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MEDICAL LIBRARIES IN HOSPITALS

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The Sheffield Regional Hospital Board acting on the recommendation of its Medical Committee considered that it was necessary to establish an adequate library service for medical and dental staff in the Regional Hospitals and decided, in September 1963, to set up a Working Party to examine the whole question and make recommendations.

Each of the five main clinical areas in the Region was asked to nominate a consultant who was interested in the problem; a psychiatrist was included to represent the special problems of psychiatric hospitals; two senior professional librarians (one from a local authority and the other from a Medical School) and the Senior Administrative Medical Officer of the Board completed the membership; a Principal Assistant Secretary of the Board was appointed as Secretary.

In anticipation of the Working Party’s requirements, the administration circulated a detailed questionnaire to all Management Committees in the Region in order to determine precisely what library service existed and to estimate the scale of current expenditure on the service. The review showed that although a few hospitals had a reasonable library, generally speaking the existing library service was either totally inadequate or completely absent. Some 214 hospitals were reviewed and it was found that only 12 hospitals (including 6 psychiatric) in the Region had allocated a separate room for a library although in the hospitals reviewed there are a number which are too small to justify a library as such. The expenditure on books and journals demonstrated the varying enthusiasm between Groups as the following figures show: —

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<th>Groups controlling</th>
<th>Highest Annual expenditure in the Region.</th>
<th>Lowest Annual expenditure in the Region.</th>
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<tr>
<td>General Hospitals</td>
<td>£697</td>
<td>£38</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>£335</td>
<td>£30</td>
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The Working Party considered that this state of affairs was sufficiently urgent to justify the issue of an Interim Report and as the result of that Report, in October 1964, a letter was addressed by the Board to all Management Committees encouraging them to make more generous provision in their forecast estimates for medical libraries. It was also suggested to them that to stimulate local enthusiasm, active Library Sub-Committees should be formed with representation from all grades of staff including General Practitioners.

The Working Party continued its study of the subject. All available literature was examined but apart from some studies published by the Medical Library Association of the United States of America, very little appeared to have been written on the subject. Certain medical libraries which were known to be functioning well were visited and their organisation was examined and discussed.

The Working Party submitted its Final Report in June 1965 and this has now been adopted by the Regional Hospital Board as representing its policy. The Report points out that hospitals with inadequate libraries will not allow doctors to keep up-to-date with their reading which is necessary for better patient care; medical staff will not be attracted to work in such hospitals and medical education and research cannot flourish under such conditions. The unsatisfactory position which
exists in most hospitals is a state of affairs which the Working Party considers should be altered as soon as possible. They consider it inconceivable that the larger hospitals should continue to be without adequate library facilities pending the full development of the Hospital Plan. It is hoped that in all Groups, the foundations for a future library will be laid now. By reasonable annual expenditure, books will be collected and Journals bound so that when suitable premises are provided, there will be already a nucleus of literature in the hospital to stock some of the shelves. If a room for the library is not immediately available, priority should be given to the erection of suitable buildings.

The Working Party recommends that the regional medical library structure should consist of a Regional Library (established in a selected hospital), five Area Libraries (one of which will be the Regional Library) and Hospital Libraries. The extent to which library facilities will be required in hospitals other than those designated will depend entirely upon their size and character and their situation. The position of psychiatric hospitals is considered a special one. It is unnecessary and expensive for the libraries of psychiatric hospitals within an area to be developed independently of each other. Being part of the library system, libraries in psychiatric hospitals will be able, because of their specialised content, to make a valuable contribution to the library service of their Area and Region.

An experienced chartered librarian should be appointed and designated Regional Librarian; he should have an adequate salary and the scale applicable to an Assistant Secretary at a Regional Hospital Board Headquarters is recommended. He will work at the hospital which accommodates the Regional Library and will be responsible for advising the Board and Hospital Management Committees on library policy and assist in the planning of new libraries. It is suggested that one of his first tasks should be to survey existing library stocks and facilities in the Region and to assist Hospital Management Committees in their plans for the future. He would encourage liaison between the medical libraries and the libraries of local authorities, universities and other organisations. Chartered librarians should be appointed also to the other four Area Libraries. The Working Party emphasise that the continued care and maintenance of the library demands as much attention as does the initial development of stocks. Unless the library is well maintained and books and periodicals made available quickly on request, it will not be successful. While it is anticipated that the Regional and Area Libraries will employ whole-time chartered librarians, it is appreciated that provision on this scale may not be possible in other hospitals although making a librarian responsible for all libraries in the hospital (medical, nursing and patients') may provide whole-time employment which would not otherwise be possible. It is pointed out that there are considerable advantages in entering into an arrangement with the local authority library service by which the services of a librarian are provided on a repayment basis. The proposed duties of staff are set out in some detail in the Report.

It is recommended that the administrative structure should follow a pattern similar to that of library provision. A Regional Library Services Committee should be established to be responsible for regional policy and the functioning of the Regional Library. There should also be Area Library Services Committees and Group Library Sub-Committees. The constitution and functions of these Committees are outlined.

The Report comes to the conclusion that departmental libraries cannot be justified once a centralised hospital library system is established although there are certain classes of publications, for example, "bench" books and specialised monographs which must be available in departments although books of this kind need not normally be duplicated in the hospital library. The question of integration of all libraries in hospitals is considered briefly. The Working Party consider the case for integrating the nursing with the medical library is probably greater than that for integrating these with the patients' library. The point is made, however, that considerable administrative advantages can accrue from administrative integration even though physical integration does not take place.

A chapter is devoted to the accommodation aspects of a medical library and recommendations are made concerning areas, shelving and miscellaneous matters such as flooring and lighting. The medical library should be as accessible as possible, it being pointed out that the more isolated it is, the less it will be used. Its location should be on the ground floor, quiet and near medical staff rooms. The Working Party assume that in future district general hospitals, a postgraduate medical
education centre will be provided, in which case, the medical library should be housed in that centre.

The medical library should provide a service not only for hospital medical staff but for general practitioners, other doctors and other categories of hospital staff; it should be financed adequately from exchequer funds and in this connection the Working Party point out that it must be accepted that medical libraries are expensive to establish and maintain. Chapters in the Report are devoted to book selection, method of issue, period of loan, the policy concerning periodicals. Reference is made to such technical matters as indexes, catalogues and bibliographies and the issue of library bulletins; miscellaneous matters such as a photocopy service, Duplicate Periodical Exchange Schemes, microtexts, photographs and transparencies and recordings on tape are all referred to.

It is pointed out in the Report that no library is self-sufficient and this is the main reason for the proposed regional service. However, it is accepted that even if a regional service is satisfactorily developed, there will still be a need to find support from other resources and these are set out in some detail.

The Working Party makes no attempt to estimate the cost of such a service. Expenditure on books and bound Journals will be spread over a number of years and the cost of building will be contained in the Board’s capital works programme. It is anticipated, however, that a regional service as outlined will provide a more efficient service for medical and dental staff and will also be more economical in the long term.
Medical libraries in hospitals.

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