

The Value of the Hospital Library
Focus Group Report
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Introduction:

The Value of the Hospital Library Study is funded by the National Network of Libraries of Medicine, Middle Atlantic Region (NNLM/MAR). The purpose of this study is two-fold: 1) to investigate the views of hospital administrators about librarians and library services in their institutions and how they make decisions around what services are provided and funded in their hospital; and 2) to explore the views of health sciences librarians, informed by interviews with hospital administrators on the value of the hospital library. It was decided that focus groups of librarians who had interviewed their hospital administrators would be conducted. Elaine Martin, DA, Director of Library Services, University of Massachusetts Medical School was hired as an outside consultant to facilitate the groups. Two focus groups were held; one on October 12, 2007 in Philadelphia, PA and the other in Rochester, NY on November 19, 2007. Five people attended the first focus group and six attended the second.

This report summarizes the results of those two groups. In addition one attendee could not attend the Philadelphia group as planned, so he/she sent comments along via e-mail. This was added to the data collected.

Data Collection:

Interviews of Hospital Administrators

Each librarian was asked to interview his/her hospital administrator prior to attending the focus group. The librarians had a set list of questions to ask. A project team (Julia Sollenberger, Lynn Kasner Morgan, Sharon Easterby-Gannett, Susan K. Cavanaugh, Mary Lou Klem, Rita Haydar, Karen Brewer, Kathel Dunn and Joanne Gard Marshall) developed the questions.

The questions were first pilot tested by the project team. The pilot tests consisted of project team librarians interviewing hospital administrators at their institutions. The questions were revised based on interview experiences and project team members' comments. The revised questions were as follows:

1. How are competing budgetary needs ranked and prioritized? Do key individuals have a louder voice?
2. How much budgetary decision-making is driven by compliance/regulation? Can you provide an example?
3. Are there one or two specific things the library offers that are especially useful to this organization?

4. Are there one or two specific services or resources that are especially useful to you personally at work? When you need information for your work, what is your usual approach to finding answers?
5. Is there a challenge or opportunity for our organization where the library could be involved? (Examples: performance improvement initiatives, or length of stay, or patient satisfaction)
6. Does your organization involve your librarians in strategic planning and/or hospital-wide, mission-critical committees? If not, why not? What might make the librarian more central? What would enhance the librarian's value to such committees?
7. What would convince you that the library is an essential resource, worthy of appropriate funding? Can you think of specific measures of library value that would be convincing to you?
8. Is there anything else you would want to say about libraries and librarians that would help assess the value of these resources?

Focus Groups

Focus groups are an appropriate vehicle for obtaining data about participants' experiences, feelings, opinions, and reactions, especially when the investigation can benefit from interaction and expression of consensus among participants (Krueger, Morgan and King; 1998). The focus group script was drafted by the project consultant (Martin) and reviewed by two members of the project team (Sollenberger and Dunn). The focus of the questioning was to elicit feedback regarding the hospital administrator interviews conducted by the librarians.

The script was divided into two sections. The first section included questions to be answered from the point of view of the hospital administrator interviewed. Questions focused on their perceptions of the library and how to measure its value. The second section included questions to be answered from the point of view of the librarian/interviewer. These questions focused on the librarian's perception of the interview and the reaction to it. There were 9 questions in all. The focus group script is included in Appendix A.

The consultant conducted two 90-minute focus groups, one in a conference room in a library and the other in a conference room in a regional library office. Both focus groups were moderated by the consultant assisted by a note-taker from the NNLM/MAR. All focus group sessions were audio-taped and transcribed by a professional transcription company.

Data Analysis

The qualitative data generated from the focus groups and one written set of comments were used to systematically ascertain the common themes that emerged regarding the value of hospital libraries. The analytic approach used rests heavily on the qualitative research techniques described by Crabtree and Miller (1999) and Patton (2002).

Transcribed textual data from focus group interviews were reviewed through a continuous process of comparing data segments to other data segments, looking for similarities, differences, and themes. A table of common themes and subthemes for each focus group was constructed. Then, a table of common themes and subthemes across both focus groups was constructed. The number in parenthesis after the theme or subtheme indicates the number of participants who made a comment corresponding to it. These Tables are called 1, 2, and 3 respectively.

Findings:

TABLE 1: FOCUS GROUP 1

<p>Theme 1: Demonstration of value, worthy of funding 1.1 Medical staff financial and verbal support of the library (3)</p>
<p>Theme 2: Why the library is valuable 2.1 Library supports the educational mission (2) 2.2 Library supports clinical/patient care mission (4) 2.3 Library supports faculty preparation for education(2) 2.4 Library supports administration/administrative decision making (1) 2.5 Library provides overview of broad topics to administrators (1) 2.6 Online access to library resources is valuable (1)</p>
<p>Theme 3: How the library could show value and doesn't presently 3.1 Library link to Electronic Medical Record (2) 3.2 Library should become a resource for executive leadership/administrative issues (1) 3.3 Library should support the bottom line (1)</p>
<p>Theme 4: How administrators measure value 4.1 Who you report to within the organization matters (i.e. reporting structure) (2) 4.2 Administrators want #'s—gate count, #'s of users, quantifiable statistics (4) 4.3 If the librarian earns respect, then library is valued (1) 4.4 Importance of voices; who within the organization administrators hear from regarding the library's importance (i.e. medical staff have a big influence on what administrators value) (1)</p>
<p>Theme 5: What hospital administrators value about the library 5.1 Value resources (4)) 5.1a. access to journals (2) 5.1b. Up-to-Date (1) 5.1c. remote access (2) 5.2 Value the library as a place (3) 5.2a. "quiet contemplation" (1) 5.2b. "place with scholarly atmosphere"(1) 5.3c. "quiet place to prepare and read" (1) 5.3 Not having to use the library directly; sending surrogate and still getting what they need (2) 5.4 Administrator did not recognize value in library role in patient safety or magnet status unless prompted (1) 5.5 Library helped resolve administrative issues (2)</p>

Theme 6: Tone of Interview

- 6.1 Positive Experience (4)
 - 6.1a. administrator was welcoming (1)
 - 6.1b. administrator gave of their time (1)
 - 6.1c. administrator was comfortable and made librarian comfortable (1)
 - 6.1d. administrator was receptive (1)
- 6.2. The interview was an opportunity for librarians to sell/educate about the library (2)
- 6.3 The interview provided an opportunity to talk to administration; that might not have occurred otherwise (2)
- 6.4 Negative Experience (1)
 - 6.4a. Administrator was uncomfortable and didn't know much about the library

Theme 7: Key Points of the Interview

- 7.1 The library is valuable if it is relevant to the missions of the institution (1)
- 7.2. Important to hear what the administrators need, not what librarians think they need (2)
- 7.3 Library role in support of strategic planning is important to administrators (1)
- 7.4 Library services taken for granted—had to “pull out” importance (1)
- 7.5 Administrators value both the physical place and the resources of the library (1)
- 7.6 More education about what the library can do is needed (2)
- 7.7 Administrators lack awareness of expanded roles for librarians (1)
- 7.8 Library plays important role in support of patient care (1)
- 7.9 Administrators listen to medical staff needs and what they say (advocate) about the library influences administrative funding decisions (2)

Theme 8: Surprises

- 8.1 Physicians see having a library as a recruitment tool (1)
- 8.2 Medical students view library as one thing that attracts them to a particular medical school (1)
- 8.3 One administrator said, “I wonder about the value of this value study. In a way it suggests hospital libraries must prove their importance and I really don't know why that would be.” (1)
- 8.4 Surprised at the amount of recognition and support of the library from above—respect for the library (1)
- 8.5 Role the library plays in strategic planning (1)
- 8.6 Did not hear more about what the library should be doing and is not (1)

Theme 9: Follow-up

- 9.1 Interview was an opportunity for librarians to establish a relationship with hospital administration (4)
- 9.2 Librarian will be meeting with administrator interviewed for budget purposes and administrator has better understanding of the library after this interview (1)
- 9.3 Administrator offered opportunity for library presentation and/or new initiatives and librarian will follow-up on those suggestions (1)

Theme 10: Nurses

- 10.1 Nurses value the library (2)
- 10.2 Nurses involved in magnet status and magnet status is valued (2)

10.3 When library helps nurses with magnet status, library is valued (2)

Theme 11: What would help the librarians from this study

11.1 Share the results of the values study with administrators (4)

TABLE 2: FOCUS GROUP 2

<p>Theme 1: Demonstration of value, worthy of funding</p> <p>1.1 What others (medical staff especially) say about the library and to whom in the hospital (i.e. administrators) they say it influences the administrators' view of the library (1)</p> <p>1.2 If the library saves medical staff and administrators time, then it is valued (1)</p>
<p>Theme 2: Why the library is valuable</p> <p>2.1 Valuable resources (4)</p> <p> 2.1a. Ovid (1)</p> <p> 2.1b. Ask a Librarian pilot project (1)</p> <p> 2.1c Assistance with Bedside Information System (1)</p> <p> 2.1d. MD Consult (1)</p> <p> 2.1e. Up-to-Date (1)</p> <p> 2.1f Librarians (1)</p> <p> 2.1g Internet access (1)</p> <p> 2.1h. Electronic journals (1)</p> <p> 2.1i. Literature searches (1)</p> <p>2.1 Library plays role in evidence-based, data-driven decision making (1)</p> <p>2.2 Librarians working with nursing staff (1)</p> <p> 2.2a. Library support of nursing research (1)</p> <p> 2.2b. Library support of nursing education (1)</p> <p>2.3 Library supports education mission (2)</p> <p>2.4 Library supports research mission (1)</p> <p>2.5 Library played a role in helping the hospital achieve Magnet status (2)</p> <p>2.6 Library's role in providing consumer health services leads to patient satisfaction (1)</p> <p>2.7 Library provides reference/research/project-directed services (2)</p> <p>2.8 Library educates faculty, researchers, etc. how to use the resources (1)</p> <p>2.9 Library has a role in supporting patient care mission (1)</p> <p>2.10 Librarian provides expert assistance to administrator; background information on a variety of topics(1)</p> <p>2.11 Library is a place for computers for online education of hospital employees (1)</p>
<p>Theme 3: How the library could show value and doesn't presently:</p> <p>3.1 Hospital departments need to show ROI but not sure how the library can do so (1)</p> <p>3.2 Those in the hospital who get more funding are more valuable; if library could help researchers get more funding than it would be more valuable (1)</p> <p>3.3 Patient/customer satisfaction demonstrates value. The library should conduct a customer satisfaction survey after services are performed (1)</p> <p>3.4 Library should link evidence to the bedside; Electronic Medical Record (1)</p>
<p>Theme 4: How administrators measure value</p> <p>4.1 Foot traffic (who comes into the library and gate count) (3)</p> <p>4.2 Quantitative measures (3)</p> <p> 4.2a # of document delivery requests retrieved (2)</p> <p> 4.2b use of resources (1)</p> <p> 4.2c electronic resources statistics (1)</p> <p> 4.2d # of questions asked (1)</p>

- 4.2e # of literature search requests (1)
- 4.3 Measure results of Ask a Librarian in relation to length of stay (1)
- 4.4 Patient satisfaction (2)
 - 4.4a Patient satisfaction through patient education sessions documented in the chart (1)
 - 4.4b Measure library against Press Ganey Patient Satisfaction Survey (1)
 - 4.4c Patient satisfaction via consumer health services provided by the library (1)
- 4.5 Library was recognized by JCAHO for patient teaching (consumer health) (1)
- 4.6 Regulations that say you have to have a library make administrators think a library is valuable (i.e. magnet status; JCAHO) (1)
- 4.7 What others (i.e. medical staff; JCAHO site visitors) say about the library to administrators; if they say it is valuable to administrators, then administrators will think so. (2)
- 4.8 If library champions are in high positions within the organization and they say the library is valuable, then administrators will think so too.(1)
- 4.9 Positive comments about the library on hospital-wide survey indicate value to administrators (2)
- 4.10 If the library is involved in important projects within the hospital, then that is an indication the library is valued (1)

Theme 5: What administrators value about the library

- 5.1 The library as place (2)
 - 5.1a “The library is my sanctuary for intellectual renewal. I love the journals on leadership and advanced practice” (1)
 - 5.1b Quiet place and print journals (1)
- 5.2 Value resources (3)
 - 5.2a Electronic journals (1)
 - 5.2b Up-to-Date (1)
 - 5.2c MD Consult (1)
- 5.3 “A hospital should be required to have a medical library”(1)

Theme 6: Tone of interview

- 6.1 Positive Experience(4)
 - 6.1a Librarians already had relationship with person interviewed (4)
 - 6.1b Administrator was forthcoming during the interview (1)
 - 6.1c. Administrator made the time for the interview (2)
 - 6.1d Administrator suggested new roles for library (1)
 - 6.1e Interview provided an opportunity to talk about other topics (1)
 - 6.1f Interview provided opportunity to remind people about what library is doing and gives librarian visibility (2)
- 6.2 Negative Experience (2)
 - 6.2a Administrator struggled to answer the questions; administrator interrupted interview and was unaware of what library does (1)
 - 6.2b Administrator didn’t want to spend much time (1)
 - 6.2c Administrator didn’t see role of library in helping with strategic planning or playing a role in assisting in administrative decision-making (1)

Theme 7: Key points

- 7.1 Those who use the library value the library most (1)
- 7.2 Interview led administrator to think about committees/new roles/services for the

<p>librarian to participate in (2)</p> <p>7.3 Importance of accessibility, visibility within the institution(1)</p> <p>7.4 Importance of people using the library with respect to budget decisions; usage of the library influences funding (1)</p> <p>7.5 Improved patient satisfaction relates to more consumer health services (1)</p> <p>7.6 Budgetary decisions are driven by compliance and regulations (4)</p> <p>7.7 Interview was an opportunity to hear administrators needs (1)</p>
<p>Theme 8: Surprises</p> <p>8.1 One administrator said, “It’s amazing how many uninformed decisions are made here.” (1)</p> <p>8.2 Administrator asked interviewer what he/she thought made library valuable (1)</p> <p>8.3 Administrator suggested librarian be appointed to the IRB (1)</p> <p>8.4 Library viewed as a recruitment tool (1)</p> <p>8.5 Expected to hear more about ROI and didn’t (1)</p> <p>8.6 Expected to hear more about value of library with respect to patient care and didn’t (1)</p> <p>8.7 Expected to hear more about value of traditional library services not consumer health (1)</p> <p>8.8 Interview provided an opportunity to educate the administrator about the role the library plays across the organization (1)</p> <p>8.9 Administrators did not see role for library in helping them make decisions (1)</p> <p>8.10 Administrator did see role for library in helping with his/her work (1)</p> <p>8.11 How well the circuit program is viewed depends on who the liaison is (1)</p>
<p>Theme 9: Follow-up</p> <p>9.1 Administrator offered to help with ongoing support for Ovid; librarian now knows who to go to for ongoing support for Ovid (1)</p> <p>9.2 Librarian will accept invitation to Magnet conference and make presentation on library role (1)</p> <p>9.3 Librarian will begin to categorize literature search requests by type; and will survey users (1)</p> <p>9.4 Librarian will establish regular meeting (quarterly) with administrator (1)</p> <p>9.5 Librarian will go out to different departments more and promote the library(1)</p> <p>9.6 Librarian will promote traditional library services more (as opposed to consumer health services) (1)</p>
<p>Theme 10: Nurses</p> <p>10.1 Librarians are working with nursing staff (1)</p> <p>10.1a Library support of Evidence-based practice and nursing research (1)</p> <p>10.2 Librarians helped hospital achieve Magnet status by supporting the nurses with information; nurses played a major role in helping the hospital achieve magnet status (2)</p>
<p>Theme 11: What would help the librarians</p> <p>11.1 Importance of who you report to; alignment within the organization; more models for administrative reporting that place the library high up in the organization are needed (4)</p> <p>11.2 Regulatory requirements (JCAHO, Magnet status) (2)</p> <p>11.3 Visibility of the library within the organization (1)</p> <p>11.4 The fact that there was an evaluation of the Ask a Librarian program in terms of</p>

satisfaction, not just numbers, helped the library; need more of this kind of evaluation model (1)

11.5 Share results of the values study with administrators interviewed (2)

TABLE 3: COMMON THEMES ACROSS BOTH FOCUS GROUPS

<p>Theme 1: Demonstration of Value, worthy of funding 1.1 Verbal support for the library by influential medical staff (4)</p>
<p>Theme 2: Why library is valuable 2.1 Resources the library offers (5) 2.2 Support for patient care mission (5) 2.3 Support for education mission (5) 2.4 Support for administrative decision making including background information on broad topics (3)</p>
<p>Theme 3: How library could demonstrate value and doesn't presently 3.1 Link to electronic medical record; evidence to the bedside (3) 3.2 Demonstrate ROI; demonstrate how the library supports the bottom line (2)</p>
<p>Theme 4: How administrators measure value 4.1 The higher up you report within the organization, the more valuable you are perceived (6) 4.2 Quantitative measures (6) 4.3 Administrators listen to what others (medical staff and patients) say about the library (3)</p>
<p>Theme 5: What hospital administrators say about the library 5.1 Value library resources (especially electronic) (7) 5.2 Library as place is important (5)</p>
<p>Theme 6: Tone of the interview 6.1 Positive Experience (8) 6.2 Negative Experience (3) 6.3 Interview provided an opportunity to promote/sell/educate/talk to administration about the library (6)</p>
<p>Theme 7: Key Points 7.1 Important to hear administrator needs from their point of view (3) 7.2 Interview provided opportunity for administrator to suggest some new roles/initiatives for the library (3)</p>
<p>Theme 8: Surprises 8.1 Library viewed as a recruitment tool by medical staff and medical students (4) 8.2 Some administrators suggested new roles for library (2)</p>
<p>Theme 9: Nurses 9.1 Library works with nursing staff too and they value the library (3) 9.2 Nurses and library play an important role in helping the hospital achieve Magnet status (4)</p>
<p>Theme 10: What would help the librarians 10.1 Share results of values study with hospital administrators (6)</p>

Discussion:

The following discussion summarizes the findings highlighted in Tables 1, 2, and 3.

Table 1: Focus Group 1

Participants felt that administrators were heavily influenced by medical staff. Medical staff demonstrated their support for the library in two ways. They provide money for resources and/or act as champions or advocates for the library by speaking positively about the library to higher administration. Who the administrator hears from regarding the importance of the library influences the administrator's view of the library and their desire to fund it. Medical staff speaking up for the library to hospital administrators can positively influence administrators' perceptions of the library and subsequently, funding decisions. One librarian's comment sums up the sentiment nicely, "One of the things I heard loud and clear when I spoke with the executive director of the hospital was that how what a strong voice the medical staff had in determining whether to keep a library or physical library on site and a program in place."

Administrators felt the library was valuable because it supports patient care, education, faculty, and administration—the core missions of the hospital. One administrator said, "Along with the educational aspect that the library contributes to the institution...the library contributed to the resolution of administrative issues when they were looking for evidence based approaches..."

Administrators indicated several new ways the library could better show its value. These included: linking to the electronic medical record, becoming a resource for executive leadership, and demonstrating how the library supports the hospital's bottom line. Although support for return on investment or the bottom line was mentioned, no administrator offered specifics as to how this could be accomplished.

The measures administrators used to assess the value of the library were strictly quantitative. They asked for statistics such as gate count or number of users. Librarians agreed with the following statement by one of the librarian interviewers, "...it's just the quantitative, like how many people are actually using this library..." One librarian said, "The person I spoke with, she had no clue of the value we could bring to these other initiatives...until I started talking about other types of initiatives...patient safety initiatives, to try to achieve magnet status"

Administrators felt that who you reported to mattered; the higher up within the organization the more valued you were by administration. For example, one administrator said, "reporting structure facilitated communication about what the library was doing and needed to do." Another indicated that the library was one of few departments that reported to a vice president and that demonstrated there was a great deal of importance attached to the library.

The administrators valued the resources provided by the library such as access to print and electronic journals; Up-to-Date, and remote access. The ability to perform their own

literature searching and to have articles e-mailed to them were services of particular value. However, administrators also valued the library as a physical place. They called the library a place for “quiet contemplation,” “place with scholarly atmosphere,” and a “quiet place to prepare and read.” Others appreciated being able to send someone else (a surrogate) to the library to gather information and still get service. Even though these administrators don’t come themselves into the library, they know where the service is coming from. A small number used the library to help resolve administrative issues.

The tone of the interviews was positive for the most part. The librarians thought the interview provided them with the opportunity to sell/educate about the library or just talk about the library. One librarian gave this example, “My person did not physically come to the library and didn’t really use any of the library resources. He’s fairly new in the position he’s holding now. ...when he had a question or needed information, where did he go to? And he said he Googled....I mentioned there was something called Google Scholar. And he wasn’t aware of it so I showed him that before I left and I made sure he knew how to get to the library resources. And luckily, we have a new resource, Health Business from EBSCO, and I showed him that and he was very happy to see that....so this was a great opportunity for me.” In most cases, these librarians did not know the administrator they were interviewing and the interview provided an opportunity to establish a relationship. One librarian categorized the interview as negative because the administrator did not know much about the library and that made him/her uncomfortable.

There were several key points made but they were specific to each individual interview; very few were common to other interviews in this group. Two librarians expressed how important it was to hear from the administrator’s point of view their own needs rather than the librarians thinking they know what administrators need. One of them said, “I need to have more conversations like this with people.” The other common key point was how much administrators are influenced by medical staff when it comes to funding decisions.

There were some surprises. Librarians were surprised that administrators viewed the library as a recruitment tool for physicians and students. One librarian was surprised at how much the administrator supported the library. This administrator said, “I wonder about the value of this value study. In a way it suggests hospital libraries must prove their importance and I really don’t know why that would be.” One librarian, on the other hand, was surprised he/she did not hear more about what the library should be doing and wasn’t. “There is still a good bit of education that needs to be done.”

Some of the librarians will have an opportunity to follow-up on the interview and will benefit from doing the interview. As it happened, one librarian’s manager may be meeting with the administrator he/she interviewed about her budget and he/she felt the administrator had a better understanding of the library now. “So we had our meeting. He gave me lots of time. And yesterday I learned that my manager is having a conversation today defending the library budget. And she said to me, well, I’m not sure if I’ll actually get to meet with the executive vice president. I might be meeting with this guy. And I

thought he was exactly the right person for me to talk to.” Another was offered an opportunity to give a presentation to senior leadership and will schedule the presentation.

The librarians emphasized the role of the library in support of nurses, not just medical staff. Nurses play a major role in helping the hospital achieve Magnet status and they recognize the role the library has in helping them accomplish this goal. Helping the hospital achieve Magnet status is of value to administrators.

Participants strongly urged the NNLM/MAR to share the results of the values study so that they could use the results as an opportunity to follow-up with the administrators they interviewed. One said, “I mean, I think if I had approached the administrator saying oh I want to come and talk to you about the library, I mean, that doesn’t happen. You know, it’s not the same kind of ring that I’m participating in a study on the value of libraries and interested in your input and that got the appointment...” The study findings may also help document the value of the hospital library. Sharing a report outlining the things libraries are doing that are of value to hospitals was seen as “a way to get back in the door.”

Table 2: Focus Group 2

Participants felt that positive comments others (especially medical staff and patients) said to administrators either verbally or in surveys about the library demonstrated the value of the library and was a major influence on administrators when it came to their funding decisions. What people said about the library was a measure of value; administrators listened to champions and read what was said on hospital-wide surveys about the library. Also, if the library could save physicians time, physicians and administrators viewed this as valuable in terms of money. “Their (physicians’) time is valuable and therefore you are valuable,” said one participant.

There were many reasons why the library is valuable according to administrators. These include: the library provides access to resources (print and online); librarians provide reference assistance with evidence-based decision making; the library’s role in working with nursing staff to help achieve Magnet status; the library’s role in support for education; library’s role in support for research; the library’s role in providing consumer health resources/services supporting patient satisfaction; the library’s role in providing research/reference services; the library’s role in support for patient care; library assistance with administrative decision making; and the library as a place for housing computers for online education of hospital employees. Some comments included the following:

“Well, I know my administrator commented the library staff is highly valued...The library was one of the reasons we achieved Magnet designation.”

“...so I can echo what was already said that library services were valuable a lot because we’re supporting education and research, specifically among nurses and our hospital is trying to achieve Magnet status so they see this as an important issue.”

“Whereas, the chief risk officer at my other hospital is a big user of the library himself and he felt that it was a vital commodity and he appreciates the expert assistance that he gets when he’s working there.”

Administrators mentioned ways the library could show value but doesn't currently. These included: demonstrating return on investment, helping researchers get more funding, conducting customer satisfaction surveys, and linking to the electronic medical record or bedside. However, no administrator could provide specific measures of how the library could demonstrate return on investment or impact on the hospital's bottom line. When asked if the administrators suggested ways to measure the value of the library in terms of return on investment, a typical response was, "No. But I definitely think she thought it would be a good idea."

Administrators measured the value of the library primarily using quantitative measures such as foot traffic, numbers of requests, etc. One librarian commented, "I interviewed my administrator (chief medical officer) and he said that the metrics that we already provide which are just traditional library metrics, like total document delivery, attendance figures, and things like that, demonstrate use by physicians and other staff, ...traffic is important...if nothing else it demonstrates to the people paying the bill that someone is actually making use of the money that they are putting towards libraries."

However, one administrator mentioned evaluating the results/success of a specific project in relationship to shortened length of stay as a means to measure value. Two administrators mentioned measuring the value of the library in terms of patient satisfaction. One of these specifically suggested using a particular Patient Satisfaction tool used by the hospital to measure patient satisfaction with consumer health information. The administrator also mentioned the importance of documenting patient education sessions in the patient chart as a way of measuring patient satisfaction and documenting the sessions for JCAHO. This hospital administrator felt, "patient satisfaction was probably the best area that we could measure the library's usefulness....And she mentioned that survey the Press Ganey ...it's a patient satisfaction survey....And she mentioned length of stay also, which is something our library is kind of working on with the Ask a Librarian project but that's a much trickier topic...." (Note: The Ask a Librarian project is an information prescription project adopted by one of the focus group participants)

Administrators also measured value in terms of recognition by JCAHO or another regulatory body. One librarian reported, "I was delivering consumer health information in the past, at the same time when joint commission was visiting, administration asked me to write on a chart that they had had an education visit from the library and it went over very well with administrators because the joint commission reviewers commented on seeing that in the chart." Another librarian reported that one administrator who was not a library user commented, "I believe there are some regulations on why we have to have a library." This comment resulted in laughter from the librarians attending the focus group and one summed up their sentiment, "I think that's what a lot of administrators do. They know they need a library. They know there's some value somewhere, but they don't really think of it as something they'd use."

One administrator suggested positioning the library on an important project as a measure of value within the organization. The administrator suggested the librarian collaborate with both the hospital's "get well network" and another project to create "a family resource center" by "collaborating with McDonald's, the Ronald McDonald House." She also suggested the librarian sit on the IRB. The higher the position of the library and the more visible the library within the organization, the more valued the library.

Administrators value the physical library as well as the library's resources. In commenting on the library as place, one administrator said, "The library is my sanctuary for intellectual renewal." Other administrators mentioned the value of specific resources that the library provides, such as: electronic journals, Up-to-Date, Ovid, and MD Consult. One administrator said, "A hospital should be required to have a medical library."

The majority of the administrator interviews conducted were positive. This may be because four of the six librarians already had an established relationship with the administrator they were interviewing. These librarians reported the meetings as comfortable, welcoming and forthcoming; they were able to schedule appointments quickly and easily. These librarians also felt the interviews provided them an opportunity to remind the administrator about what the library does and also gave them visibility. Two of the librarians, however, had a less than positive experience. In one case the administrator interrupted the interview. The librarian said of this administrator, "She was very busy. I had, you know, been emailing her secretary questions ahead of time....And finally she made some time Friday afternoon. And halfway through the interview, she said she had something that was high priority and she handed me off to the chief nursing officer."

There were several key points that resonated with the librarians: use of the library determines value; new roles for the library were proposed; accessibility and visibility were important; and the library can help improve patient satisfaction with more consumer health information. Although these points were mentioned, there was only one major key point that was common to all six participants. In all the interviews, administrators made the point that budgetary decisions are driven by compliance and regulations, and that use of the library demonstrated by numbers would influence the library's budget.

There were some surprises. One administrator said, "It's amazing how many uninformed decisions are made here." Another asked the librarian how he/she thought the library was valued. One librarian was surprised that the administrator suggested he/she sit on the IRB "given that both my overall impression was that she really did not feel that the library was all that valuable, it surprised me that she made that suggestion." Another expected to hear more about return on investment and the relationship with library services and patient care.

Many of the librarians came away from the interview thinking of ways they could follow-up on what was discussed. Since they had an established relationship with the administrators, some would initiate another meeting at a later date and/or a more regular meeting schedule. Others would take advantage of the additional roles suggested during

the interview such as attending an upcoming Magnet conference and making a presentation on the role of the library. One librarian said the interview “opened my eyes to the fact that what I need to do is promote the daily services that really are higher priority as far as I’m concerned (than consumer health).” Another said he/she knew who to go to now if help was needed to get continued funding for Ovid.

The importance of the library to nurses—not just medical staff—also was emphasized by the focus group participants. Nurses are instrumental in helping the hospital achieve magnet status, and they recognized the role of the library in this process. The library’s role in assisting the hospital achieve magnet status is viewed as a measure of value.

Finally, the librarians felt that who you reported to in the organization made a difference in how the library was viewed by administrators. They felt that reporting or being aligned with clinical services or education services was more beneficial than reporting to IT. They agreed with one librarian’s comment, “I mean, I think, that it doesn’t matter that there are regulatory requirements out there that say, yes, have a library. That I think that if, in the administration as a whole, if there isn’t some perception of the value of a library that they are going to find a way to get around spending money on a lot of it.”

The librarians stressed sharing the results of the values study as very important and as a way to initiate a follow-up meeting with the administrators interviewed.

Table 3: Common Themes to Both Focus Groups

There were some commonalities across both focus groups. They are as follows:

Verbal support for the library was deemed as a demonstration of value of the library and influenced funding decisions made by administrators. Administrators listened to medical staff and other voices, such as patients, when making these decisions.

Administrators valued the library for its resources (print and electronic), role in support for patient care, role in support for education, and role in support for administrative decision making.

The library could show its value (but doesn’t) by providing a link to the electronic medical record, by directly linking evidence to the bedside, and by demonstrating return on investment for the bottom line. However, no administrator could give specific methodologies for measuring return on investment.

Administrators currently measure value of the library by the numbers or using quantitative measures (things that can be counted). Use of the library is the most important current measure of value.

In addition, reporting structure within the organization is indicative of value. The higher up in the reporting structure the library is positioned, the more the library is valued.

Although administrators value the resources the library provides (print and electronic), they also value the library as a physical place.

More than 3/4ths of the 12 interviews were deemed positive. Those librarians that experienced positive interviews viewed the interview as an opportunity to promote/sell/educate or just talk about the library to administration.

Common to all interviews was the recognition that it was important to hear from the administrators what they need and that some administrators who participated in this study, as part of the process, thought of new roles for the library to pursue.

Surprises included the notion that the library is viewed as a recruitment tool. The opportunity for new roles for the library was also surprising to some librarians in both groups.

Both groups mentioned the value of the library as viewed by nurses, especially in the context of the hospital achieving Magnet status. Nurses and the library play an important role in helping the hospital achieve Magnet status.

Both sets of focus group participants expressed strong desire for sharing the results of this study with their administrators. Sharing the results would provide another important opportunity for follow-up by the librarians with the administrators they interviewed.

Conclusion:

This study examined the views of hospital administrators about librarians and the services provided and how the administrators make decisions regarding funding. Librarians interviewed hospital administrators and then shared their experience via focus groups.

There was one major difference amongst the participants in the two groups. In the first group, the librarians did not have an established relationship with the administrator they interviewed; while in the second group, many did. In fact, in the latter group, the reason some chose to interview the administrator selected was because of that relationship. I don't know if this influenced the results of the study.

Only two focus groups with a total of 12 participants (one via e-mail) were conducted. This is a small number and there may be some value in repeating the study with another group of participants or within another RML region. Even with this small number of participants, I was able to glean some common themes across both focus groups. Those themes appear in Table 3.

One common "complaint" amongst participants was the administrators' inability to suggest specific ways to assess the value of the library that went beyond quantitative measures. Comments such as "I couldn't pull it out of him" or "He didn't say" were responses when I probed further. The administrators, for the most part, did not talk about the value of the library in terms of outcomes measures. Those that did, except for one,

could not offer specific methodologies for evaluating the library beyond counting usage. There remains some uncertainty whether or not those administrators who agreed that there was a need to evaluate the library in terms of outcomes such as patient satisfaction or length of stay did so because they really felt that way or because they were probed by the interviewer/librarian and they wanted to appear collaborative during the interview.

What also struck me, in general, was the absence of concrete examples given by the administrators when describing the roles the library plays in support of education, patient care, etc. The administrators said they valued the library for these roles, but did not say what the library did to support these missions. It is unclear to me whether the absence of concrete examples was because the administrators didn't know much about the library and they couldn't say or whether this was a result of lack of interviewing experience on the part of the librarians who participated in the study. It may be the result of a little bit of both.

Finally, it seems that although the medical library community is concerned about being able to document the value of the library in terms of outcomes, administrators still view the value of the library in terms of statistics that can be counted and their funding decisions with respect to the library are influenced by what they hear from other people (especially medical staff) or read on patient satisfaction surveys.

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Appendix A

Focus Group Script: Value Study
Prepared by: Elaine Martin, DA, Project Consultant
10/04/07

Introduction: Hello, my name is Elaine Martin, and I am the project consultant for the value study project. This project is funded by the National Network of Libraries of Medicine, Mid-Atlantic Region. The purpose of this study is twofold: (1) to investigate the views of hospital administrators about librarians and library services in their institutions and how they make decisions around what services are provided and funded in their hospital; and (2) to explore the views of health science librarians, informed by interviews with hospital administrators, on the value of the hospital library. You were asked to participate in this focus group because you volunteered to interview your hospital administrator and share your findings and your thoughts with us. Thank you for taking the time to interview your administrator and for coming today.

I would like to assure you that your comments will remain anonymous. No remarks will be attributed to any particular individual. This focus group is being audio taped and written notes will be taken. The tapes and notes will be transcribed and the data used to prepare a report. After the data is analyzed, the tapes will be destroyed. The transcripts will be retained by the researchers but identifying information will be removed. The report will be submitted to the National Library of Medicine and there may be a publication generated from the findings of the study.

This focus group will last about 90 minutes. The format is informal. I will ask you a few questions and you should feel free to respond and add to each others comments. The focus groups has two distinct parts. The first set of questions are from the point of view of the hospital administrators you interviewed. In the second part, I'll be asking you your thoughts. Are there any questions about the process? If not, then let's begin.

Question 1: From the point of view of the hospital administrator you interviewed, what would convince him/her that the library is an essential resource, worthy of appropriate funding? What were any specific measures of value that the administrator may have mentioned that would be convincing to him/her?

Question 2: What did hospital administrators say about the value of the library and how to measure its value?

Question 3: From the point of view of the hospital administrator, please tell us anything else they wanted to say about librarians and libraries that would help assess the value of

these resources. What were their thoughts or comments about demonstrating the value of the library?

We've spent some time talking about what your hospital administrators and their perceptions about the value of the library and how to measure its value. Now, we'd like to hear from you.

Question 4: How would you describe the tenor or tone of the interview? For example, was this the first time you met the administrator? Was he/she able to easily answer the questions, etc.?

Question 5: What were the three key points that you came away with from the interview?

Question 6: Was there something that surprised you in the interview? If so, please explain.

Question 7: Was there something that you expected to hear about the value of the library that you did not? Please explain.

Question 8: What was the follow-up for you after the interview? Describe any immediate benefit to you or your library.

Question 9: Are there any other comments you would like to make either from your administrators point of view or from your point of view regarding the perception of the library by hospital administrators and how to measure its value?

Conclusion: This ends our focus group for today. Again I want to thank you for your time and comments. Your feedback will certainly help to inform our study. It was a pleasure meeting all of you.