether comprehensive membership would lead to one library being stretched to the limit while others are standing empty or would the services be equally used creating a more accessible and efficient service? It will also involve better Trust/University liaison as it would involve opening up University Libraries to qualified Nurses not on courses.

- Encouraging Health Visitors to demand time for information seeking and funding for better services.

- Recognising that Health Visitors, and undoubtedly other Health Care professionals, are wanting information for evidence-based practice and need to understand how to utilise this type of information. Therefore services and resources should be developed to meet this growing need. Organisations such as the Trent Institute for Research and Development should be approached regarding the possibility of setting up and funding information services to meet research and evidence-based practice needs in primary health care.

- The Health Care Libraries should examine the possibilities for developing different forms of outreach information services such as the electronic networking systems within the Prise and Prima projects (1) and the Internet workshops in the Western Isles (2), measures which would ensure that Health Visitors are able to have
access to relevant information quickly Liaison with GP's and managers about the possibilities of setting up and funding practice libraries (3) or Resource Health Visitor services (4) should take place

- Finally, Health Visitors, their representatives and information professionals interested in the cause should lobby and liaise with the Department of Health, the UKCC, the ENB, the CPHVA and other organisations with the power to develop/sanction improved information services for Health Visitors to ensure that the information needs of Health Visitors and other neglected groups are put on, and kept on the agenda

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APPENDIX

COVERING LETTER
AND
QUESTIONNAIRE
27th February 1997

Dear Health Visitor

Please can you help me. As part of my MSc in Information and Library Studies I am undertaking research into the Information Needs and Information Seeking Behaviour of Health Visitors in Leicestershire and would be very grateful if you could spare approximately fifteen minutes to complete this questionnaire.

The research has the backing and permission of Rachael North, Senior Nurse Professional Development and Alison Cooper Research Development Officer at Fosse Health Community Unit Headquarters.

As a qualified Nurse and Information Worker in the Health sector I understand some of the problems that Health Visitors have in accessing relevant information and I am hoping that my research will highlight the main problem areas and make some useful recommendations for improvements in Information Services for Health Visitors in Leicestershire. I hope you share my concern with this matter and that you are able to help by completing the questionnaire and returning it in the stamped addressed envelope provided by April 28th 1997. All Information gathered will be strictly confidential.

Thank you very much for your time and I look forward to receiving the completed questionnaire.

Yours faithfully

Ms H Thuburn
THE INFORMATION NEEDS AND THE INFORMATION SEEKING
BEHAVIOUR OF HEALTH VISITORS IN LEICESTERSHIRE

All information will be treated in the strictest of confidence

1. Are you a registered member of any of the following Health Care Libraries?
(please circle the relevant answers)

Charles Frears Campus Library
(De Montfort University)

Scraptoft Campus Library
(De Montfort University)

Clinical Sciences Library
(Leicester Royal Infirmary)

Post Graduate Education Centre Library
Leicester General Hospital

Clinical Education Centre Library
Glenfield General Hospital

Health Promotion Centre Library

2. On how many occasions in the past two years have you used the
following Libraries for Health Information?
(please circle the relevant number)

<table>
<thead>
<tr>
<th>Library</th>
<th>Never</th>
<th>Once</th>
<th>2 to 10</th>
<th>Over 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Frears Campus Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(De Montfort University)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scraptoft Campus Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(De Montfort University)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Sciences Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(Leicester Royal Infirmary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Graduate Education Centre Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Leicester General Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Education Centre Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Glenfield General Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Promotion Centre Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

3. When did you last use one of the above Libraries?
(please circle the relevant answer)

Less than one week ago
1 week to one month ago
1 month to 6 months ago
Over 6 months ago
4. Have you used the above Libraries to help you find Information for the following in the past two years?
(please circle the relevant number)

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Never</th>
<th>On 1 to 5 Occasions</th>
<th>On more than 5 Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Need /Treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Teaching</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Keeping Up To Date</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Personal Interest</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Professional Development (PREPP, Personal Portfolio)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Background Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Consumer Health Information</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Coursework</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

5. Which topics do you most often seek information on?
(please list below) (e.g. Accident Prevention, Breastfeeding, Study Skills)

6. How often do you use the following Information Sources and Services?
(please circle the relevant numbers)

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Never</th>
<th>Weekly</th>
<th>Monthly</th>
<th>6 monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journals - personal copy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Journals - Library copy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Books - personal copy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Books - Library copy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Newspapers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Abstracting and Indexing Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.g. RCN Bibliography, NMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD ROM Databases</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.g. Medline, CINAHL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library Literature Search</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.g. CD ROM Search performed by the Librarian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enquiry Desk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. How often do you find the Information you are looking for in the Libraries?
(please tick circle the relevant answer)
always usually rarely never

8. Which Journals do you regularly use?
(please list below giving the FULL TITLE)

9. On how many occasions have you used the following Information Services to find Health Information in the past two years?
(please circle relevant numbers)

<table>
<thead>
<tr>
<th>Service</th>
<th>Never</th>
<th>1 to 5</th>
<th>Over 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Public Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Helpbox database</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The Internet</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Leicestershire Health Information Network</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(LHIN) Phone Line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trent Health Line</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Royal College of Nursing Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

10. How often do you seek Health Information from the following Sources?
(please circle relevant numbers)

<table>
<thead>
<tr>
<th>Source</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Notice Boards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Circulars or Memos</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Meetings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Conferences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Seminars</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

11. Which Information channel do you prefer to use?
(please circle the relevant answer)

<table>
<thead>
<tr>
<th>Channel</th>
<th>Multimedia</th>
<th>Text</th>
<th>Personal contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. computers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. Journals, Books)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. face to face)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Which Information channel do you least like to use? 
(please circle the relevant answer)

- Multimedia (i.e. computers)
- Text (i.e. Journals, Books)
- Personal contact (i.e. face to face)

13. How important are the following factors in creating a good Information Service for Health Visitors? 
(please circle relevant numbers)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very Important</th>
<th>Rather Important</th>
<th>Not very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Hours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Location of Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Large Stock of Books</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Large Stock of Journals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Up to Date Books</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Up to Date Journals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Availability of CD ROM Databases</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Easy to use OPAC (catalogue)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Clear Layout of Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Helpful Staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

14. How well does the Health Care Library you use most often perform in relation to the following factors? 
(please circle relevant numbers)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Extremely Well</th>
<th>Satisfactorily</th>
<th>Poorly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Hours</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Location of Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Stock of Books and Journals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Up to Date Books and Journals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Availability of CD ROM Databases</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Easy to Use OPAC</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clear Layout of Library</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Helpful Staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

15. Do any of the following limit your use of the Libraries? 
(please circle the relevant answers)

- Limited Opening Times
- Located Too Far Away
- Lack of Books/Journals
- Difficult to Find Resources Wanted
- OPAC Too Difficult to Use
- Lack of Help
- Lack of CD ROM Databases
- Luck of Internet Facilities
16. Have you ever been taught how to use Library Facilities? (e.g. OPAC, Abstracting Services, CD ROM)  
(please circle the relevant answer)  
Yes  If yes go to q 18  No  If No go to q 17

17. Would your use of the Libraries increase if you were shown how to use them correctly?  
(please circle the relevant answer)  
Yes  No

18. How could Leicestershire Health Care Libraries Improve their Services to Health Visitors?  
(please make suggestions below)

19. How have the following affected your need for Information?  
(Please circle the appropriate number)  

<table>
<thead>
<tr>
<th></th>
<th>No Change</th>
<th>Increased Need</th>
<th>Decreased Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPP</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>P2000</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The Health of the Nation Proposals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The Patient's Charter</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Evidence Based Medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

20. Have any other Issues/Factors increased your need for Information?  
(please circle the relevant answer)  
Yes  If Yes please list below  No

21. If your Information Needs have increased, has there been a corresponding increase in Information available to Health Visitors in Leicestershire?  
(please circle the relevant answer)  
Yes  No  No increase in Information Needs
22. Have you heard of the Passport to Information for Nurses?
(please circle the relevant answer)
  Yes  No

23. Are you currently undertaking any course of study relating to your work?
(please circle the relevant answer)
  Yes  No

24. How long have you been a Health Visitor?
(please circle the relevant answer)
Less than 1 year  1-5 years  5-10 years  Over 10 years

25. How old are you?
(please circle the relevant answer)
Under 25  25-40  40-50  Over 50

26. Who are your main clients?
(please list below)

Have you any other comments? Please use this space to elaborate on any of your answers and to comment on any issues relating to your Information Needs which have not been touched upon in this Questionnaire

THANKYOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE, please return it by Monday April 28th 1997 in the stamped addressed envelope provided to - H Thuburn, (Address supplied)