



Evidence Summary

Canadian Healthcare Practitioners' Access to Evidence Based Information Is Inequitable

A Review of:

Chatterley, T., Storie, D., Chambers, T., Buckingham, J., Shiri, A., & Dorgan, M. (2012). Health information support provided by professional associations in Canada. *Health Information & Libraries Journal*, 29(3), 233-241. doi: 10.1111/j.1471-1842.2012.00993.x

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Abstract

Objective – To determine what services and resources are available to health professionals through national Canadian and Alberta based health professional associations and licensing colleges and if those resources and services are being used. Also, to assess the associations' perceptions of what resources and services Canadian health professionals actually need and if those needs are being met, membership satisfaction with the resources and services provided, and challenges the associations have with providing resources and services.

Design – Structured telephone interview.

Setting – Health professional associations and licensing colleges in Canada.

Subjects – 23 health professional associations: 9 Alberta-based associations and 14 national-level professional associations and licensing colleges.

Methods – A librarian, communications officer, or another individual in a comparable position at each association was invited via email to participate in the study. Individuals willing to participate in the interview were emailed the interview questions in advance. Telephone interviews were conducted in July and August of 2009. For those who did not respond to the email request or who did not wish to participate in the interviews, information was collected from the association's website.

Main Results – Of the 23 contacted associations 12 agreed to be interviewed: less

than 50% response rate. Data was collected from websites of seven associations that either declined to be interviewed or did not respond to the authors' email request. Data were unavailable for four associations due to data being in members only sections of the websites. Data were analyzed both qualitatively and quantitatively.

Resources and services provided by the associations and licensing colleges range from none to reference services provided by a librarian and access to licensed databases.

None of the three licensing colleges or the two provincial associations interviewed maintains usage statistics or surveys their members. Nor do they grant access to licensed databases or offer information services, such as having a librarian or other information professional available to answer reference questions or to perform mediated literature searches. The two provincial associations and the three licensing colleges interviewed do supply information pertinent to health professionals, for example insurance information and funding.

Seven national associations were interviewed: two permit access to databases developed by that association and three grant access to licensed databases such as Medline. All seven national associations provide access to journals (four of the seven only provide access to their own association's journal) and five offer information services. Four maintain usage statistics and five survey their members.

Of the seven associations not interviewed, none grant access to licensed databases and one permits access to databases developed by that association. Five provide access to their own association's journal and one provides book loans. Only one offers information services. Cost and the priority to provide resources to staff over members are barriers when trying to provide association members' services and resources.

Conclusion – Health professionals' access to health information varies depending on the professional's area of specialization, location in Canada, and particular association

memberships. There is no consistency as to what health information is available to all health professionals in Canada, specifically Alberta. The majority of the associations do not provide resources and services, nor do they survey members to assess their usage, desires, needs, or satisfaction with resources and services. Usage rates are low for the associations that do track resource and service usage.

A resource list of freely available online health information should be generated to mitigate existing disparities without accruing additional cost factors. Also, a partnership between hospital and academic libraries with various associations is needed to promote the usage of licensed and freely available resources accessible at institutions.

This study has several limitations. The low response rate and excluding associations and licensing colleges in other provinces make this an incomplete assessment of all associations which provide resources and services to health professionals in Canada, specifically Alberta. To compensate for this deficit, the authors had collected information from seven associations' websites; however, because much of the needed information was within members-only pages, some data may be missing. Due to the study's limitations, further research is needed to better assess health professionals' information needs and barriers to their use of available resources and services.

Commentary

The impetus for this study was the struggle health sciences alumni at the University of Alberta face when trying to access evidence based information once they are no longer affiliated with the university. In this study, the authors were able to determine which health professional associations in Canada could meet their alumni's needs as well as those of other health professionals throughout Canada. The findings support the current literature and underscore the significant disparity between accessible resources for Canadian healthcare professionals.

Critical appraisal of this study was completed using the Evidence Based Library and Information Practice Critical Appraisal Checklist (Glynn, 2006). The study's validity was analyzed in four content areas: population, data collection, study design, and results. The data collection methods, study design, and results are valid; however, the population selection validity is questionable.

The selection of study participants is problematic due to a small sample size. Though the associations selected for the interviews do meet the authors' participant selection criteria, this group may not include all of the potential study participants. According to the Canadian Information Centre for International Credentials (2013), there are over 30 health professional associations in Alberta and over 70 national health professional associations in Canada. The authors contacted only 14 national associations and 9 provincial associations. Considering the number of associations available, the sample size is very small. The data collected could have been richer if more associations were interviewed.

Another issue is the data from several associations is missing. Contact was made 23 associations and data was obtained from 19 associations, thereby lacking data from 4 associations. The authors do acknowledge that this is due to data being in members only sections of the websites.

The data collection method is also a concern. There is a potential for intra-observer bias because multiple individuals were responsible for collecting the data. Also, one interview was conducted via email rather than telephone. This variance in data collection could yield different responses from the phone interview data.

Finally, presenting specific numbers opposed to saying "many" of University of Alberta alumni continue to practice in Alberta would have provided better support for the researchers' decision to focus on Alberta-based associations.

Despite these issues, the study design is clearly outlined and appropriate for the authors' established objectives. The authors include the interview questions in the article which would allow another researcher to replicate this study as secondary verification. Inclusion and exclusion criteria were clearly outlined, and although there is no indication that the study design was validated, ethics approval was obtained. Regarding the data itself, the response rate for the sample size contacted was appropriate, data collection is clearly defined, and the timing of data collection is appropriate. Moreover, the study's results were clearly explained and could be applied at similar institutions.

This study stresses the need to address limited access to evidence based information for health professionals in Canada. The ability to quickly and efficiently locate reliable evidence based health information is critical for health professionals to provide optimal patient care. Librarians can play a crucial role in facilitating this information need. The opportunities for librarians to work closely with professional associations identified by the authors could be employed to bridge the evidence based health information access gap.

References

- Canadian Information Centre for International Credentials (2013). National Professional Organizations and Provincial and Territorial Professional Organizations. Retrieved 31 May 2013 from <http://www.cicic.ca/en/profess.aspx?sortcode=2.19.21.21#Alberta>
- Glynn, L. (2006). A critical appraisal tool for library and information research. *Library Hi Tech*, 24 (3), 387-399.