

Queen Elizabeth II Hospital Library, Hertfordshire Library Service

Wylva Partington

A description of the structure and functioning of the Queen Elizabeth II Hospital Library and comments on the future development of hospital library services.

In a hospital community, the need for library services is a varied one. Books and journals for study and for current awareness are required by medical and nursing staff, by para-medical staff, by administrative staff, and by technical staff. This comprehensive need is seldom adequately met, it often being the practice to exclude sections of the staff from using the sometimes very limited library services that are provided. Ideally, rather than limiting the use of the library, its services should be extended to all health services staff in the hospital area. The need for adequate library services to patients is also important. They have many empty hours to pass, with apprehensive thoughts about their illness, concern about neglected affairs, and pain and discomfort to bear. A good library service administered by a trained hospital librarian with the resources of a library authority behind it can be diversional, educative, and therapeutic.

The Queen Elizabeth II Hospital was the first new hospital to be completed in one phase under the Hospital Plan for England and Wales. It is a general hospital with a psychiatric block, total number of beds, 420. When it was opened in 1963, a comprehensive

Mrs Partington is Hospital Librarian, Queen Elizabeth II Hospital, Selwyn Garden City, Hertfordshire.

library service for all staff and patients was provided, jointly financed by the Hertfordshire County Library and the Regional Hospital Board. A chartered librarian was appointed and is recognised by the hospital as a head of department. The posts of librarian and secretarial assistant are County Library appointments; but salaries are reimbursed to the County Library by the Hospital Authority. A capital sum was allocated by the Regional Hospital Board to purchase a basic stock of books for the Technical/Medical Library; funds were provided by the County Library for the stock of the General Library. Annual allocations are made similarly to maintain the stocks and for journal subscriptions. Each year an increase in these allocations has been necessary to meet increasing demands and to keep pace with increasing costs. The present stock in the Medical Library is approximately 2,500 books, and there are subscriptions to 78 journals. The stock in the General Library is approximately 4,500. The Library Department originally consisted of two identical adjoining rooms each 400 square feet, one being a General Library for patients and staff and the other a Medical/Technical Library for the use of hospital staff, general practitioners, and all health service personnel in the area. In 1973 a post-graduate centre was built, a two storied building adjacent to the existing library. The upper floor is level with the ground floor of the hospital and consists of a large lecture hall, a projection room, a common room, and a kitchen with a service hatch for provision of snack meals. The lower floor is slightly below ground level and is connected by a librarian's office to the original library. The Medical/Technical Library has transferred to this new accommodation, which is a room 1300 square feet in size with full length windows overlooking the grounds. On the same floor of the Post-graduate Centre is a small seminar room and an office for the Clinical Tutor and his secretary. A part of the original Medical/Technical Library has been retained as an extension to the General Library.

The Medical/Technical Library gives a comprehensive service to all hospital staff and to Area Health Authority Staff, (e.g. the Area Dental Officer, the community nurses and their tutors, general practitioners, etc.). There is a great need for library and information services within the health authorities. This has been recognised by the Department of Health and Social Services in memoranda (1). This recognition might be the first step towards libraries being accepted as essential departments. What still remains a controversial question is how they shall be provided. The larger district general hospitals would seem to be the obvious locations for libraries. Collections in the smaller hospitals can be linked to the district general hospital library and the service thus administered on a district basis. Various co-operative arrangements can be made between districts and also between areas. The library resources of the larger hospitals in the regions can be called upon to give support. The re-organisation of the National Health Service and of local government in England with the

resulting coterminous areas in most places has simplified the administration of such a network and removed the previous complexity of overlapping administrative areas of local government and hospital authorities.

Some form of agreement between hospital authorities and public library authorities is obviously an advantage. It is fair to assume that the responsibility of a general library service to patients falls upon the library authority and access to a loans system is an advantage for both general and technical requests. In Hertfordshire, the co-operation between hospital libraries is at present informal, but there is an official link between the Hospital Authority and the Library Authority in the provision of some hospital libraries. I have already described some of the administrative details.

At Queen Elizabeth II Hospital the library is staffed 10 a.m. to 5.30 p.m. and from 10 a.m. to 12 a.m. on Saturdays. A twice-weekly trolley service visits the wards and ambulant patients are encouraged to come to the library. Volunteers are used for ward services and trained by the Librarian. In England, there is a long tradition of voluntary library services to hospitals. I am convinced that there is still a place for the volunteer in hospital libraries; the weakness has been in the lack of adequate book stock and in the lack of continuity of service. An adequate library service requires the Librarian to have status within the hospital and a working relationship with other staff. Given an established library department on this basis, trained volunteers can carry out trolley services under supervision. Patients with reading problems or special interests can be referred to the librarian. Patients' requests for specific books or subjects are satisfied immediately from library stock when possible. Items not in stock are requested from the local library, where hospital requests are treated as urgent. Unlike those using public libraries, many hospital patients are non-readers and where these are long term patients, it is a responsibility of the hospital librarian to encourage the use of books where at all possible. Often medical and nursing staff will ask the librarian to try to rouse interest in a depressed patient. Good illustrated books are valuable for patients who find it difficult to concentrate on text. Special attention is paid to old people and children; looking at books with them and reading short stories. Non-English speaking patients are not overlooked. A small stock of books in foreign languages is held and supplemented from the county library stock. Special attention is also paid to illiterates and good illustrated material on subjects that interest them is supplied. There is a recent scheme in Hertfordshire for teaching illiterates and it is hoped that patients who would benefit might be tactfully introduced to this scheme.

Reading aids such as talking books, prismatic spectacles, electric page turners, and book rests are provided for severely handicapped patients who are blind, partially sighted, or unable to hold books or turn pages. Students or severely injured patients who are being

rehabilitated into a new occupation can be supplied with technical books and textbooks for study through the Technical Book Service, or the Schools Library Department. The Librarian works in co-operation with the Teacher to provide this material when required. Play sets and gramophone records are obtained for the use of Occupational therapists in their daily work with the patients. One of the most valuable advantages of a full-time librarian within the hospital is the establishment of working relationships with other staff in contributing to the care of the patient. Co-operation with all departments of the hospital who are concerned with therapies and rehabilitation services is essential; but it has been found that the librarian has to make known to these heads of departments the facilities that are available. Many staff have not previously experienced the availability of a comprehensive library service. When the librarian is providing a professional service to hospital staff in a comprehensive library, she is more readily accepted by the staff as a member of the remedial team caring for the patient.

The Medical/Technical Library provides a lending service and a reference service. It is accessible for reference purposes 24 hours a day. The librarian will carry out literature searches for specific material. The service of Medlars has been used but has been considerably curtailed since charges have been made. For a short period an on-line Medlars service has been available through a project at Hadfield Polytechnic and some use has been made of this. Heavy use is made of the Library by nursing staff going on management courses and by community nurses on courses at local colleges. There is a small library in the School of Nursing, but student nurses often use both the General and Medical/Technical Libraries to obtain information for their projects, which cover a wide range of subjects. The Queen Elizabeth II Hospital Library also meets demands from staff of hospitals in the area which have no libraries or only very limited services. Photocopies can be supplied, the Library having access to two machines in the hospital.

It is an accepted fact that no library can function adequately in isolation; the smaller the library the greater the need for contact with outside sources. The affiliation with Hertfordshire County Library, giving access to the inter-library lending system, is invaluable. For medical and paramedical requests however, it is essential to direct access to wider resources. To direct these requests through the public library where the request system is already over-loaded would cause unnecessary delay. Books and journals which are not in the hospital library stock are borrowed from various sources. For technical, bio-medical, and sociological material the appropriate section of Hertfordshire Library Service is approached first. Local pharmaceutical firms frequently supply photocopies of journal articles and medical school libraries and post-graduate institutes in the region are helpful sources for all medical subjects. Various bodies such as the National Institute for Social Work Training, the National Children's Bureau,

the King's Fund Hospital Centre, and the Royal College of Nursing are helpful in supplying material on special subjects. The majority of requests, especially for journal articles are satisfied by direct application to the British Lending Library.

The library provides a supporting service to the activities of the Post-graduate Centre. Lists of available films and audio-visual aids are kept in the library and there is a cassette machine and viewer for use with tapes/slides which are obtained from the Medical Recording Service. Lists of references are provided when required for lectures and seminars. The Todd Report on medical education (2) emphasises the need for library services in post-graduate centres and the British Post-Graduate Medical Federation has recently appointed library advisors to the Metropolitan hospital regions for the purpose of co-ordinating the work of post-graduate centre libraries and of improving the standards of library services. Some centres limit their educational activities to the hospital medical staff and general practitioners, but the centre at Queen Elizabeth II Hospital extends the programme to all professional staff.

The secretary to the clinical tutor liaises with the librarian over matters relating to the work of the centre, and also acts as secretary to the Medical Library Committee. This is a sub-committee of the Medical Staff Committee and meets once or twice a year to discuss policy and finance. The Librarian prepares an annual estimate of funds required for books and journals, and an allocation is made by the hospital according to the current financial position. A financial report is made annually by the Librarian to the Medical Library Committee. The constitution of the committee is representative of medical staff, nursing staff, and paramedical staff. The Librarian has a free hand in the selection of Medical Library stock, but can refer any difficult decisions to the committee. Some books are obtained on approval and evaluated by the appropriate consultant or head of department. Many departments, for example Pathology, X-ray, etc., require bench books for daily reference in connection with routine procedures. By agreement with the Medical Library Committee these books are purchased from library funds included in the library catalogue and located in the appropriate department. They are available for any reader when required.

It is the aim at Queen Elizabeth II Hospital to provide library services to all staff and patients, but we are aware that largely due to inadequate numbers of qualified library staff, it is difficult to carry out a service in depth to the extent we would like. I am sure a great deal more could be done in using books therapeutically. More work on an individual basis, particularly with old people and psychiatric patients, is necessary, but this requires spending plenty of time with the patients and progress is very slow and spasmodic. This is ultimately the most valuable and important aspect of a service to the sick and I look forward to the day when hospital libraries are adequately staffed so that enough time can be spent on individual patients. Many patients

only require diversional reading for a short time; it is the longer term patients, often non-readers, and unreceptive and uncommunicative, who should have more attention. Also there are patients who are unable to use books for physical reasons and time and patience is required to help them with the use of reading aids. Ideally, daily visits would be needed and longer periods with the patients reading books with them and discussing the books. This is the essence of a library service to the sick, but few hospital libraries are sufficiently well staffed with suitably trained librarians. Ideally such a service would also require more co-operation and guidance from medical staff who are themselves convinced of the value of reading. Occasionally working with a patient one glimpses the possibilities and it is exciting. Patients who already know the joy of books are fortunate and the responsibility of the librarian is to see that the books are made available in sufficient quantities, of sufficient quality and without delay. It would also be interesting to discover how effective reading could be in helping a patient to forget pain, if only for short periods. I have come across or two instances where the patient has agreed that this can be done, but it requires a conscious effort and co-operation on the part of the patient, together with the provision of just the right book.

The pioneering days of hospital librarianship are over. Comprehensive provision is by no means nationwide, but I am sure the need for services both to patients and staff is now accepted. The need for a structure of services so that no hospital library is working in isolation has also been accepted. Some controversy and doubt exists as to the best method of planning this structure. There is some feeling that the two "sides" of the service, i.e. medical/technical and patients, should be administered separately. In an averaged sized hospital in the present economic situation this would appear to be an uneconomic approach. Few hospitals could afford two qualified librarians of equal status, each requiring supporting clerical and secretarial staff. Such an arrangement would inevitably result in one "side" of the service getting the worst of the bargain and would also destroy the cohesion in the librarians' work in serving both patients and staff.

The existing resources that can be extended to hospital library services are established public library services throughout the country; excellent medical libraries throughout the country; established inter-library lending resources; and well organised voluntary services.

It has been proved at Queen Elizabeth II Hospital that a professional librarian working in the hospital can make use of all these facilities. She can draw on the resources of the public libraries for general material and for relief staff and she can liaise with the local housebound service to ensure continuity of service to old people and the permanently disabled. She can make use of professional expertise and the resources of established medical libraries. She can train enthusiastic and conscientious volunteers to support paid staff. In

providing a service to staff and patients she can establish the library as a working department of the hospital and the librarian as a member of the remedial team.

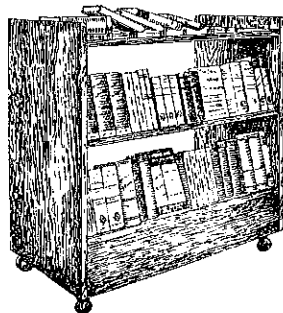
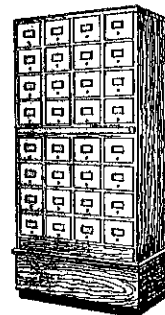
The library in the general hospital is in many basic ways like any other library, but it also has differences that make comparisons difficult. It is not, on the one hand, a medical school library, nor is it, on the other hand, a general branch library. It is a little of both and something of neither. A firm footing in the battle to provide hospital library services on a professional basis has been established, but development and co-operation of services is still necessary. I for one, hope that this will take the form of increasing qualified staff, but also of continuing cohesion of all aspects of the service.

References

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