

# THE ROLE OF A HEALTH SCIENCES LIBRARIAN IN NURSING EDUCATION IN CANADA

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In 1964 Dr. Vern M. Pings, who still continues to conduct well known in-depth studies of libraries in the health field, was requested to investigate the possibility of indexing the periodical literature in nursing. The result was one of the most valuable bibliographic tools we have: the *International Nursing Index*. In his report to the American Nurses Foundation Pings (1965) said that:

This growing body of literature is only one indication of the fact that, during the past 60 years, the nursing profession has been working toward recognition as an academic discipline...although the profession can point to a body of literature identifiable as the scholarly record of nursing, scholarship is not confined to one specialization...the human knowledge with which today's nurse should be acquainted covers everything which may affect the health of any individual, community or nation. (p.116)

This statement still holds true today in Canada, where the nursing profession is working toward an expanding future, increasing control of its destiny, and an intensified understanding of its role in the delivery of health care. The trends, as Mussallem (1973) puts it, are toward broader and deeper clinical knowledge for the nurse in practice, with a return to patient-centered care and increased attention to social issues. With the support of research in the field, Mussallem hopes that the progression of nursing from its primarily private duty role in the 1930s through its primarily institutional role in the 1970s, both essentially illness-oriented, will now move out into the community where illness can be forestalled by appropriate health-oriented interventions.

To accomplish this future for Canadian nursing, in which the first priority will be not care of the ill but rather the whole situation of family and community health, the key is nursing education, according to Gilchrist (1980). What is required is a basic baccalaureate program which will produce students who can act autonomously; a master's program which socializes the student toward responsible leadership and furnishes

ticular building and entirely self-contained. Operationally, however, interlibrary borrowing is an automatic reaction to a request which cannot be fulfilled in-house. The exchange establishes a working relationship which, although it may be activated very seldom, nevertheless draws the library into a larger library community where it becomes part of the total information base. As budgets shrink and demands increase, formal links are established between libraries which are already working together. Union lists of holdings develop to speed cooperation, and a regional library service gradually becomes functional. In the end, a patron entering the nursing library in a university has access, not only to other libraries on the same campus, but to other libraries in different cities in the same field, and ultimately to any book in the world. Fortunately, not many nurses see any need to carry their search that far.

### *HOW A LIBRARY FUNCTIONS*

The myth that a library is nothing more than a row of books is pernicious in a number of ways. It gives the library a somnolent quality which is at odds with the dynamism inherent in learning. It implies that anyone who wanders in and happens to find a book that seems to fit the topics knows how to use a library and gets all that is necessary out of it. Even with the serendipity factor on which all libraries depend, this is not so. You cannot manipulate the book stock unless you pay attention to the dynamics of information retrieval. You cannot break into the literature unless you understand its characteristics.

One of the chief elements of a library which is usually overlooked is the most active ingredient of all. Particularly in a health library, a librarian with a telephone in hand is the best retrieval mechanism yet devised. Familiar with the nursing book stock, familiar with the general content of other collections, familiar with search tools, current controversies and use trends, the librarian is at the centre of an information complex. In assisting those who are bewildered, or in a hurry, a good health librarian will always cater to specific differences in pace and approach. Each patron has an individual learning style and a characteristic point of view. The combination of the individual style of inquiry, the topic, and the purpose being pursued amounts to a unique situation which has been brought to the library for resolution (Dervin, 1977). The role of the librarian is to provide an access point and to contribute as much clarification and reinforcement to the situation as possible.

In today's fiscal climate an emphasis on searching tools, such as indexes, is important because in providing for the information needs of students and faculty a library which serves a nursing school can seldom provide all the primary material that is required. Indeed, if it were provided the users would not read it all (Stevenson, 1980). The library must therefore make use of printed secondary services in order to make the primary material that is to be used easier to locate. Librarians use these

basic tools for testing in real situations; and research training at the doctoral level. The goal is a science of nursing which will allow the profession to appraise systematically the inherent resources for improving the health status of individuals, families, and communities, and to mobilize and supplement these for health maintenance and restoration. To make this happen Gilchrist points to the development of three kinds of nurses: researchers, expert clinicians, and highly professional faculty.

What has this to do with libraries? All these different aspects of professionalism require the support of, and access to, what Pings (1965) calls "the scholarly record of nursing". This is the job of the library attached to the school of nursing at any university.

### THE NATURE OF A LIBRARY

There are several ways a library in a university setting can be approached. A nursing collection as a study resource falls roughly into two concentric parts. There is a segment at the core that is usually very current and heavily used because it is directly relevant to the courses being taught at any given time. This segment tends to be on short-term circulation, and into it fall most of the requests from faculty for purchase. Selection is based on close cooperation between the library, the faculty and the students.

In time many of the items become outdated or superseded, and they move out into the larger pool of materials where are recorded the ideas of the discipline of nursing as they have developed historically and geographically. This total library content covers a wide range of nursing specialties, modern and historical practice concepts, and the scientific background for health care delivery in both illness and health. It overlaps social and behavioral science and education techniques. Its depth and scope are a measure both of the progress of nursing and of the astuteness of those who have been selecting the record.

A library collection is never just a docile batch of books, although there is a persistent myth abroad that books are all a library contains. In a good collection the juxtaposition of ideas can give off sparks at any time. When you read back to the beginnings of nursing, you find the same words we use today: *nursing procedure*, *research*. But those words now carry a load of meaning which had not been thought of then. You also find old ideas which have been discarded and laid aside in yellowing journals. Standing beside them on the shelves are new ideas packed with action. Sometimes, for a browser, the changing content of the words acts like a hidden fuse and an old idea lights up and adheres to a current one, giving a twist to the concept. Suddenly, a new research project is born.

Another characteristic of a library is the invisible community to which it belongs. Physically, a library may seem to be solidly placed in one par-

bibliographic tools themselves and often guide users through the process, on the assumption that an understanding of the way the library works will improve the possibilities of retrieval. From their contacts with both students and faculty they are aware that many simple shortcuts are outside the experience of both. Knowledge of these quirks would not only improve the quality of retrieval but would also shorten the time necessary to do a reasonably thorough job. The element of time is a major factor in many a poor search. Students never have enough of it. If, in addition, they come into the library unprepared with a systematic search technique, they can become frustrated very quickly. Should they compound the issue by avoiding all orientation sessions as a waste of time, the foreseeable outcome is an eventual avoidance of the library as well. If this should be the result, their future careers could be severely hampered by their inability to assemble and assess information adequately.

### LEARNING BIBLIOGRAPHIC SKILLS

In the course of the continuum of undergraduate and graduate learning each nurse must assimilate a great many specific skills. Most of them are applied to their procedure in direct dealing with a patient, but one is not. This one skill is undervalued and under-taught. It is the skill to manage the professional literature which is the background for nursing care. The nurse who can find answers in the record of nursing experience quickly and effectively will always have a clearer grasp of the possible solutions to problems encountered in working with people.

The best chance of acquiring this skill is at university, using the nursing library as the access point. The approach should not be haphazard. In the health field there is a certain uniformity. The literature is accessible through an extensive array of bibliographic tools which are produced under the auspices of the National Library of Medicine in Washington, D.C. They are all geared to a uniform thesaurus. With some guidance from the librarian, users can acquire a technique for approaching this literature by learning which questions to ask and which connections are likely to be productive (Langer, 1981). Furthermore, users can also learn to identify the type of inquiry which will be better pursued by way of a different bibliographic tool, such as *Psychological Abstracts* which has its own characteristic thesaurus.

When a librarian is consulted, therefore, there is no attempt to pinpoint arbitrarily which document should be used, although a key starting point may be suggested. What can be taught is a method of moving from such a document further into the literature. It is a method for tackling unfamiliar subjects which is most likely to yield results. In the course of the search the user may be led to other libraries and other bibliographic tools. The librarian posted at the nursing library is simply a facilitator, but the search skills learned by the library patron will be applicable, not

just at the moment in the current academic situation, but in any kind of health library which may be encountered throughout a long career. The bibliographic tools produced for the National Library of Medicine are now universally applicable in the health field, not just in North America but increasingly across the world.

As the literature expands, this bibliographic searching skill becomes so increasingly important that it should not be left to chance. It should be as compulsory as the clinical skills and not subject to the whim of the individual student to take or leave. The dimensions of its value are not self-evident before the fact, and beginning baccalaureate students, in particular, are notoriously unaware of the value it can have for them. At Duke University School of Nursing some experimenting has been done with a ten-week course designed to familiarize students with basic search skills and their usefulness in relation to the nursing profession. (Walser and Kruse, 1977). This may be too formal an approach, but development of a specific segment on bibliographic use, which could be inserted into one or more courses, should not be. Such cooperation between the librarian and the faculty of a school of nursing would be a genuinely progressive step toward the future research orientation of Canadian nursing. The Duke people claim that the benefits of their course accrue to "not only the student, but also the educator, the librarian, and ultimately, the medical community as well" (Walser and Kruse, 1977).

Academic librarians, as a group, are aware that many university people and many health professionals are relatively unsophisticated users of the library. They are already faced with too much information and they are not willing to expend too much energy seeking out more (Stevenson, 1980). Nor do professional people in the field find information gathering particularly rewarding. They usually need information quickly in order to make a decision, or write a report, or choose an experimental alternative (White, 1979). They want to find it simply, however, and with as little work on their part as possible. If it gets too difficult, they tend to resort to one of two working alternatives. Either they settle for the first thing that comes to hand or they simply ask a colleague. It is easy to minimize how faulty some of the information obtained in this way can be. Should efficient search skills become part of every graduate nurse's armoury, perhaps this particular phenomenon could be curtailed.

## CONCLUSION

Extensive information covering all aspects of the field of nursing is available in the libraries which serve schools of nursing in Canadian universities. Not all of it is used efficiently, however, because the skills of the librarian are left out of account. If the nursing profession could accept the role of the librarian as a gatekeeper and guide through the literature,



the value of its bibliographic resources would be considerably enhanced. One area in which the librarian can make a direct contribution to nursing education is through training students in the use of bibliographic search skills with which to support their studies, their research and their practice.

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## RESUME

### Le rôle du bibliothécaire des sciences de la santé dans la formation en sciences infirmières au Canada

Une bibliothèque représente plus qu'une simple rangée de volumes et une collection d'ouvrages de sciences infirmières constitue un organisme doué d'une vie propre. Le bibliothécaire est le principe actif de cet organisme. Les usagers se servent d'une bibliothèque de différentes façons selon leur style d'apprentissage; cependant, l'adoption de procédés pour chercher en bibliothèque revêt de plus en plus d'importance à mesure que les infirmières canadiennes ont à faire face aux exigences de la recherche et à celles de l'élargissement de leur pratique. Si au cours de la formation académique, bibliothécaire et professeurs collaboraient en vue d'améliorer les habiletés d'investigation en bibliothèque, cela profiterait sans nul doute aux sciences infirmières au Canada.