

# Hospital Library Surveys for Management and Planning: Past and Future Directions

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## ABSTRACT

Since the survey of health sciences libraries by the American Medical Association in 1969, a number of other hospital library surveys have been conducted. Twelve hospital/health sciences library surveys published since the passage of the Medical Library Assistance Act are reviewed. The use of data from these surveys for management and planning is discussed and directions for future library survey development are suggested.

IN ORDER to understand the role of hospital libraries and to make some projections about future directions, we analyzed findings from twelve surveys made since 1956. This paper focuses on what we can learn from these surveys and on their use in planning programs to meet the needs of teaching, patient care, research, and administrative functions of hospitals.

Prior to the mid-1960s, few quantitative studies of hospital libraries collected and analyzed data on a national or regional basis. Among the earliest was a nationwide survey of current hospital library facilities by Giesler and Yast in 1962 [1]. It was not until the middle of this decade that two events provided impetus for research on hospital libraries.

The first was passage of the Medical Library Assistance Act (MLAA) in 1965, which enabled the National Library of Medicine (NLM) to provide funds for developing and upgrading hospital libraries. The second was creation of the Advisory Commission of Libraries in 1966, which underscored the inadequacy of information on hospital libraries. Statistics were virtually nonexistent, and

there was no standard methodology for collecting data. A major concern of NLM, of legislators who were responsible for passage of the MLAA, and of the hospital library community was evaluation of the influence of this funding. Without baseline data on hospital libraries in the 1960s, it would be difficult to measure changes or to assess the consequences of the MLAA, or other support programs.

In 1969, the National Library of Medicine provided support to the American Medical Association, in cooperation with the Medical Library Association and other professional health-related associations, to conduct the first survey that would attempt to identify all health sciences libraries in the United States. Hospital libraries would be one subset. Three surveys were conducted, at approximately five-year intervals: in 1969, 1973, and 1979. In addition to these surveys of the "universe," regional and local surveys of hospital libraries were conducted.

## OBJECTIVES OF HOSPITAL LIBRARY SURVEYS, 1965-1982

The surveys reviewed here are those described in the published literature, including Regional Medical Library and MLA Regional Group publications, since passage of the MLAA. Only surveys that gathered descriptive data on libraries were considered. Excluded are those which focused on single library services, user needs, or the evaluation of pilot projects and special programs. Twelve surveys that include hospital libraries were analyzed.

The objectives of the twelve surveys are listed in Table 1. The number next to each objective indicates the number of surveys which included that objective.

When evaluated on their objectives, the twelve surveys may be divided into two categories. Group A (hospital libraries) includes nine surveys that are limited to hospital libraries from a local or regional area, to those of a special size, or to those of a defined type. Group B (all health sciences libraries) consists of the three surveys covering the entire population of health sciences libraries in the United States. Table 2 lists the surveys within each group. The only point of convergence between the two categories of surveys is their objective: collecting current data on their respective populations.

Group A (hospital) surveys focused on data for management, planning, development, or accredita-

TABLE 1  
FREQUENCY DISTRIBUTION OF OBJECTIVES IN TWELVE  
PUBLISHED HOSPITAL LIBRARY SURVEYS, 1968-1982

Objective	Number of Surveys
Collect current profile data on: the "universe" of health sciences libraries	3
local or regional health sciences libraries	6
a particular type of health sciences library	1
health sciences libraries of a given size	2
Provide or refine a prototypical instrument for other health sciences library surveys	4
Gather baseline information for longitudinal studies	4
Develop computer procedures for data analysis, including machine-readable data format	3
Identify standard terminology for surveys	3
Develop a data analysis pro- gram for surveys	3
Collect data for accreditation purposes	4
Provide management, planning or development information for hospital sources of health sciences information outside the health sciences setting	1

TABLE 2

TWELVE PUBLISHED HOSPITAL LIBRARY SURVEYS:  
CLASSIFICATION BY OBJECTIVES, 1968-1982

- I. *Group A: Hospital Libraries*
  - Hospital Library Resources in Massachusetts [2]
  - KOMRML Hospital Library Survey, 1982 [3]
  - Survey of New England Hospital Libraries [4]
  - Osteopathic Library Survey [5]
  - Survey of Small Health Sciences Libraries  
in the Metropolitan New York Area 1975 [6]
  - 1979/80 Survey of Small Health Sciences  
Libraries in the New York/New Jersey Regional  
Library Area [7]
  - Hospital Library Service in West Virginia [8]
  - Survey of Wisconsin Health Sciences Libraries [9]
  - Medical Library Services in Wisconsin [10]
- II. *Group B: All Health Sciences Libraries*
  - Directory of Health Sciences Libraries  
in the United States, 1969 [11]
  - Directory of Health Sciences Libraries  
in the United States, 1973 [12]
  - Directory of Health Sciences Libraries  
in the United States, 1979 [13]

tion, with emphasis on the kinds of data collected. The libraries were stratified by size, locale, and type of institution, as the major goal was to collect information that would enable one hospital library to compare itself to others with the same demographic characteristics. The range of services provided by these libraries was emphasized. This orientation is reflected in the most recent survey, made in 1982, by the Kentucky-Ohio-Michigan Regional Medical Library Program (KOMRML):

The absence of systematically collected, relevant and comparable data often causes hospital library managers to plan in a vacuum, without firm supporting documentation. . . . As a result of this literature review it was concluded that most collected data did not relate specifically to hospital libraries; the data were not reported by bed-size or by type of hospital; the data were not specific to KOMRML's geographic area; and survey coverage was narrow and did not encompass the range of services provided or under consideration by many hospital libraries [14].

As a result of this concentration on content in the Group A (hospital) surveys, minimal attention was given to future applications. Only one survey, the KOMRML library survey, was designed to serve as a prototype for use throughout the country [15]. Likewise, only the McGrath survey specifically addressed longitudinal aspects [16].

The objective of the Group B (all health

sciences) surveys was to identify the universe and selected general characteristics of the entire population. Specific goals included: 1) the development and refinement of a survey instrument; 2) identification of standard terminology for survey use; 3) development of computer procedures and software for data collection, storage, and analysis; and 4) creation of a national databank for longitudinal studies. The aim of these surveys was to establish methodology for ongoing, state-of-the-art descriptions and for longitudinal studies of the entire population of health sciences libraries. It was not intended that a massive census (of over 14,000 health-related institutions) would collect specific types of data needed for evaluation and management of hospital libraries [17].

#### OUTCOMES OF DIFFERING SURVEY OBJECTIVES

In spite of the different orientations of the two types of surveys, the data elements collected are similar, as both were designed to collect profile information. All surveys in both Groups A and B requested the following: general information, services, collection, personnel, clientele, administration, budget, physical facilities, and salaries. In general, Group A (hospital) surveys asked for greater detail than did Group B surveys. The Group A surveys included the following additional categories: network membership, accreditation, professional activity, library goals/objectives, policy/procedure manuals, and library committee structure.

While the content of the two survey types was similar, different outcomes have resulted from their administration. From a review of the literature to date, it appears that only the Group B (all health sciences) surveys were distributed more than once. Each of the three Group B surveys used basically the same instrument, modified to reflect changes in libraries during the years between distribution. The concurrent development of computer procedures/software, as well as a databank, made longitudinal studies possible. Over twenty publications resulted.

In comparison, none of the Group A (hospital) surveys was used more than once. Each survey produced only a single publication. No computer procedure/programs evolved. No databank of information was created even though the data may have been computer processed. No longitudinal studies were produced. Furthermore, use of the data gathered by Group B surveys for hospital library decision making and planning or for accreditation purposes has yet to be documented.

#### FUTURE DIRECTIONS FOR HOSPITAL LIBRARY STUDIES

Two types of hospital library surveys, made over a fourteen-year period, have been identified. Neither type adequately provides both depth of detail appropriate for hospital libraries and a methodology that allows longitudinal study. The Group A (hospital) surveys collected detailed information but their lack of standardization precluded longitudinal or generalized studies. The Group B (all health sciences) surveys provided methodology for the entire population of hospital libraries and for longitudinal studies. However, these surveys do not yield the depth and breadth of information needed by the hospital librarian for planning and program development.

While descriptive data on library resources and manpower are useful for comparative purposes, they are silent on important issues that confront the hospital library today. Hospital librarians need data that they can adapt for use in their own institutions. As Hardy and co-authors ask in this symposium: How can hospital librarians evaluate the influence of their services on the quality and cost of medical care? Librarians need to examine their missions and to cost out their services in new ways that are important for administrative support and future planning. Objective, quantified answers to questions such as the following are essential for the continued success of the hospital library: 1) What is the cost per patient to run the library? 2) What does the library cost per patient day? 3) What is the cost per hospital staff member for library services? 4) What is the library cost per department? 5) What percentage of the staff utilize which services of the library? and 6) What would be the cost to the hospital to obtain existing library services elsewhere? This self-assessment can be enhanced by using socioeconomic information to present a comprehensive description of the hospital library's role in the community it serves.

In summary, at least three different types of library studies are important, as they serve different objectives:

1. Census surveys of the universe. It is important to define what a health sciences library is, to determine how many there are, to indicate their locations, and to identify some general characteristics that are common to all. Thus, we know that in 1979, there were some 2,775 health sciences libraries in the United States, of which some 1,949 were hospital libraries.

2. Regional or local surveys of libraries. To plan distribution of services, development of consortia and other forms of cooperation, and building of new facilities, it is necessary to know local resources and manpower in detail. To build a telecommunications network for document delivery, for example, we must know the nodal points in a region.
3. Special investigations that address specific problems. The surveys that we analyzed cannot provide data on such problems as cost-effectiveness, the use of information in clinical decision making, or the effect of an integrated library system on budget and staff reallocations. Problems such as these need to be approached individually, and each requires a special methodology to address the questions we choose to ask. Here, we first identify the problem (preferably in a way that allows results to be quantified), then follow up with an experimental design or with survey data from the field.

It is clear from the analysis of twelve recent surveys that librarians have focused on survey instruments for the first two types of library studies. Only by using the third approach can we respond to the challenge in a recent editorial by Nancy Lorenzi: "If we do not emphasize our services and economic values, others (like the Health Care Financing Administration) will continue to set the direction and we will continue to react on mainly anecdotal evidence collected for the needed response rather than on the concise conceptual importance of our services" [18].

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*Received July 1984; accepted September 1984.*