



Evidence Summary

Adaptation of Impact Questions from an Existing Toolkit Provided Clear Assessment of Valued Service Elements and Desirable Service Improvements in a Primary Health Care Library and Information Service

A Review of:

Urquhart, C., Thomas, R., Ovens, J., Lucking, W., & Villa, J. (2010). Planning changes to health library services on the basis of impact assessment. *Health Information and Libraries Journal*, 27(4), 277-285. doi: 10.1111/j.1471-1842.2010.00900.x

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Abstract

Objective – To provide an action plan for the Knowledge, Resource and Information Service (KRIS) based on an impact assessment of current services, satisfaction with current services, and views on desirable improvements to service and service delivery.

Design – Questionnaire for KRIS service users and interviews with KRIS staff.

Setting – Two locations served by KRIS in the north and south of Bristol City in the UK – one a health promotion service and one a National Health Service (NHS) teaching hospital.

Subjects – A convenience sample of a total of 244 users of the library services at the two locations, 121 users at the health promotion service site and 123 users at the hospital site.

Methods – A questionnaire designed for a previous NHS library service impact study was adapted for use with staff other than health

workers, since teachers and youth workers, for example, also used the health promotion service. The researchers circulated the questionnaire by mail and email to prospective respondents. The questionnaire asked participants to reflect on the most recent time they had used KRIS services and provide details on the purpose of use, what elements of the service they used, satisfaction with the service or the information provided, the immediate impact on their work, and its probable contribution to future work. It also asked about desirable improvements and how KRIS contributed to the respondents' work and continuing professional development. The researchers interviewed KRIS staff face to face and asked for their views on the history of the service and future developments.

Main Results – The overall response rate was 62.3% (152/244), with similar responses from each site. Community nurses and midwives were the largest group of respondents (n=31, 20.4%), followed by managers and administrators (n=24, 15.8%).

Both sites reported health promotion activities as the dominant reason for use. Health promotion leaflets (n=94, 61.8%) and resources for loan (n=57, 37.5%) were the top two service elements used, with literature searching third (n=46, 30.3%).

The service completely met the needs of 93% (n=141) of respondents, with 97.4% (n=148) reporting being wholly satisfied that information was delivered in time.

In terms of the immediate cognitive impact of the information obtained, 93% (n=141) reported obtaining relevant information, 76% (n=115) current information, and 72% (n=109) accurate information. Nearly 70% were distributing information or resources to other people, and 68% were sharing or discussing information provided with colleagues. Nobody claimed that they had found little or nothing of value.

Advice to patients, clients or carers was the most frequently cited impact category (n=104, 68%), followed by advice to colleagues (n=84, 55.3%).

The main strengths of the service were the perceived reliability of the service, the current awareness and alerting service run from one site, and literature searching support for commissioning and public health enquiries. Respondents reported saving time, and the main cognitive impact was the perceived relevance of the information obtained. Service weaknesses identified related to accessibility issues such as parking, opening hours, and staff coverage, and outreach was identified as the main service development opportunity.

Conclusion – The adaptation of an existing questionnaire provided a clear assessment of the effectiveness of a primary health care information service to a broad spectrum of users. Respondents identified what they valued about the service and how it could be improved.

Commentary

While at first glance this research may seem specific to the commissioning agency, KRIS, it is relevant to all those with an interest in measuring and defining the impact and effectiveness of library and information services, particularly in clinical settings. It is well written and links the research to the literature, including the U.K. impact tool kit referenced within the article (Weightman, Urquhart, Spink, & Thomas, 2009) and the information assessment method (IAM) developed at McGill University (Information Technology Primary Care Research Group, 2009). It clearly identifies implications for practice and implications for policy.

As a result of this research, KRIS took actions to change opening hours and to increase the marketing and promotion of the service to potential users such as schools and colleges. It

also planned to introduce an interactive website with online ordering of materials. This work validates the adaptation of the original tool, and the actions subsequently taken by KRIS on the basis of the research should signal to readers that this is a tool that can be used. The inclusion of the adapted questionnaire as a supplement to the online article makes it very easy to do this, and reassuringly for practitioners, it is a simple and relatively short questionnaire with nine out of eleven questions being answered using check boxes. The original guidance document is also available as an online appendix and provides detailed instructions on implementing an impact study using the toolkit. The authors provide suggestions on how it could be adapted, and also discuss adapting impact frameworks for other library settings.

The authors identify minor limitations of the study. For example, a randomized sample may have yielded more robust evidence of the service impacts compared to the convenience sample used. Overall this is a very pragmatic and reproducible piece of research – a real example of using evidence to plan and improve services.

References

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