LIBRARY ANXIETY IN THE HEALTH LIBRARY CONTEXT

ELIZABETH CARNEY
201852908

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Department of Computer and Information Sciences | University of Strathclyde

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This dissertation is submitted in part fulfilment of the requirements for the degree of MSc of the University of Strathclyde.

I declare that this dissertation embodies the results of my own work and that it has been composed by myself. Following normal academic conventions, I have made due acknowledgement to the work of others.

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Abstract

Library anxiety is a distinct form of state-anxiety, brought on by library use or the consideration of visiting a library. Those who experience it feel fearful, intimidated, and uneasy when faced with using a library, often resulting in library avoidance. Thus far, library anxiety research has been almost exclusively based in the academic library setting, where it has been found to affect a wide variety of students. Due to limited research outside of this sector, it is unclear whether other types of libraries invoke such negative emotions. Additionally, a number of studies have considered health library use/non-use, but none of these have specifically studied library anxiety amongst healthcare staff. Given the similarity of health and academic libraries, which are both mainly used for formal learning and research, a consideration of whether library anxiety exists in the health library sector would be beneficial.

Focussing on NHS Greater Glasgow and Clyde (NHSGGC), the aim of this dissertation is to consider whether library anxiety is present amongst NHSGGC staff. Moreover, the study aims to uncover any barriers to use of the NHSGGC Library Network, and also to explore how more use of the libraries could be facilitated or encouraged. A mixed methods approach was taken, comprised of a questionnaire which received 566 responses, and follow-up interviews with 12 questionnaire respondents.

Overall, the quantitative data indicated that library anxiety is generally low amongst respondents, however the qualitative data suggested clear traces of it in particular areas. These were mainly to do with a poor understanding of what the Library Network does and who is allowed to use it. Additionally, many people were found to be embarrassed over their perceived poor ability to use the library. It was also discovered that many respondents are apathetic towards the library, placing limited value on the service. Other than library anxiety, lack of time and confusion over how to gain access were main barriers. Lastly, complaints over noise levels and a lack of guidance on this was found to be off-putting. In terms of implications for practice, participants would value having stronger links with individual library staff. There also seems to be a need for increased promotion of the Library Network, and for the libraries to offer induction sessions. Lastly, there is discussion of the libraries becoming more 'social' spaces. All of these things were outlined by participants as changes that would make library use easier or more appealing to them. The overall conclusion is that while library anxiety is low, there are definite areas where changes could be made to ensure all NHSGGC are more able to use the service and feel comfortable doing so.

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Chapter One: Introduction

1.1 Research Context and Problem

Libraries are positive and valuable places for many. For example, academic libraries support patrons to carry out their teaching and learning and provide access to expensive journals and textbooks (Nitecki and Abels, 2013, pp.21-22). Public libraries are community spaces that facilitate "interactions and information exchange" (Field and Tran, 2018, p.114), where local people can develop their skills, get online, and host events. However, research has also found that libraries can be a source of fear and unease. This may be because of the size, rules, and organisation of the library which can feel "intimidating" (Tewell, 2014, p.3). The phrase 'library anxiety' describes the phenomenon where people are "unable or unwilling to use a library due to […] feelings of helplessness or discomfort" (Tewell, 2014, p.6). This is concerning because of the value libraries offer to the communities they serve. Bostick created the Library Anxiety Scale (LAS) in 1992. This quantitatively measures library anxiety, and paved the way for a number of researchers to study library anxiety. This research has almost exclusively been carried out in the academic context where it has been well documented that library anxiety affects a wide range of students. This anxiety interferes with the information seeking process because those who experience it avoid using the library to source information (Tewell, 2014, p.6). For students, this can create a barrier to academic success, for people in general it could lead to decreased lifelong learning and information literacy (Tewell, 2014, p.4).

Onwuegbuzie, Jiao, and Bostick (2004) highlight that because research on the phenomenon has been primarily based in the academic setting, it is unclear whether libraries other than academic ones trigger anxiety (p.276). They thus identified a clear need for future research to study library anxiety in different sectors such as school, public, and special libraries, to broaden our understanding of the phenomenon (p.279). However, well over a decade later, the majority of studies have continued to focus on the academic context. Therefore, considering library anxiety in a new setting is a key aim of this project. The health library was decided upon as a useful setting for this as it is a similar environment to the academic library, raising the potential for anxiety to also be experienced in this context. Serving those who work in healthcare, it provides space for studying, researching, and working and offers resources for evidence based practice (EBP) and continuing professional development (CPD) (McKeown et al., 2017, p.121). Some studies on the use/non-use of health libraries have been carried out, mostly based in single health boards in England and abroad. These have discovered multiple barriers to use, though none thus far have considered whether library anxiety affects healthcare staff.

Access to and use of "quality information is vital within the health sector" (Thomas and Preston, 2016, p.150) because decisions made directly impact people's lives. The library plays an important role in providing access to this quality information, which can positively influence patient care, particularly in the areas of diagnosis and treatment (Bennett and Madden, 2011, p.183; O'Connor, 2003, pp.38-39). Thus, any barriers preventing healthcare staff from accessing the library "could have a negative effect on patient health" (Thomas and Preston, 2016, p.150). It is therefore crucial that we attempt to understand how health libraries are being used, what might prevent their use, and how we can better facilitate their use.

This study, based within the NHS Greater Glasgow and Clyde health board (NHSGGC), thus attempts to fill two gaps in the literature. Firstly, it will add to what we know about library anxiety by considering this in a new setting - health libraries. Secondly, it will build on the current literature on non-use of health libraries, considering what barriers, if any, are significant in a new geographical context.

1.2 NHSGGC Library Network

There has been a lack of previous research into health library usage in Scotland. NHSGGC is the largest of fourteen NHS Scotland (NHSS) health boards, employing approximately 39,000 staff (NHSGGC, n.d.). The size of NHSGGC and the fact that it has nine staffed libraries makes this a good location for an initial study of Scottish health library usage and library anxiety in the health context.

Additionally, I have been on a student placement within the NHSGGC Library Network. Conversations with staff and observations of users suggested that library anxiety could be present, prompting a desire to explore how greater use of the Library Network could be facilitated. Connections made with library staff provided an invaluable opportunity to carry out this research supported by the resources of a large health library network. Furthermore, the Library Network are committed to understanding the needs of NHSGGC staff, and connecting with the wider organisation is a priority (NHSGGC Library Network, 2017, p.3). They previously carried out a User Needs Survey, aiming to develop the Network through better understanding what services NHSGGC staff require (NHSGGC Library Network, 2017, p.3). The resulting report recommended that a similar survey should be conducted "every 12-24 months" (NHSGGC Library Network, 2017, p.15). The present study can help meet this aim.

1.3 Aims

The overall aim of this research is to consider whether library anxiety affects people in the health library context, and to add to the current literature on potential barriers to use of health library services. This will be done through a study of NHSGGC staff who are all entitled to use the NHSGGC Library Network, which is comprised of nine staffed libraries and a number of un-manned libraries. For this study, only use of the staffed libraries is considered, as interactions with staff have been found to be a large contributing factor to library anxiety.

Thus, the objectives of the study are: to explore whether library anxiety affects people eligible to use health libraries; to consider barriers to use of health library services; to identify ways that better use of health libraries could be facilitated; and, to use the findings to make informed recommendations that could be useful for the future practice of the NHSGGC Library Network, and health libraries elsewhere.

1.3.1 Research Questions

To meet the above aims, the following questions have been established to guide the project:

1. Is library anxiety, as outlined by the LAS, experienced by NHSGGC staff who are eligible to use the NHSGGC Library Network?
2. What, if any, barriers to use of the NHSGGC Library Network exist?
3. How could greater use of the NHSGGC Library Network be facilitated/encouraged?

1.3.2 Personal Development

This project allowed me to develop my field research skills by building on past interviewing experience, developing a questionnaire for the first time, and working with both qualitative and quantitative data. Additionally, conducting EBP is a growing concern, particularly within health libraries, and this project offered an opportunity to engage in this by using data to develop recommendations for library services. A broader understanding of the health library field was also developed. This is an area of great interest to me and better understanding the needs of health library patrons will be useful for my future practice. More generally, the extensive reading I carried out for the project has given me in-depth insight into the issue of library anxiety, which will be valuable for work in any library setting.

1.4 Research Methods

A mixed methods approach was taken, with a questionnaire being promoted to NHSGGC staff via mailing lists, followed by semi-structured interviews being conducted with twelve questionnaire respondents. The literature review informed the development of the

questionnaire, which explored library anxiety and barriers to use of the Library Network. The focus for the interviews was then informed by themes emerging from responses. The Webropol 'Reporting' tool was used to analyse the quantitative data. Thematic analysis was conducted on the qualitative data collected through the questionnaire and interviews, with the software NVivo aiding in this process.

1.5 Summary of Findings

The quantitative data indicates that library anxiety is low in this setting. However, qualitative data illuminated certain areas where problems are faced by a minority. Library anxiety was detected in relation to respondent's confidence in their own ability to use the library and awareness of the service. Furthermore, an almost apathy towards the Library Network was found, and many participants seemed unmotivated to use it. A number of additional barriers to use also emerged. The biggest issue was by far the lack of time and heavy workload that participants face, making library use a low priority. Additionally, a few issues related to the library environment prevented use, namely access issues and noise levels. To facilitate greater use of the libraries, participants would value stronger links between library staff and their departments, increased promotion and outreach work by the Library Network, and library induction sessions. Additionally, suggestions for the library environments to become more comfortable and social spaces were made.

As this project aims primarily to explore issues faced in relation to use of the service, most of the findings discussed will relate to negative comments received. However, I would like to highlight that an overwhelming number of positive comments about the Library Network were also received, particularly in relation to the support provided by library staff. It is clear that, while some issues were identified, the Library Network is valued across NHSGGC, and that the good work already being done is appreciated.

1.6 Dissertation Structure

This report will be broken into five further chapters. Chapter Two will review the literature, considering the meaning of library anxiety and findings related to this from studies in the academic sector. Also, it will review studies on health library usage. Chapter Three will discuss the research methodology, including development of the questionnaire and interviews, participant recruitment, limitations, analysis, and ethics. Chapter Four will present the findings relevant to research questions one and two, discussing these with reference to the literature. Research question three will be addressed in Chapter Five, which will discuss, in relation to relevant literature, the implications for practice of the study based on findings. Chapter Six

will conclude the dissertation, providing a summary of key findings, limitations, and recommendations for future research.

Chapter Two: Literature Review

This chapter will review the literature on library anxiety. Given the lack of previous studies on library anxiety in the health setting, the library anxiety literature discussed will primarily relate to the academic setting. Also discussed will be previous studies that have considered barriers to use of health libraries.

2.1 What is Library Anxiety?

Library anxiety has been described as "an uncomfortable feeling or emotional disposition that is experienced when students are utilizing the library or contemplating its use" (Jiao and Onwuegbuzie, 1999, p.278). The phrase was developed by Mellon (1986), after studying six thousand American undergraduates using their academic library for the first time. Mellon (1986) discovered that around 75-85% of students felt anxiety or fear in these first visits, using words such as 'scary', 'lost, and 'helpless' to describe the experience (p.162). These feelings were attributed to the size of the library, poor understanding of how the library and collections were organised, and uncertainty over how to conduct research (Mellon, 1986, p.162). Students also felt that they alone were unable to use the library, believing that their peers and other library patrons were experts. This led to embarrassment and caused them to not ask for help in order to keep their "incompetence" hidden (Mellon, 1986, p.163). Thus, the feeling of being lost and inexperienced in the library is perceived as a shortcoming by those experiencing library anxiety, creating a sense of shame that prevents them from seeking help when they most require it (Shelmerdine, 2018, p.344). These feelings can be so severe that the person attempts to spend as little time as possible in the library. This can then become a self-perpetuating issue, where anxiety leads to avoidance meaning good library skills are never developed, and in turn the anxiety is sustained (Jiao and Onwuegbuzie, 1999, p.279).

The creation of the LAS in 1992 allowed the phenomenon to be measured and studied empirically (Irvine, 2007, p.258). The scale outlines "five dimensions of library anxiety" (Onwuegbuzie, Jiao and Bostick, 2004, p.35), and anybody facing it may be dealing with some or all of these issues. Firstly, 'barriers with staff' were found to be a causal factor, where the perception exists that library staff have too many other responsibilities and therefore do not have time to assist with queries, making them appear "intimidating, unapproachable, and inaccessible" (Onwuegbuzie, Jiao and Bostick, 2004, p.36). Secondly, 'affective barriers' refer to a person's lack of confidence in their own ability to use the library. They may believe that they do not have adequate library skills and incorrectly assume that everybody else does (Onwuegbuzie, Jiao and Bostick, 2004, p.36). 'Comfort with the library' is a third contributor, and this refers to whether individuals feel safe, welcome, and comfortable in the library

environment (Onwuegbuzie, Jiao and Bostick, 2004, p.36). Fourthly, 'knowledge of the library' is a barrier related to the patron's level of familiarity with the library environment, a lack thereof can lead to "frustration and anxiety" (Onwuegbuzie, Jiao and Bostick, 2004, p.36). Lastly, 'mechanical barriers' can lead to anxiety, and this occurs where somebody relies on equipment such as computers, printers, photocopiers, and microfilm machines but faces difficulty using these (Onwuegbuzie, Jiao and Bostick, 2004, p.36).

Anxiety generally has two components: state or trait. Trait anxiety tends to be innate within a person who experiences anxiety when facing any situation they deem stressful, whereas state anxiety is temporary and will fluctuate depending on the situation (Onwuegbuzie, Jiao and Bostick, 2004, p.26). As library anxiety only occurs when students are using, or thinking about visiting, the library, it can be described as 'situation-based' (Shelmerdine, 2018, p.344), and a form of state anxiety distinct from general trait anxiety (Onwuegbuzie, Jiao and Bostick, 2004, p.30). Mech and Brook (1995) provide empirical support for this. In their study of undergraduate students they considered whether there was a link between trait anxiety and library anxiety, but found no evidence of this, concluding that it is a separate issue from anxiety in general (cited by Jiao and Onwuegbuzie, 1999, p.280). Concerned that library anxiety was not being taken seriously, Jiao and Onwuegbuzie (1999) expanded this research by considering whether there was a link to trait anxiety in postgraduate students, but again found that trait anxiety was not significantly linked to any dimension of library anxiety (pp.280-281). Findings such as these suggest that library anxiety is an independent form of anxiety in its own right (Jiao and Onwuegbuzie, 1999, p.281), giving weight to seriousness of the issue. As with other forms of anxiety, preventative measures and treatments should be developed to tackle it.

Elmborg (2010) argues that we prefer to seek help from those who we perceive to be on a similar level to us, so that we do not deem them as "incomprehensible" (cited by Shelmerdine, 2018, p. 346). This point may explain why seeking help from a professional librarian can feel intimidating. Shelmerdine (2018) thus argues that library professionals should strive to present themselves as people who students learn *with*, as opposed to overloading them with their abundance of knowledge regarding information retrieval and literacy (p.346). However, Atlas (2005) notes that librarians are typically "warm, friendly, out-going, helpful people" (p.315) who spend a lot of time ensuring the library is a welcoming space yet frustratingly patrons remain reluctant to engage.

Radford and Radford's (2001) discussion of library anxiety framed by Foucault's conceptualisations of power, control, and fear help explain why negative attitudes persist

despite librarians' best efforts. They highlight that libraries can be large, "imposing structures" (Radford and Radford, 2001, p.300), suggesting they are places of power. Moreover, the 'rituals' of the library can contribute to this, for example users must learn different 'rules', such as those related to noise levels, and how large collections are organised. As well as this, library staff control how patrons access resources, through decisions about whether to have open or closed stacks, fines, and borrowing periods (Radford and Radford, 2001, pp.303-304). This is the power and control aspect, and people may feel the library does not provide free access to information, but rather perceive that multiple hurdles must be overcome to access the resources they need (Radford and Radford, 2001, p.308). Additionally, the fear aspect comes into play through the stereotypically negative image of the librarian that we often see in popular culture (Radford and Radford, 2001, p.308). White (2012) discusses this largely inaccurate portrayal of the librarian as an elderly woman with a tight bun who sits behind a desk and tells people to be quiet (p.3). This image of the librarian "as a fearsome figure" (Radford and Radford, 2001, p.313) has been detrimental to the relationship between librarian and patron, portraying the librarian in a negative way that puts people off approaching them (White, 2012, p.6) and contributing to the idea that the library is "a place to be feared" (Radford and Radford, 2001, p.300). It is easy to see how all of this could create anxiety in users. Radford and Radford (2001) argue that such images of the library and librarian shrouded in the ideas of power, fear, and control are so strongly engrained that they often persist for users, even after positive interactions (p.323).

In the decades following Mellon's (1986) seminal study, several researchers have sought to better understand library anxiety and develop interventions to deal with it (Irvine, 2007, p.258). There will now be a discussion of some of the main findings from research in the academic library setting.

2.2 The Academic Context

The academic library has been found to be a source of unease for many students and, while there are a number of 'academic-related anxieties' such as test anxiety and writing anxiety, library anxiety is the most widely experienced, perhaps because library use is one of the only academic experiences common to all students, regardless of discipline (Jiao and Onwuegbuzie, 2002, pp.71-72). It has been described as "a psychological barrier to academic success" (Jiao, Onwuegbuzie, and Lichtenstein, 1996, p.151) because the avoidance behaviours it leads to can mean students put off starting assignments (McPherson, 2015, p.319). Both personal and institutional factors influence library anxiety amongst students (McPherson, 2015, p.318). Personal factors include poor library skills and information literacy, lack of previous library

experience, and low self-confidence when faced with carrying out research (McPherson, 2015, p.318). Institutional factors are about the library itself, including the size of the building or collection, layout, signage, and other environmental issues such as temperature and noise (McPherson, 2015, p.319). Moreover, as the academic library is used largely for research, the fact that library anxiety is so common here is understandable when we consider Kuhlthau's (1988) model of the search process. Kuhlthau (1988) argues that conducting research can be anxiety inducing in itself, and the process can be fraught with high "anxiety and confusion" at the beginning and throughout, with confidence only occurring if a clear direction for the research project is formed. Bapte (2017) argues that library anxiety is "inherent" (p.287) in Kuhlthau's model, and thus while many attribute library anxiety to poor understanding of how the library works, the fact that the academic library is largely intertwined with the research process helps explain why it is so common in this setting.

An early study by Jiao, Onwuegbuzie and Lichtenstein (1996) highlighted some potential predictors of library anxiety among students, finding that it "correlated significantly with age, native language, year of study, number of library courses undertaken, employment status, [and] frequency of library visits" amongst others (pp.154-155). This research developed the concept of library anxiety by pointing to potential indicators that could be further studied (Wildemuth, 2017, p.276). Library anxiety can prevent people from seeking help to use the library. It can be embarrassing to admit that you need help, and for students "with low self-esteem, low perceptions of cognitive competence, and whose academic performance is poor" (Black, 2016, p.38), avoiding help-seeking is a protective measure employed to ensure their perceived 'poor ability' is not revealed, as this would further lessen their self-esteem (Black, 2016, p.38). Wilmer and Levant (2011) found that a failure to seek required help could be connected to gender stereotypes, with male students who see masculinity as not revealing any weakness being particularly likely to avoid this in order to embody "traditional masculinity" (cited by Black, 2016, p.40). Other studies have also considered a link between gender and academic library anxiety. Evidence from Jiao and Onwuegbuzie (1997) and Jiao et al. (1996) found that males experience more library anxiety than do females, however, Mizrachi (2000) and Shoham and Mizrachi (2001) found that females faced significantly higher levels than males (cited by Onwuegbuzie, Jiao and Bostick, 2004, pp.50-51). Though contradictory, these findings do suggest that gender can act as an "antecedent of library anxiety" for students (Onwuegbuzie, Jiao and Bostick, 2004, p.51).

Library anxiety has also been found to be heightened in foreign students who do not speak English as their first language. Jiao, Onwuegbuzie and Lichtenstein (1996) found that such

students often faced more difficulty when using the library, which could be because of language/communication barriers and cultural differences (p.158). This finding is supported by Cleveland (2004) who reviewed studies carried out by Onwuegbuzie and Jiao and discovered that having a native language other than English greatly contributed to library anxiety in the areas of barriers with staff, affective barriers, and mechanical barriers (cited by Sinnasamy and Karim, 2016, p.1621). These students can face additional causes of anxiety, particularly because most resources are published in English making it more challenging to locate and use the information they need (Sinnasamy and Karim, 2016, p.1627). Additionally, Fraser and Bartlett's (2018) study of how library anxiety is experienced by African-Canadian students and their Caucasian peers found that while both groups showed signs of library anxiety when speaking with library staff, the African-Canadian students also experienced "racial stereotyping" (p.14) which only added to their unease. Collins and Sims (2006) identified that fear of stereotype threat is a major reason why certain groups do not seek help from staff (cited by Black, 2016, p.40). Students who are part of a racial or ethnic minority group are particularly prone to avoid help-seeking due to this as they fear being reduced to negative stereotypes that exist (Black, 2016, p.40). The findings of Fraser and Bartlett (2018) suggest that, unfortunately, such concerns are potentially justified.

Thus, studies of library anxiety in the academic context have found that it can be intertwined with social issues such as race and gender, and have shown that staff interactions can significantly influence how patrons feel in the library. This point is also emphasised by Mellon's (1986) study which found that positive interaction with a librarian during an induction session "considerably reduced" (p.164) library anxiety in students. Muszkiewicz (2017) also argues that the primary way to reduce anxiety is to ensure students know "that librarians are accessible, approachable people" (p.224). Muszkiewicz's (2017) study was based on a 'Get to Know Your Librarian' induction session in an academic library that was found to reduce library anxiety and to break down stereotypes about librarians that previously made them appear intimidating (p.234). Before the session, 48% of participants reported feeling some level of library anxiety and many clearly held stereotypical beliefs such as librarians 'shushed' people (pp.323-333). Afterwards, all participants who had held negative beliefs now had a positive perception of library staff (p.233). It is clear that relations between patrons and librarians can have either a positive or negative influence on library anxiety.

Additionally, anxiety can be alleviated through increased exposure to the library. McPherson (2015) found that first year students at a university in the West Indies were found to clearly display library anxiety in the first semester, but a majority had overcome this by the second

(p.322). This was attributed to: "increased knowledge of the library, how to use its resources, and a recognition of the channels to use when requesting assistance" (McPherson, 2015, p.321). Thus, it is clearly possible for library anxiety to be short-lived. However, while a positive interaction with a librarian and getting familiar with the library may be all it takes to reduce unease, it could be challenging to get students who are experiencing high anxiety to actually make this first contact. As Nicol (2009) states, those who face severe library anxiety "avoid voluntarily using academic libraries in the first place" (p.278) and so it could be that only people experiencing low anxiety would attend inductions and take other steps to actively alleviate this.

2.3 Use of Health Libraries

Health library services can support healthcare staff in a variety of ways. There is a strong emphasis on conducting EBP in the health setting, and all staff should be making use of the library to effectively engage with this (Rockliff, 2008, p.213). Moreover, health libraries provide important resources to help staff undertake CPD (O'Dell and Preston, 2013, p.105). Librarian-mediated literature searches are perhaps the main way that health libraries support their patrons. These can save time for busy healthcare professionals (McKeown et al., 2017, p.121; Kelhan, 2014, p.237) and are an essential service in healthcare, an area where decision making must be based on the best available evidence. The comprehensive searches offered by health librarians, who are considered 'expert searchers', produce "higher quality results" (Lasserre, 2012, p.4) than searches carried out by non-librarians, and these results are crucial in supporting the practice of healthcare workers (Lasserre, 2012, p.4). Furthermore, librarians can also teach information literacy skills to all staff, empowering them to more effectively use EBP to inform patient care (Kelhan, 2014, p.235). Despite this, health libraries can often be under-utilised and under-valued. For example, library staff in Kelhan's (2014) study stated that a large part of their role involved attempting to demonstrate the value of the library to non-users, in order to encourage use (p.237).

Practical barriers to use of the library have been identified by multiple studies, a major one being lack of time. Chamberlain and Brook's (2011) study identified that departments are often "too busy to allow staff to use the library during their working hours" (p.184), and staff were understandably reluctant or unable to go in their own time (p.184). Similarly, Thomas and Preston (2016) found clinicians have extremely busy schedules and a lack of spare time, meaning they tended to opt for "the most rapid and convenient sources" of information (p.150) as opposed to using either the physical or online resources provided by the library. Similarly, Loy (2005) found lack of time was the most common barrier cited by participants,

both for visiting the library and for using the e-resources on offer (pp.4-5). Thus, limited time also influences use of library e-resources such as medical databases because they can be complex and often people lack an understanding of how to use them efficiently (Still, 2015, p.5). Health libraries, which tend to be based within hospitals, can be particularly hard and time-consuming to visit for staff based off-site or in the community, as they need to go out of their way to get there (Chamberlain and Brook, 2011, p.185; Turtle, 2005, p.271). Similarly hospitals are often very large, meaning even on-site staff may be based a significant distance from the library, and the "chaotic" (Rockliff, 2008, p.208) nature of the hospital environment, where staff work various shift patterns can all make it difficult for library services to be well used (Rockliff, 2008, p.208).

An 'ignorance of service' can also prevent take-up. It may be that staff are completely unware that a library service exists, or they may realise but be unaware of what it offers (O'Dell and Preston, 2013, p.118). Moreover, it is common for people to incorrectly assume that they are not entitled to use the service. For example, Turtle (2005) found that that many non-users were non-users simply because they believed the library was only available to medical students or doctors (p.273) and Chamberlain and Brook (2011) argue that this is a common belief among non-medical staff (p.184). Furthermore, O'Dell and Preston (2013) found that their participants were unaware that they could borrow books and strikingly 86.3% had not used the inter-library loans service and 90.9% had not requested a literature search, with reasons for this often being that they did not know such services were available to them, or that they did not know how to place requests (O'Dell and Preston, 2013, pp.120-121). This study was primarily conducted with people who classed themselves as 'non-users' which could explain these high percentages. Nonetheless, the results show that an ignorance of service can be a significant reason for non-use. Misunderstanding over what the library service offers, and who is entitled to use it, can lead to people mistakenly believing that the library will not have resources to meet their needs (Turtle, 2005, p.273). In the studies that discovered certain groups of staff did not realise they were entitled to use the library, this was an area of particular concern and was highlighted as something that should be remedied straight away through improved marketing (O'Dell and Preston, 2013, p.123; Chamberlain and Brook, 2011, p.184; Turtle, 2005, p.274).

Furthermore, though no studies have directly considered the potential that healthcare staff face library anxiety, some have found hints of psychological barriers. A major finding of Thomas and Preston (2016) was that many participants did not make use of some services because they did not want to appear "lazy or imposing" (p.152) by asking librarians to carry

out literature searches on their behalf. Additionally, one participant in Chamberlain and Brook's (2011) study said they did not want to ask staff for help in case they were busy and also felt embarrassed because they believed they should already be competent in using the library (p.184). Feelings such as these may be exacerbated because many people clearly do not realise that searching for information on behalf of patrons is a large part of a health librarian's role (Thomas and Preston, 2016, p.153). It is a common issue across library sectors that very few people understand what a librarian does and are thus unable to take advantage of the help on offer (Atlas, 2005, p.316). Additionally, Atlas (2005) suggests that the decline in reference enquiries in health and special libraries could be attributed to the fact that many patrons in these contexts are in high-achieving roles with high expectations placed on them by themselves and colleagues, preventing them from seeking help from a librarian as they see it as a failing or an admission of ignorance (p.315). This is linked to the idea discussed by Black (2016) of people who have a "performance goal orientation" (p.38). Such people aim to overcome problems on their own because they deem this as more impressive and "praiseworthy" than seeking help (Black, 2016, p.38). This could apply to people working in high-achieving roles in a healthcare setting as discussed by Atlas (2005), though this is speculative.

Still (2015) considered library anxiety in health libraries, but this study again had an academic focus, exploring how library anxiety affects off-campus students. In particular, she considered undergraduate nursing students on placement and postgraduate nursing students remaining in work while studying. These students are entitled to make use of health libraries while distant from campus (Still, 2015, p.322). The study utilised the LAS, finding 'moderate' anxiety amongst the majority of respondents (Still, 2015, p.323). Interviews with two postgraduate students revealed that much of their anxiety was found to stem from the guilt they felt "over leaving their patients and work colleagues" to visit the library (Still, 2015, p.324). Any healthcare staff who need to use the library while working could potentially feel this way, and this finding is linked to those studies previously discussed which highlighted that staff often cannot find the time to devote to going to the library. Participants in Still's (2015) study also stated that they felt "out of place in the library" (p.324), believing that they did not have the right research skills to be there. This links to Kuhlthau's (1988) suggestion that anxiety is inherent in the research process, which is why it may manifest so significantly in the academic library. As the health library is also used largely for research, Still's (2015) finding is not so surprising. The postgraduates who believed their research skills were inadequate subsequently avoided going to library training sessions because they were worried that the librarian would

need to stop too often to help them and that this would negatively impact others attending the class (Still, 2015, p.324). This is a clear example of library anxiety leading to avoidance behaviours. This study is a starting point into considering library anxiety in the health library setting and more work is needed to test whether healthcare staff also have similar experiences in this context.

Thus, staff in the healthcare setting have been found to believe they are not entitled to use the library or do not belong there, to be unaware of how the library can support them, to be embarrassed to ask for help, and to struggle to find the time to use library resources. Findings such as these point to hints of library anxiety. However, it is also the case that a large contributor to library anxiety is a lack of previous "exposure to sophisticated library environments" (McPherson, 2015, p.322). The majority of healthcare professionals will have likely been to university and previously used an academic library, and this could be an indicator that library anxiety may be low or even non-existent in this sector. Having said that, the prominence of library anxiety amongst students and the fact that it often leads to avoidance behaviours and library skills not being developed means that even people who have been through further or higher education may not necessarily be proficient in using the library. Indeed, Younger's (2010) literature review on the information-seeking behaviours of doctors and nurses revealed that these groups tend to rely largely on their colleagues for information, and both groups have been found to perceive their own searching skills to be limited (pp.7-8). Furthermore, the ever-increasing amount of information readily available on the Internet means that people often now opt for information they can access quickly via a search engine, with reduced use of traditional evidence-based resources, library material, and librarian-mediated searches (Lasserre, 2012, p.4; Chamberlain and Brook, 2011, p.184). Healthcare staff have admitted to preferring Google over respected medical databases, because it is more accessible and easier to use, with quality being considered a lower priority than ease of access (Thomas and Preston, 2016, p.152). Information sourced via Google is not guaranteed to be of a high quality and these findings are therefore concerning, particularly in the health sector where there is a heavy focus on high quality evidence (Lasserre, 2012, p.9) and where decision making which is based on poor information retrieved through limited searching skills can quite literally lead to "life-threatening outcomes" (Thomas and Preston, 2016, p.150). This highlights why it is so important that health library resources are utilised, and to put in place measures that encourage use.

Such findings suggest that even amongst healthcare professionals, there can exist a lack of self-confidence in information seeking and poor appreciation of the importance of using quality

resources and the health library. It is clear from above discussion that previous experience of academic libraries does not necessarily mean that healthcare staff will feel confident using health library resources. Furthermore, all staff, including non-clinical staff who have not necessarily gone to college or university, are entitled to use the resources, services, and space provided by the library. A study utilising the LAS to measure library anxiety here would be a beneficial way to develop our understanding of the complex reasons why a healthcare worker may not take up library services. Understanding different reasons that deter people from using the library is crucial, because many non-users are potential users (Turtle, 2005, p.274), and interventions can be developed to target these people and hopefully break down barriers to access.

2.4 Summary

The literature review has highlighted that library anxiety is a state-based form of anxiety in its own right, and can be heavily influenced by negative perceptions of library staff and ideas of the library as a complex environment shrouded in notions of power. Though library anxiety can be reduced through positive interactions with staff and increased exposure to the library, library anxiety often leads to avoidance, which means those who experience it most severely do not spend adequate time in the space to combat these feelings. In the health sector, studies of library non-use have found hints of library anxiety and also that healthcare staff often display limited information literacy and have a lack of time to use library resources. The need for decision making in the health sector to be based on high quality evidence means that interventions must be developed to encourage greater use of health libraries.

Chapter Three: Methodology

This chapter will outline the research methodology of the study. A brief recap of the aims and research questions will be followed by a discussion of the methodological underpinnings of the study. Survey and interview design, participant recruitment methods and limitations will also be discussed, as well as data analysis and ethics.

3.1 Recap of Research Questions

The purpose of this study is to explore whether library anxiety is present in the health library setting, and to consider barriers to use of the health library and how these may be overcome. This will be carried out through a study with healthcare staff in NHSGGC, guided by the following research questions:

1. Is library anxiety, as outlined by the LAS, experienced by NHSGGC staff who are eligible to use the NHSGGC Library Network?
2. What, if any, barriers to use of the NHSGGC Library Network exist?
3. How could greater use of the NHSGGC Library Network be facilitated/encouraged?

3.2 Research Approach

Creswell and Creswell (2018) note that deductive studies are those where an existing theory frames the study, informing the research questions and data collection, and being tested through an examination of "hypotheses or questions derived from it" (p.56). As this study is informed by the theory of library anxiety and previous work on use of health libraries, and utilises an established measure of library anxiety, the LAS, in this way it takes a deductive approach (Bryman, 2012, p.8). Additionally, the research is descriptive, using broader 'descriptive research questions' as opposed to testing hypotheses (Connaway and Radford, 2017, p.79). The data is used to describe the "trends, attitudes, and opinions" of participants (Creswell and Creswell, 2018, p.147) rather than to look at relationships between variables, as 'explanatory research' would (Connaway and Radford, 2017, p.79).

A mixed methods approach was taken, in the common format of a questionnaire being followed up with interviews (Creswell and Clark, 2018, pp.5-6). As Bryman (2012) highlights, this allows for triangulation, where a social phenomenon is studied with different methods (p.717), consequently allowing for more completely answered research questions (p.637). Furthermore, qualitative data allows for deeper exploration than quantitative data does, but typically focuses on a much smaller number of cases, making it harder to identify patterns. A mixed methods approach means the strengths of each method can somewhat mitigate the

limitations of the other (Creswell and Clark, 2018, p.8), and the questionnaire responses here helped in identifying themes to be more deeply explored in interviews.

3.2.1 Philosophical Foundation

It is important for researchers to be aware of the philosophical foundations of their studies and make explicit "the worldview" (Creswell and Clark, 2018, p.34) that underpins the research as these can influence the research process. Insofar as this study applies a deductive approach to test research questions generated from previous theory, it can be considered post-positivist in nature (Creswell and Clark, 2018, p.36). The study is concerned with observing the reality of participants and the phenomenon of library anxiety, and as with much post-positivist research, a mixed methods approach has been taken with equal importance applied to the qualitative and quantitative data (Pickard, 2013, p.11). The use of semi-structured, qualitative interviewing in this study, which is an interaction between researcher and participant, and requires the researcher to somewhat "interpret the material" produced (Edwards and Holland, 2013, p.7), makes post-positivism an appropriate foundation for this study. This is because while post-positivism holds that social facts exist, it acknowledges that these can be uncertain because "all discovery is subject to interpretation" (Pickard, 2013, p.11) and that theory and context influence the research and researcher (Braun and Clarke, 2013, p.30).

3.3 Questionnaire

As NHS workers generally have extremely busy schedules, use of a questionnaire, which would take up a limited amount of participant's time and which could be completed at any time convenient to them (Connaway and Radford, 2017, p.107) was felt to be the best way of eliciting responses. The questionnaire was open from Monday 10th June until Friday 28th June 2019.

3.3.1 Design

The questionnaire was web-based, formulated online using Webropol, which NHSGGC requires all researchers conducting questionnaires within the organisation to use. Webropol is a secure tool, developed to meet GDPR standards and standards set by the NHS regarding confidentiality. Library Network staff provided me with login details and training on how to use it.

The questionnaire included several fixed response questions and three free-text questions, retrieving both quantitative and qualitative data (Creswell and Creswell, 2018, p.14). Participants' convenience and ease of responding were in mind throughout the questionnaire's

development. It was set up so that a 'save and continue later' option was made available on each page, important because of the nature of healthcare work, where staff are often busy with unexpected issues arising that require immediate attention. Furthermore, 'skip logic' was used to ensure participants only saw questions that were relevant to their answers. Use of skip logic is one of the main advantages of using a web-survey that should be taken advantage of (Connaway and Radford, 2017, p.127; Bryman, 2012, p.671). It was used primarily to make it quicker for respondents to fill out the questionnaire, and also because respondents are more likely to give up answering a questionnaire if questions are not relevant to them (Bryman, 2012, p.234). An example of some questions where skip logic was employed can be found in Figure 1 below.

The design of the questionnaire required juggling to create questions that could be quickly answered, but which allowed participants adequately share their experiences and views. Likert-scales were felt to be a useful format. As well as being quick to complete, and a useful way of eliciting a lot of quantitative data, Likert-scales have the added advantage of allowing participants to answer more on their own terms. The scale allows participants to choose the option which best reflects their worldview, allowing for a slightly more subjective response than a dichotomous yes/no option (Bryman, 2012, p.166). Likert-scales were utilised to generate data about respondent's use of the nine staffed NHSGGC health libraries and the services they provide. A Likert-scale was also utilised to explore the concept of library anxiety, with statements for this section being adapted from the LAS (Onwuegbuzie, Jiao and Bostic, 2004, pp.311-312). This will be discussed further below. While open-ended questions are time-consuming and require more effort to answer (Bryman, 2012, p.247), a small number were utilised. They were used to provide space for respondents to expand on their answers to the LAS statements, and to generate qualitative data regarding barriers to use of the library and anything that would enable them to use it more. Reasons for use/non-use of the library service may be complex, multiple, and highly subjective. Again, I was conscious of not forcing respondents to select an answer that did not accurately reflect their thoughts, and so providing a free-text option here (Connaway and Radford, 2017, p. 112). The full questionnaire can be found in Appendix A.

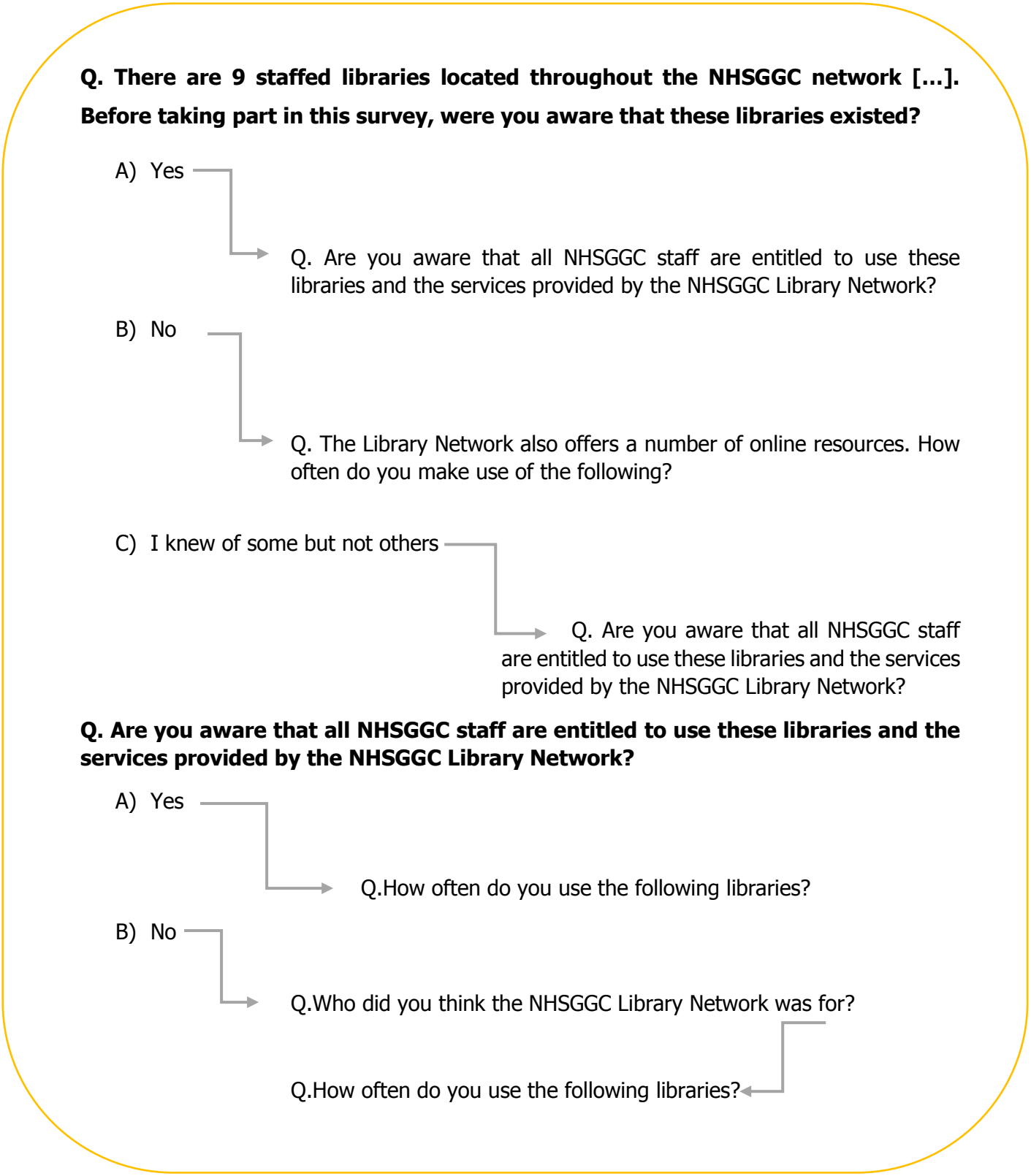

Figure 1: Schematic drawing - examples of 'skip logic' used in questionnaire

3.3.2 Pre-testing

Pre-testing is particularly important for self-completed questionnaires because when participants are filling it out there is nobody present to clarify queries (Bryman, 2012, p.263). Connaway and Radford (2017) note that an important aspect of evaluating the strength of a

questionnaire is to have it tested by different groups of people, some who can help identify "methodological weaknesses" (p.122) and others who will focus on the questions and appearance (p.123). I therefore asked friends, family, colleagues at an academic library, and NHSGGC library staff to pre-test the questionnaire before distribution. Having feedback from a variety of people was beneficial. Work colleagues and Library Network staff had experience of distributing questionnaires and thus provided advice on what works regarding structure and question format. Friends and family provided insight into how participants would perceive the questionnaire, for example the length and wording of questions.

Feedback was sought to ensure that the questions were clear (Bryman, 2012, p.263) and on whether the questionnaire felt too long. After the first test, some respondents reported taking over fifteen minutes to complete the questionnaire, and felt some sections were tedious, particularly the LAS statements. Lengthy completion time is a major 'warning sign' which is crucial to address (David and Sutton, 2011, p.272), because it can lead to 'respondent fatigue' and participants abandoning their response (Bryman, 2012, p.233). Therefore, I re-worked the questionnaire to make it shorter, particularly removing some statements from the LAS section and also re-wording some of these based on feedback. A second round of pre-testing then took place with the same people, with response time being reduced to a desirable rate. Though it is hard to tell what constitutes 'too long' for individual respondents (Bryman, 2012, p.236), between five and ten minutes was felt reasonable based on feedback and my own experience.

3.3.3 Adaptation of the LAS

The entire, original LAS is made available by Onwuegbuzie, Jiao and Bostick (2004, pp.311-312) and is shown in Appendix B. It was created specifically to study library anxiety and has been utilised in numerous studies since its origin in 1992 (Irvine, 2007, p.258). As such, it was used here to test for library anxiety amongst NHSGGC staff. Bryman (2012) highlights that using questions from previous research instruments is advantageous, particularly because they have been "tried and tested" (p.264). This is the case with the LAS, which went through three phases of pilot testing, factor analysis and reliability testing (Onwuegbuzie, Jiao and Bostick, 2004, p.3). The LAS was, however, adapted to fit the needs of this study.

The original LAS consists of forty-three statements based around the five dimensions of library anxiety, in a five point Likert-scale format (Onwuegbuzie, Jiao and Bostick, 2004, pp.311-312). Most significantly, not all statements were included as it was only one section of the questionnaire meaning using all forty-three statements made it very time-consuming to complete, running the risk of a low response rate (Bryman, 2012, p.236). This was a concern

flagged up in the initial pre-testing phase. The decision was thus made to remove some of the statements. The criteria for removal were:

a) They were not relevant to the context

For example, there are no change machines in any of the NHSGGC libraries and so the statement 'The change machines are usually out of order' was removed.

b) They were flagged as feeling repetitive by pre-testers

For example, one statement related to how 'friendly' library staff are, another to how 'approachable' they are, and a third to how 'helpful' they are, which was argued by pre-testers to feel like three different ways of asking the same question, which was frustrating.

c) Changes to terminology resulted in duplicates

For example, the original LAS makes reference to different types of desks and staff such as 'reference desk', 'circulation desk', 'library clerks', and 'reference librarians'. Across NHSGGC libraries, there is one general enquiry desk which is manned by all different levels of staff. To reflect this, statements were changed to say only 'library staff' and 'the desk', creating a number of duplicates.

A number of statements were also re-worded to make them more positive. Statements in the original LAS are overwhelmingly phrased in the negative which was expected to be off-putting to respondents, and as Bryman (2012) notes, Likert-scale questions should include a good mix of positive and negative statements (p.166). Thus, some were re-phrased, though the essential meaning remained unchanged. For example 'The librarians are unapproachable' became 'Library staff are approachable'.

3.3.4 Participants and Recruitment

The decision was made to open this study to all NHSGGC staff because it is exploring library anxiety for the first time in the health setting, and thus there are no previous indications that it exists here at all or that any staff group in particular should be focussed on. In total, 566 responses were received. A further 734 people began responding but did not submit their response. This is a significant number and, as noted, every effort was taken to ensure that the questionnaire was quick and easy for respondents. However, non-completion of questionnaires is common and perhaps the main issue here was the topic of study. As Bryman (2012) notes, participants are more likely to give up on answering questionnaires "that are not very salient to them" (p.234). Thus, any non-users of the library may have given up because they did not find the subject relevant or felt unable to answer.

Self-selected sampling was used, meaning the sample is comprised of people who have "essentially selected themselves for inclusion" (Connaway and Radford, 2017, p.136) by responding to my call for research participants online. An email outlining the research and inviting people to follow the link to the anonymous questionnaire was sent out by the five Library Network sector managers to their mailing lists. I was advised that no complete mailing list for the entire health board exists. Due to this, the libraries in each sector make use of their own created mailing lists to send out communications and questionnaires. These lists are unfortunately not complete lists of staff from each sector, but are large and have been built up by library staff through their connections and interactions with healthcare staff, including users and non-users. The lack of access to the details of the entire NHSGGC staff population meant that the library mailing lists were the best option for distributing the questionnaire as widely as possible. However, it is recognised that a number of weaknesses are associated with this, as will be discussed in section 3.3.5.

To understand the types of people responding, participants were asked to provide information about their role. Where this was provided, I grouped participants into job roles best reflecting the information they gave. In total, 533 (95%) respondents stated that they were NHSGGC staff, with 526 providing information on their role. A further 33 identified themselves as both staff and a student, with 30 leaving information on their role and what they were studying. Those who were also studying were undertaking either a PhD or MSc in their area of work. Figure 2 shows the percentage of respondents from different job groups.

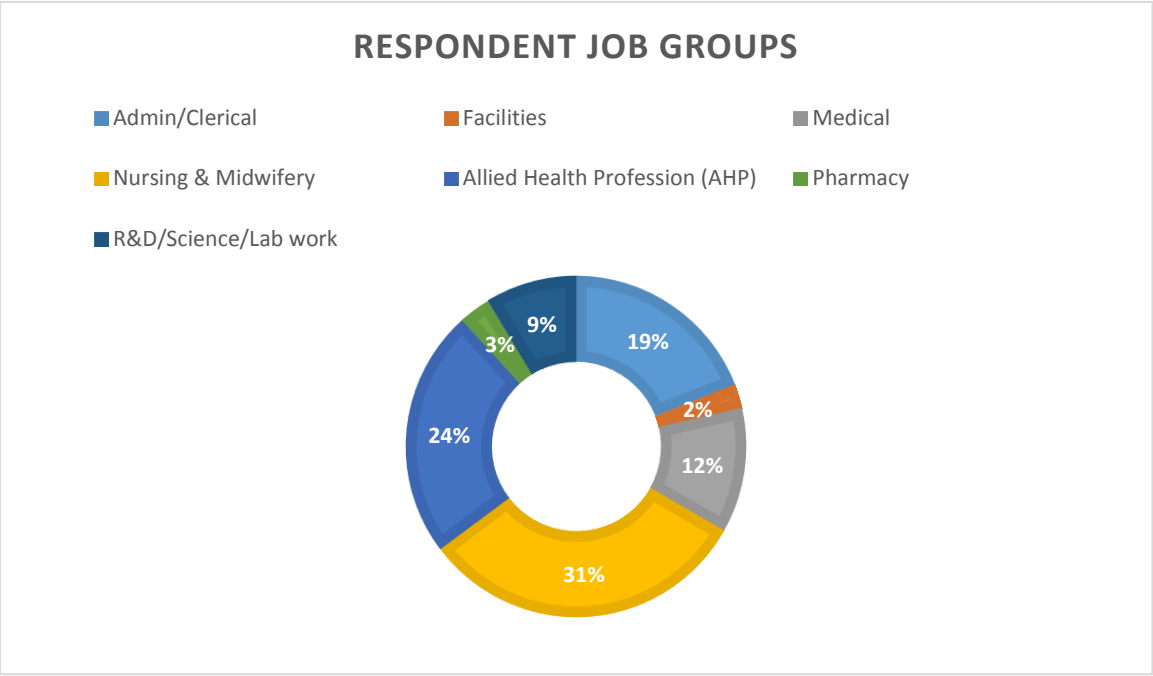

Figure 2: Respondent job groups

3.3.5 Limitations

A main limitation of this phase is the use of self-selected sampling. This is a non-probability sample which has implications for the external validity of the study. We cannot tell how the data collected "fit with the wider world" (David and Sutton, 2011, p.20) and thus generalisations cannot be made from the sample because there is no guarantee that those who volunteered to participate represent the wider population (Connaway and Radford, 2017, p.136). In particular, there was concern that the sample would be bias towards users or people who already had an interest in the library. These people may have been more inclined to give up their time to take part, as people are more likely to complete questionnaires on issues which affect them (Bryman, 2012, p.236). Having said that, the survey received a large number of responses which helps to give weight to the findings. Hewson and Laurent (2008) suggest that in the case of an online questionnaire where there is no access to a sampling frame, typically the next approach is to invite people through message boards or mailing lists, which is acceptable as long as the inherent limitations are acknowledged (cited by Bryman, 2012, p.674). Thus, the sampling method for this phase and lack of generalisability is highlighted as a limitation.

Another related limitation is the lack of information available regarding the people on the mailing lists. There was no way to tell which job family any one person on the list belonged to. As such, though the percentages of respondents from different job groups have been outlined, we cannot tell how these correspond to the overall number of people from each job group on the lists. Additionally, the number of people on each list is unknown and so the rate of non-response cannot be determined. All of this means it is not clear if any groups of staff were poorly represented in the final dataset (David and Sutton, 2011, p.237).

Lastly, online questionnaires are restricted to people who have online access and who possess the skills to take part (David and Sutton, 2011, p.244) and it must be acknowledged that in a healthcare setting computer access could be limited for some staff, particularly those on wards where a small number of computers are typically shared amongst a large number of colleagues (Rockliff, 2008, p.108). Anybody in this position may have been excluded. Related to the use of questionnaires more generally, the inability to prompt or probe participants to expand on their answers, to clarify any misunderstood questions, and to ask a lot of in-depth questions are main weaknesses (Bryman, 2012, pp.234-235). Follow-up interviews were conducted which could combat these issues, however these were carried out with only a small number of respondents. Perhaps the main weakness relevant to this study is that with the self-completion questionnaire, it is easy for respondents to accidentally or purposefully leave

questions blank, leading to partially answered responses being returned (Bryman, 2012, p.235). This was a limitation of the present study. In particular, many respondents left all or some of the LAS statements blank. Many of these require past usage of the library to answer, and so any non-users may have felt unable to form an opinion. Additionally, as noted, 734 people began the questionnaire but dropped out before completion. The survey software did not provide information on how far these people got before abandoning, but it is speculated that they were infrequent or non-users who similarly felt unable to answer all or certain parts of the questionnaire. On reflection, it may have been more appropriate to have separate questionnaires for users and non-users, or to have made greater use of skip-logic to combat this issue and yield more complete responses.

3.4 Interview with NHSGGC Staff

Face-to-face, semi-structured interviews, were conducted with twelve questionnaire respondents, in order to gain a deeper understanding of the issues being studied than the questionnaire allowed for (Braun and Clarke, 2013, p.24). Qualitative data generated was relevant to all three research questions, making it a fruitful phase of the study.

3.4.1 Design

To decide on the best focus for the interviews, data from the questionnaires was briefly analysed to determine the main themes/issues common across responses. These were:

1. Psychological issues, some of which could be classed as library anxiety, created a barrier for a number of people
2. Lack of time/a heavy workload prevented use
3. Some issues with the library environment were off-putting, such as awkward access and noise levels
4. Many people were unaware of the library service and who it was for

The interviews were then used to explore these areas in more detail. As Edwards and Holland (2013) advise, an interview guide was developed (see Appendix C) to help to keep the interviews focussed (p.29). Creswell and Creswell (2018) note that it is crucial to begin with questions that act as an "ice-breaker" (p.191). These should be about something that is easy to discuss, and so the interview was opened by asking participants about their role and library use (Creswell and Creswell, 2018, p.191). Following this, core questions should be asked that provide data relevant to the research questions (David and Sutton, 2011, p.123). Core questions for this study were grouped into the four themes outlined above, with the view of using one group of questions in each interview, depending on the interviewee's questionnaire

response. To close the interview, Edwards and Holland (2013) outline that questions should look to the future (p.74) and so the final questions asked about changes participants would like to see made to the library service. Table 1 provides examples of some of the interview questions.

Type	Question
Introduction/warm up	• Can you tell me a little more about your role here?
Theme 1	• For the statement about being embarrassed over not knowing how to use the library, you said that you agree with that – what about using the library are you unsure about? What would help you to feel more confident? • Have you attended any training sessions on using the library? If no, is this something you would be interested in?
Theme 2	• You mentioned not having enough time is a barrier to your use of the library. Could you talk a little more about that? • Is there anything that the library network, or NHSGGC, could do/offer that would make it easier for you to use the library service?
Theme 3	• You mentioned that the library environment is sometimes not the most easy to work in, and in particular you have found that X can be an issue. Can you talk a little more about that? • Does this influence how much you visit the library?
Theme 4	• How do you think the library network could best inform NHSGGC staff about what it offers? What sort of promotion would you engage with? • Have you ever had a library induction session? If no, was this offered to you? If this was an option, do you think it would be a useful way to introduce people to the library?
Closing	• If you could re-design the library service to better meet your needs, what changes would you make?

Table 1: Examples of interview questions

The interview guide was used in each interview, however Braun and Clarke (2013) suggest that, while an interview guide is helpful, there should be flexibility and a tailoring of questions to the context of each interview (p.95). Even though participants had already identified the problems they faced during the questionnaire, other issues may have influenced their library use which they had not disclosed. As such, a semi-structured style was adopted to ensure interviews were not limited to discussing only the pre-defined themes. With this style, the interview guide need not be rigidly followed and there is opportunity for unforeseen themes to emerge (Edwards and Holland, 2013, p.29). This more flexible style meant that issues highlighted in the questionnaire response could be discussed, but interviewees could also bring up any other issues if they wanted to. All did so, and it was clear that participants simultaneously experienced multiple problems, which could not be adequately expressed in the questionnaire response.

3.4.2 Participant Recruitment

At the end of the questionnaire, participants were asked whether they would be interested in taking part in a follow-up interview. In total, 124 people said they would be interested, though four did not leave their email address and could not be contacted. Curtis and Curtis (2011) emphasise that strategic sampling is crucial and recommended for qualitative research, and the goal is to recruit "participants who will be able to contribute meaningfully to the research" (p.36). With this in mind, recruitment was purposive and the questionnaire responses of those who left email addresses were considered in order to identify who would be best placed to explore the research questions and four themes further.

Twenty-six people were identified and emailed a copy of the Participant Information Sheet (PIS) for the interview phase, being asked to get back in touch if they were still interested in participating. In total, twelve interviews were arranged, and these took place at the end of June and throughout July 2019. Interviews were scheduled around the work commitments of participants, taking place in several hospitals across NHSGGC and at times ranging from 8am to 7pm. Braun and Clarke (2013) indicate that for small studies carrying out thematic analysis, around six to ten interviews should generate sufficient data (p.50). Thus, while a small number of interviewees were recruited, there was a sufficient number in order to adequately explore the research questions, particularly as a large amount of data was also generated during the questionnaire phase.

Being strategically developed, the sample was again a non-probability sample and so generalisations to a wider population cannot be made (Bryman, 2012, p.418). However, generalisability is less of an issue with qualitative interviewing, as typically the aim is not to draw broad about the wider population but rather to gain 'rich' findings which relate to "a specific group of participants" (Curtis and Curtis, 2011, p.36).

3.4.3 Limitations

A main concern with face-to-face, qualitative interviews is the notion of power. The researcher typically controls the interview which can create a hierarchical relationship between researcher and interviewee (Braun and Clarke, 2013, pp.88-89). Relevant to this for the present study was the fact that participants knew I was on a student placement within the Library Network. Similarly, many chose their hospital library as the most convenient place to meet. I was aware of the potential for all of this to influence how freely and honestly interviewees felt they could talk about their experiences, particularly any negative ones. In an attempt to combat this, interviews taking place within libraries were conducted in areas away from library staff areas.

However, both of these points are recognised as areas of potential weakness for the interview phase.

Similarly, it is important for a researcher to be reflexive about the potential bias they can bring to qualitative research. The researchers past experiences such as previous involvement in the research setting and education can shape the interview and interpretation of the data by. It is thus crucial for the researcher to "be explicit" (Creswell and Creswell, 2018, pp.182-184) about any such factors. For this study, it is acknowledged that my experience as an Information and Library Studies student and extensive time spent on placement within NHSGGC libraries means an overall positive view of the value of health libraries is held. To combat some of the potential bias brought about by this, Connaway and Radford (2017) argue that researchers should remain as neutral as possible during the interview (p.249) and this was aimed at, with no personal opinions about the Library Network being divulged. Furthermore, the issues discussed in the interviews were guided by the questionnaire responses, reducing the potential for researcher bias in development of the interview guide. Similarly, the less structured nature of the interviews helped reduce the influence of bias, as it provided more opportunity for interviewees to bring up topics not set by the researcher.

Another recognised weakness for this phase of the study was that the interview guide did not go through pre-testing to ensure quality. It is recommended for pre-testing to take place, in order for poorly thought out questions to be identified, because such questions can be confusing and cause the interview to lose focus (Connaway and Radford, 2017, p.242). The interview guide was not developed until after the questionnaire phase was well underway. In a project that already had tight time-constraints, this meant that there was not adequate time for pre-testing to occur. Earlier development of the interview guide would have allowed opportunity for it to be pre-tested and re-worked, and this is a learning point for future research involving two different research instruments.

3.5 Analysis

3.5.1 Webropol 'Reporting' Tool

The Webropol Reporting tool was used to analyse the quantitative data generated from the questionnaire. This showed percentages of respondents who chose particular answers, thus highlighting clearly trends in the data and the responses which were primarily given to the quantitative questions. This was especially useful when considering how well-used the library service is and was used to explore research question one by considering the number of respondents who either 'agreed' or 'disagreed' with the LAS statements. This indicated

whether library anxiety was an issue overall, and allowed for a consideration of whether any areas of library anxiety in particular were experienced.

The Reporting tool was also utilised to do basic analysis of the qualitative responses given in the questionnaire. Word clouds and word maps are both available which were invaluable tools for initial analysis, and especially useful when determining the focus for the interviews.

3.5.2 Thematic analysis

Thematic analysis was performed on the qualitative data. This involves coding qualitative data into patterns and themes, using this to answer research questions (Braun and Clarke, 2013, p.175). A 'bottom-up' approach was taken in that no codes were pre-determined, but rather were developed as the analysis progressed (Braun and Clarke, 2013, p.178). The computer software NVivo was used to assist this process. Organising and coding large amounts of qualitative data is made easier with NVivo as it allows the user to apply what are known as 'nodes' to the data (David and Sutton, 2011, p.391). This is extremely useful for bottom-up, thematic analysis meaning NVivo was a logical tool to use.

The qualitative responses from the questionnaire were exported from Webropol and uploaded to NVivo. All interviews were recorded and then transcribed verbatim and uploaded to NVivo. Thematic analysis then took place. Each section of qualitative data, from the three free-text questions and each interview, was read through and initial codes were applied as nodes. Each section of the qualitative data was then read for a second time to ensure it had been properly coded and to code any data that had been previously missed. As NVivo counts the number of times a node is applied, main themes and subthemes clearly emerged. Finally, the main themes most relevant to the research questions were identified, and write-up of the findings chapter could begin.

3.6 Ethics

Ethical approval for this study was obtained from the University of Strathclyde's Computer and Information Sciences Departmental Ethics Committee. This was done in two stages, once prior to the questionnaire being activated, and again after the focus of the interviews was chosen, before potential interviewees were contacted.

For research to be ethical it is important to ensure "voluntarily informed consent" (Curtis and Curtis, 2011, p.15) is obtained. To ensure participation in the questionnaire was voluntary, the use of mailing lists ensured nobody was approached directly. For the interview phase, the utmost care was taken to ensure people who were emailed directly did not feel obligated to participate. It was made clear that leaving an email address during the questionnaire did not

commit the person to participating. In the email, a PIS was attached outlining what the interview would entail and clearly stating that participation was voluntary. People were asked to disregard the email if they were no longer interested, or to get back to me if they were. More people did not reply than did and so I am confident that it was clear there was no obligation to participate.

To ensure participants were informed, two separate PIS' were prepared, one for the questionnaire phase which was included as the first page of the questionnaire and one for the interviews, an electronic copy of which was attached to the emails, with a physical copy also being provided at the interview (see Appendices D and E). To demonstrate consent, questionnaire respondents were provided with a consent form which they had to 'tick' to agree to before being able to commence. A second consent form was developed for the interviews, which participants were asked to sign prior to the interview commencing (see Appendices F and G).

Questionnaires were completely anonymous unless respondents chose to leave their email address. In which case, this was only used to contact the potential interviewee. All interviewees were assigned a pseudonym to protect their anonymity. Recordings and transcripts of the interviews were saved electronically under the pseudonym so that participants' real names were not associated with their responses (Braun and Clarke, 2013, p.169).

Chapter Four: Findings and Discussion

The findings of this study which answer research questions one and two will be presented in this chapter and discussed with reference to relevant literature. Following a consideration of overall usage, findings regarding library anxiety will be discussed, followed by those related to barriers to use of the health library. Findings and discussion relevant to research question three will be presented in Chapter Five.

4.1 Usage

Participants were asked to indicate how often they used each of the nine staffed libraries, and the results are presented in Table 2. For all libraries, well over 50% of respondents answered that they 'never' used it, and in some cases this figure reached 90%. Participants were far more likely to state that they 'never', 'rarely', or 'occasionally' used a library, with each receiving only a small percentage saying they used it 'often' or 'very often'. Additionally, in Figure 3, where 1 is never, 2 is rarely, 3 is occasionally, 4 is often, and 5 is very often, it is clear that usage of the libraries is low, with all receiving an average score somewhere between 'never' and 'rarely'.

NHSGGC Library	Never	Rarely	Occasionally	Often	Very Often
Beatson West of Scotland Cancer Centre Library	90.85%	4.37%	2.19%	1.99%	0.6%
Gartnavel General Hospital Library	82.61%	8.1%	7.31%	0.99%	0.99%
Glasgow Royal Infirmary Library	59.92%	16.19%	15.8%	5.2%	2.89%
James Bridie Library at The New Victoria Hospital	88.98%	4.81%	4.01%	1.6%	0.6%
Maria Henderson Library at Gartnavel Royal Hospital	90.34%	5.72%	2.96%	0.59%	0.39%
Robert Lamb Library at Inverclyde Royal Hospital	85.99%	6.71%	4.34%	1.58%	1.38%
Royal Alexandra Hospital Library	72.3%	10.02%	8.25%	5.89%	3.54%
The Library at Queen Elizabeth University Hospital	79.6%	6.93%	7.92%	2.58%	2.97%
The New Stobhill Hospital library	81.84%	9.38%	6.05%	1.56%	1.17%

Table 2: Library usage by percentage

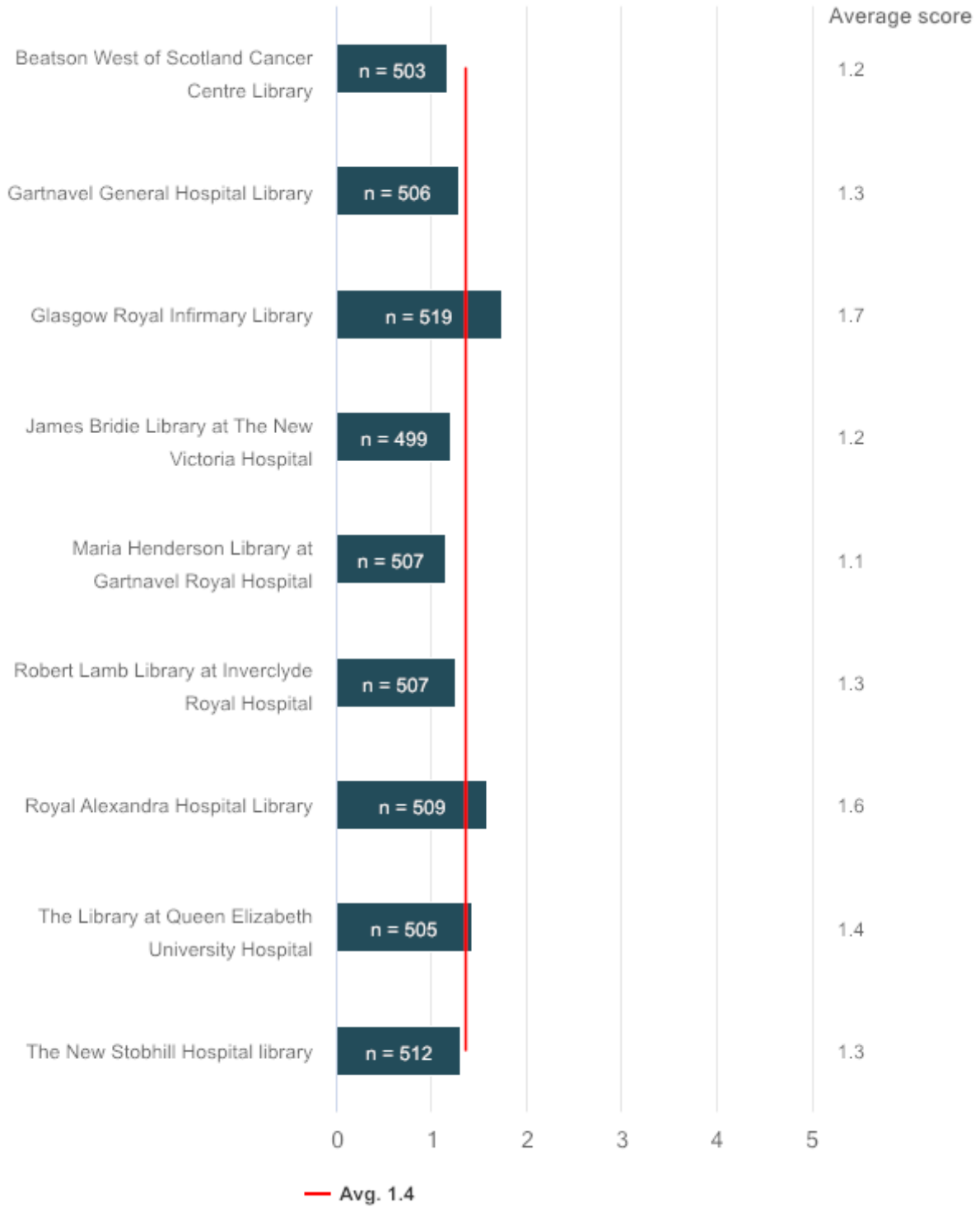

Figure 3: Library usage by number of participants and average response (exported from Webropol)

Respondents were also asked to indicate how often they made use of particular services, with results displayed in Table 3. Again, for individual services usage was on the low side, with the most common response for all being either 'never' or 'occasionally'.

Library Service	Never	Occasionally	Often	Very Often	Did not know of this service
Non-fiction collection	50.47%	33.84%	6.81%	7.56%	1.32%
Fiction collection	75.63%	12.19%	1.93%	0.97%	9.28%
Study space	46.3%	33.58%	9.11%	8.54%	2.47%
Computers	44.91%	34.17%	8.83%	9.79%	2.3%
Having items delivered from elsewhere in NHS Scotland	67.89%	17.02%	2.71%	3.1%	9.28%
Having items delivered from outside of NHS Scotland	72.5%	13.65%	1.92%	2.12%	9.81%
Literature Search service	51.42%	33.27%	7.56%	4.35%	3.4%
Literature Analysis service	74.9%	12.94%	1.57%	1.96%	8.63%
Training sessions (e.g. Literature Search, Critical Appraisal, Copyright Training etc.)	66.28%	22.09%	2.52%	1.74%	7.37%

Table 3: Usage of individual library services by percentage

Use of the computers and study space was the highest with only 47.21% and 48.77% of respondents respectively saying they had 'never' used or did not know of the service. Thus, over half of respondents used the libraries for computers or study space either 'occasionally', 'often' or 'very often', though the most common response was still 'occasionally'. Many NHSGGC staff use the library to 'hot-desk' between meetings or if they do not have an office, which partly explains the higher use of the space and computers. The next service most used was the literature search service with 45.18% of respondents saying they used this service either 'occasionally', 'often', or 'very often'. However, 54.82% had never used or did not know of this service. Given the amount of studies indicating that literature searching is often the main service offered by health libraries and valued by their users (McKeown et al., 2017, p.121; Kelhan, 2014, p.237; Lasserre, 2012, p.4), take-up of this service was expected to be higher.

Finally, respondents were asked about their usage of the online resources. The results for this question can be seen in Table 4. Use of these was also low, and more than half of respondents reported never using many of the services. Usage of the e-journals and databases was slightly higher, though this was still low with just under 50% of respondents saying that they had never used them, and the most common response after this being 'occasionally'. Given that nowadays many library patrons primarily use the digital resources offered by libraries, with visiting the physical library space often being a "last resort" (Pomerantz and Marchionini, 2007, p.527), it was surprising to find that use of the online resources was similarly low to use of the physical space and services. However, other studies have found that healthcare staff often

avoid using online library resources, instead opting for Internet search engines, because they are easier and quicker to use (Thomas and Preston, 2016, p.152; Lasserre, 2012, p.4; Chamberlain and Brook, 2011, p.184), which could explain this low usage.

Online library service	Never	Occasionally	Often	Very Often	Did not know of this service
Library search catalogue	52.2%	30.4%	7.33%	5.49%	4.58%
E-books	57.83%	25.6%	6.63%	4.23%	5.71%
E-journals	46.64%	28.68%	10.89%	8.89%	4.9%
Online databases	47.11%	28.7%	9.57%	9.75%	4.87%
Evidence summaries (such as guidelines and systematic reviews)	55.96%	23.12%	9.73%	5.87%	5.32%
Current awareness bulletins	62.41%	20.92%	6.3%	4.07%	6.3%
Learning and CPD resources	52.49%	30.2%	8.1%	4.05%	5.16%
Online communities/shared spaces	75.09%	13.57%	1.49%	0.93%	8.92%

Table 4: Usage of online library services by percentage

4.2 Library Anxiety

Responses to the LAS statements generated quantitative data in relation to the five different sub-sections of library anxiety. Participants responded either strongly disagree (1), disagree (2), undecided (3), agree (4), or strongly agree (5) to the statements. In addition, qualitative data from the questionnaire and interviews allows for deeper understanding of this area.

4.2.1 Barriers with Staff

'Barriers with staff' refers to anxiety that occurs when negative perceptions of librarians are held, such as that they are too busy to help, or are unapproachable (Onwuegbuzie, Jiao and Bostick, 2004, p.36). Four statements tested for barriers with staff and the average responses to each are shown in Table 5. Figure 4 shows a breakdown of the responses to each statement. Overall, library anxiety in this area is low with very few respondents reporting that they felt negatively towards staff and the average scores reflect this. For the two positive statements, the average response fell between agree and strongly agree, and for the two negative statements there was overall disagreement.

Statement	No. of respondents	Average Response
The library staff are approachable	443	4.3
The people who work at the desk are helpful	430	4.4
The library staff don't have time to help me because they're always busy doing something else	408	1.8
There is often no one available in the library to help me	409	2.1

Table 5: Average responses to 'Barriers with Staff' statements

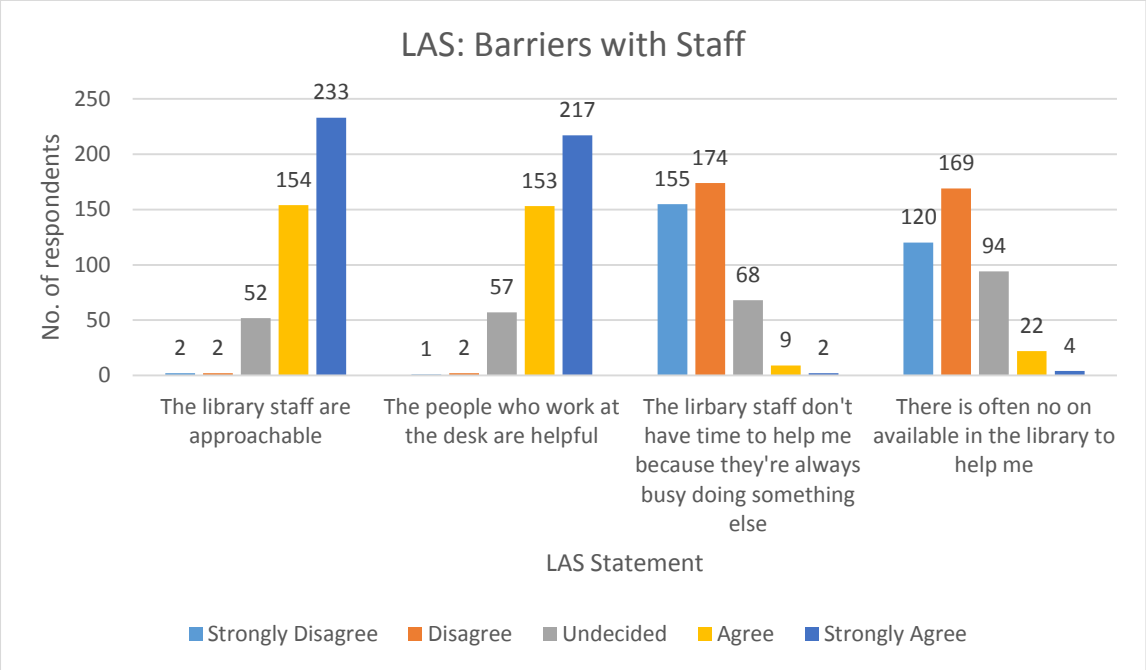

Figure 4: Responses to 'Barriers with Staff' statements

Respondents were also overwhelmingly positive about NHSGGC library staff members in the free-text questions, as the following examples demonstrate:

> *"All of the library staff […] have always been friendly, approachable and helpful. I would have no hesitation in asking them for help"*
>
> *"Always feel welcome and that nothing is too much trouble"*
>
> *"I have always found all library staff to be extremely helpful – they have always went 'above and beyond' to fulfil any request"*

These are just a few of a long list of similar comments, which is extremely encouraging because previous studies have found 'barriers with staff' can be the biggest driver of library

anxiety, with the anxiety being made worse if staff are thought to be too busy to help or unfriendly (Jan and Anwar, 2018, pp.33-34). As Onwuegbuzie, Jiao and Bostick (2004) state, students who perceive librarians to be "intimidating, unapproachable, and inaccessible" (p.36) are the same people who "tend to report high levels of anxiety" (p.36). Thus, the overwhelmingly positive perception of staff indicates that one of the main contributing factors to library anxiety is not experienced amongst respondents.

However, a number of respondents mentioned that certain libraries can often be left unstaffed, which was considered negative. Some respondents experience negative or anxious feelings when the libraries are unmanned. The following comments from the questionnaire were cited as reasons for non-use:

> *"On Stobhill site library staff are only available on certain days of the week"*
>
> *"Quite often I have been informed that they are short staffed and no one will be available the following day"*
>
> *"Our library is not manned, so I use it less than I did when I worked at the RAH"*

This point also came up in a number of interviews, where the issue was explored to better understand how it influences library use:

> *"I think when you're looking for sources, if you know there's somebody there who's going to help you and you've got a bit of support then that's reassuring. I probably wouldn't use the library if I knew staff weren't there"* (Anna)
>
> *"Any time I've been there, there's not been anyone [library staff] there and that's put me off. If it was clearly advertised […] like 'there will definitely be somebody here on a Tuesday' […] then you would maybe feel more inclined to go up on a Tuesday cause you know somebody is going to be available to help…but other than that I wouldn't be keen"* (Maggie)

There was a general feeling that it is good to have staff on hand in case queries arise, and a number of interviewees stated that they would only visit the library if they were sure staff would be available. This links with the findings of a user typology report by the Library Network which aimed at better understanding library users. 27% of were termed 'knowledge tappers', the second largest user group. These are more traditional library patrons who value human interaction and getting to utilise the expertise of library staff (NHSGGC Library Network, 2014, p.2). Given this, it is perhaps unsurprising that this study found the presence of library staff to be important to participants, and this all indicates that the availability of library staff plays

a role in whether somebody chooses to visit the library. This finding is consistent with the literature, which shows that the presence of approachable staff is a key way to make patrons feel more at ease (Muszkiewicz, 2017, p.224).

4.2.2. Affective Barriers

'Affective barriers' relate to how patrons perceive their own ability to use the library (Onwuegbuzie, Jiao and Bostick, 2004, p.36). Eight statements tested for this. Figure 5 shows a breakdown of responses to each statement and Table 6 shows the average response to each statement. Once again, the average responses to the LAS statements show low levels of library anxiety in this area, as there was agreement overall with the positive statement, and disagreement with the negative statements.

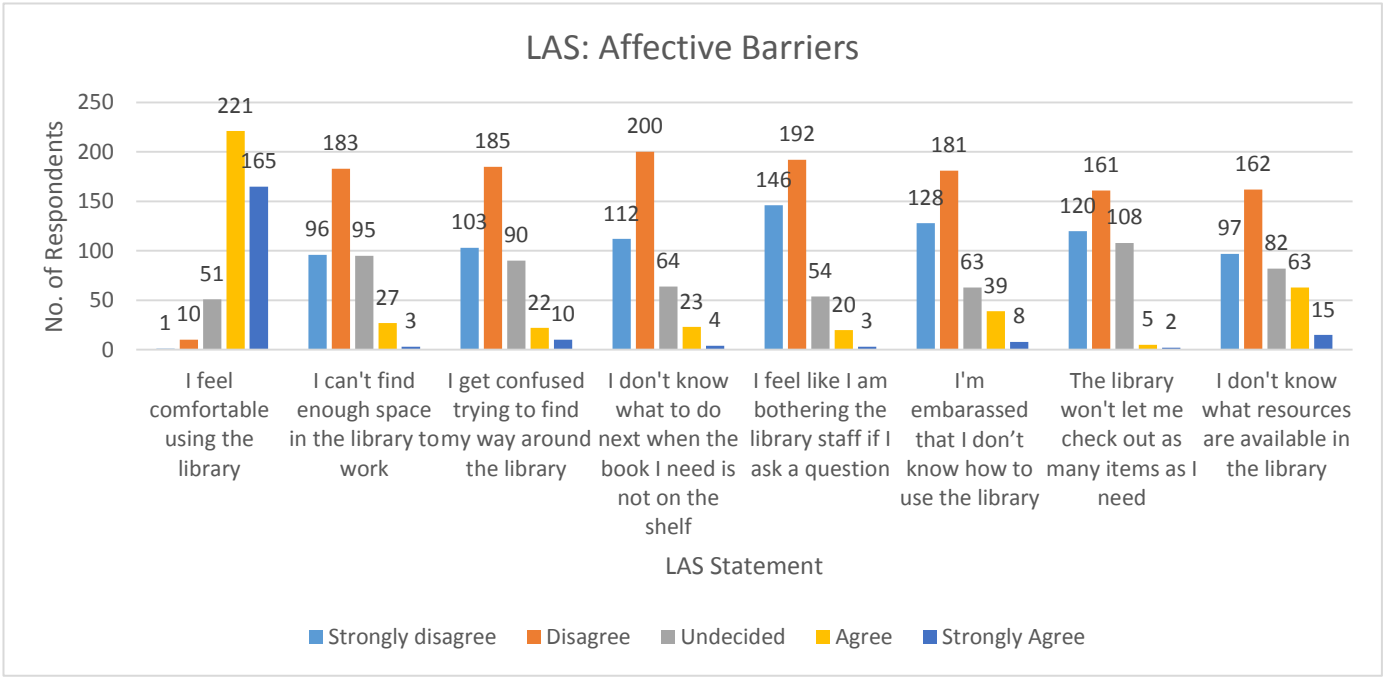

Figure 5: Responses to 'Affective Barriers' statements

Statement	No. of respondents	Average Response
I feel comfortable using the library	448	4.2
I can't find enough space in the library to work	404	2.1
I get confused trying to find my way around the library	410	2.1
I don't know what to do next when the book I need is not on the shelf	403	2.02
I feel like I am bothering the library staff if I ask a question	415	1.9
I'm embarrassed that I don't know how to use the library	419	2.1
The library won't let me check out as many items as I need	396	2.01
I don't know what resources are available in the library	419	2.4

Table 6: Average responses to 'Affective Barriers' statements

However, going deeper into the qualitative data, it appears that affective barriers are an issue for a number of respondents in two particular areas. Firstly, 160 respondents (38%) either 'strongly agreed', 'agreed', or were 'undecided' regarding the statement 'I don't know what resources are available in the library' indicating that a significant number of respondents are unsure what the library offers. The qualitative data strongly suggested this also, and below are examples of common reasons given for non- or low-use:

"Awareness of what is available and how to use it"

"I don't know what they will help with"

"Lack of knowledge"

Several respondents also made suggestions for 'new' services they would like to see offered, however suggested services that are already available, such as the comment below, which describes the literature search service:

"Simple online searches and requests for information. Ideally the information I request is e-mailed back quickly. Avoiding physically having to go to the library"

There were also numerous request for the library to offer literature search training sessions, which are already available. Thus the Library Network offers services desired by staff, but poor understanding of what is available may prevent people from using them.

Onwuegbuzie, Jiao and Bostick (2004) argue that if a person has poor understanding of what a library does, this amounts to library anxiety in the 'affective barriers' area (p.36), because they can become 'ashamed' to admit this (p.40), which in turn discourages them from trying to find out. Thus, a person's non-use of the library may make them feel negative emotions, as the following questionnaire response demonstrates:

"The Medical library is a […] resource […] which I greatly underuse, to my shame. I feel I don't understand how to use all the facilities"

This respondent's "shame" over their perceived underuse of the library and not knowing how all the facilities work is a demonstration of library anxiety in the affective barriers area, and as a number of respondents made reference to having poor knowledge of the service, library anxiety in this particular area seems common. As Table 7 shows, when we consider the percentages of people from each job group who answered 'undecided', 'agree', or 'strongly agree' to this statement, they broadly match the percentages of people from each job group who took the questionnaire, though allied health professionals (AHPs) are slightly more represented, and nurses and midwives are slightly less represented. This highlights that people across all job groups experience affective barriers.

Job Group	Responded to questionnaire	Answered 'undecided', 'agree' or 'strongly agree' to statement 'I don't know what resources are available in the library'
Admin/Clerical	18.7%	18.8%
Facilities	2.3%	1.9%
Medical	11.7%	11.9%
Nursing & Midwifery	30.9%	25%
AHPs	23.1%	25%
Pharmacy	3%	3.1%
R&D/Scientist/Lab worker	8.4%	9.3%

Table 7: Comparison of overall respondent staff groups with percentage of respondents from each staff groups who answered 'undecided', 'agree', or 'strongly agree' to statement 'I don't know what resources are available in the library'

Related to this, a particularly salient theme was the feeling that the library was only for certain groups of staff. Of those respondents who had heard of the Library Network, 19 said they

were unaware it was for all staff. When asked who they thought the service was for, the most common responses were 'doctors', 'clinical staff', and 'students'. Furthermore, the following responses demonstrate this, and are a few of numerous similar comments:

> *"Unsure if I have the authority to use it"*
>
> *"I don't use the library much because […] I always thought that the library was for medical/clinical staff"*
>
> *"I wasn't sure if I was allowed to use it being a band 2"*
>
> *"If I […] got the impression from Comms etc. that non-clinical staff are encouraged to use the libraries then I think I would do"*

There was clearly a perception that only medical staff such as doctors could use the libraries, or that the resources available would only be relevant to such staff. This was also a theme across the interviews:

> *"Sometimes maybe I think it's mostly medics who use it cause they've kind of been trained to" (Maggie)*
>
> *"A lot of doctors talk about utilising the library […] whereas I've never really heard many of my nursing colleagues mention that […] maybe there's a perception that it's more for medical staff […] I know others feel like 'oh I better not go in there cause I'm not medical'" (Zoey)*
>
> *"I find it interesting that I have got colleagues, nurses, who just say 'oh no, I couldn't go there'" (Jean)*

All three of the above interviewees are nurses, and the theme of nurses feeling alienated from the library came through in questionnaire responses too, with comments such as "*space [needs to be] more welcoming to nursing staff"* and *"being more accessible to nursing staff*" received. As discussed in the Literature Review, uncertainty over who the health library is for has been found in other studies (O'Dell and Preston, 2013, pp.120-122; Turtle, 2005, p.273). Particularly relevant here is Dee and Stanley's (2005) finding that many nurses and nursing students believed the resources in the library would not meet their needs or that the space and resources were only for physicians (pp.219-220). This is not the case, and health libraries are multi-disciplinary. The health library has been found to improve "nursing competence" (O'Connor, 2003, p.39) and it is concerning if they, or indeed any staff, do not feel able to use the library because important resources to support the CPD of all staff are available (O'Dell

and Preston, 2013, p.105).

This was one of the most disheartening findings of the present study. The Library Network has written into its policy that all NHSGGC staff members should feel encouraged to make use of the service (NHSGGC Library Network, 2016, p.6), and strives to be open and welcoming. However, it is clear that the message that the library is a space for all staff is not reaching everybody. Though it is not specifically measured in the LAS, this could be argued to be a clear demonstration of an affective barrier. This feeling arises from staff's personal beliefs about who belongs in the library, and their own judgement of whether they themselves qualify, though perhaps the library network could be doing more to tackle this feeling. As discussed, this is not a finding unique to NHSGGC, and as with other researchers who have been concerned over similar findings, this is identified as a key area for improvement (O'Dell and Preston, 2013, p.123; Chamberlain and Brook, 2011, p.184; Turtle, 2005, p.274).

The second area that needs further exploration is 'I'm embarrassed that I don't know how to use the library'. 110 respondents (26%) strongly agreed, agreed, or were undecided about this statement and though not a majority, this is a significant number.

Job Group	**Responded to questionnaire**	**Answered 'undecided', 'agree' or 'strongly agree' to statement 'I'm embarrassed that I don't know how to use the library'**
Admin/Clerical	18.7%	20%
Facilities	2.3%	0.9%
Medical	11.7%	7.3%
Nursing & Midwifery	30.9%	35%
AHPs	23.1%	26%
Pharmacy	3%	0.9%
R&D/Scientist/Lab worker	8.4%	9%

Table 8: comparison of overall respondent staff groups with percentage of respondents from each staff group who answered 'undecided', 'agree', or 'strongly agree' to statement 'I'm embarrassed that I don't know how to use the library'

Table 8 again shows that the percentages of those from each job category who responded 'undecided', 'agree' or 'strongly agree' are broadly similar to the percentages of each who filled out the questionnaire, suggesting this issue can affect all. However, medical staff were slightly underrepresented, and AHPs, nurses and midwives were slightly overrepresented. Nurses in particular have been found to feel alienated from the Library Network, which could explain why they experience low confidence in their ability. Conversely, medical staff may have more confidence because as a group, in comparison

with other types of staff, they are less likely to believe that the library service is not for them meaning they may have more experience of using it.

Again low confidence over how to use the library was a theme in the qualitative data. The following reasons for non- or low-use were given:

> *"Probably wouldn't feel very confident now"*
>
> *"It being [an] unfamiliar environment [is] a barrier"*
>
> *"I find it intimidating"*

Additionally, uncertainty over how to use the space came up in several interviews. For example:

> *"I'm not familiar enough with the library that I'd be able to go in […] and feel like 'yep I feel confident here'. […] when I walk into a clinical area I feel confident because I know that I'm a clinician […] but when I walk into a library I feel less confident and competent [...] because I'm not as good at using that type of space." (Jo)*
>
> *"There was a couple of times I think I had lost my password or something and I'll be honest […] I was a bit like 'oh gosh I feel I've got to ask them and I'd rather not' and it's just going up to the desk and other people in the library can listen and you've got to say 'oh I don't know how to do this' or whatever" (Jean)*

This data from both the questionnaire and interviews clearly demonstrate feelings that amount to library anxiety are experienced by some respondents. In particular, Jean's comment about not wanting others to realise she needed help is a clear example of affective barriers (Onwuegbuzie, Jiao and Bostick, 2004, p.36) and confirms that, for many, asking for help in a library environment is perceived as "admitting ignorance" (Atlas, 2005, p.315).

4.2.3 Comfort with the Library

'Comfort with the library' refers to how welcome and safe people feel in the library (Onwuegbuzie, Jiao, and Bostick, 2004, p.36). Three statements tested for issues in this area and these are shown in Table 9, along with the average response. Figure 6 shows the breakdown of the responses to each question. The quantitative data indicates overall agreement that the library is a safe and comfortable space suggesting again that, library anxiety is low here. This is a positive finding, given that this antecedent is particularly associated with high levels of library anxiety (Onwuegbuzie, Jiao and Bostick, 2004, p.36).

Statement	No. of respondents	Average Response
The library is a comfortable space to work	440	4.1
The library offers the materials I need	471	3.9
The library is a safe space	455	4.32

Table 9: Average responses to 'Comfort with the Library' statements

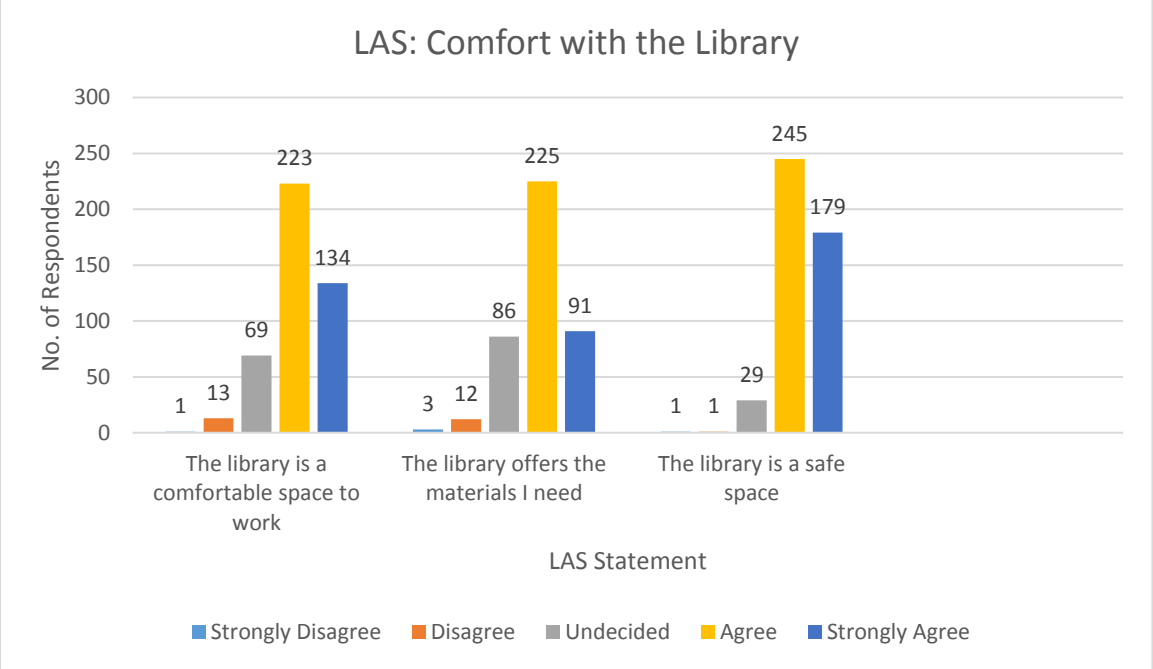

Figure 6: Responses to 'Comfort with the Library' statements

Though the library itself was widely considered a safe space, one issue that emerged from the qualitative data were safety concerns when using the library outside staffed hours. The libraries will typically be staffed from 9am-5pm, however reflecting the 24/7 nature of the hospital environment, NHSGGC staff can request out-of-hours access. While this is valued, some references to safety concerns were noted. For example, from the questionnaire:

> "S*ome sites look very spooky and unsafe after a certain hour so I was prone to interrupt my work and leave the library earlier"*
>
> *"Out of hours it does feel slightly isolated and probably wouldn't go alone"*

Three interviewees also mentioned this and additionally, Ellen spoke of how the Glasgow Royal Infirmary (GRI) library is in a quieter area of the hospital, making walking there feel 'eerie' at any time:

> *"The Glasgow Royal, it's really scary at night, […] different doors get shut at specific times […] it's quite hard to find your way out […] I remember I found myself alone with this man […] and I just didn't know where to go and he said follow me […] but then I find myself on my own in a lift with him and […] it just didn't feel safe […] so I wouldn't use it at night anymore. Even at weekends […] sometimes you'll just be with one other person […] really anything could happen" (Giulia)*

> *"I've sometimes been walking through the hospital to get to GRI library and there's a corridor that runs from the main bit to the library and every time I go up that staircase I'm thinking 'will I ever meet anybody here? If someone stabbed me when would I be discovered?' and I feel like that even during the day […] you don't feel safe and I don't think it's the library's fault but it's just […] where the libraries are located, it can be eerie"* (Ellen)

> *"At the GRI quite often […] I've been the only one in the library, and I did find that a bit spooky […] I would not use it at night […] because you know if I was afraid, or something happened, I don't actually know what I would do" (Jean)*

All of these comments were about the GRI. Even though the issues highlighted are not specifically to do with the library, it is clear that safety concerns are a problem for library use at GRI because if a person does not perceive a space as safe, they are likely to avoid it (Onwuegbuzie, Jiao, and Bostick, 2004, p.37). This is true for some respondents who highlighted that they would not use the GRI library outside staffed hours, even if that time was more convenient to them. Library staff could consider ways to help patrons feel safer after hours, and one suggestion from participants was to ensure the phone number for security is prominently displayed.

4.2.4 Knowledge of the Library

Four statements tested for 'knowledge of the library', which is the antecedent that concerned with how familiar people feel with the library environment (Jiao and Onwuegbuzie, 1999, p.279). Table 10 shows these statements and average responses to them. The data here suggests moderate levels of library anxiety, as the scores for

three out of four statements are within the undecided range. See Figure 7 for a breakdown of the responses to each statement

Statement	No. of respondents	Average Response
I want to improve my research skills	397	3.7
I enjoy learning new things about the library	405	3.7
The library is an important part of my workplace	419	3.4
I don't understand the library's overdue fine	396	2.2

Table 10: Average responses to 'Knowledge of the Library' statements

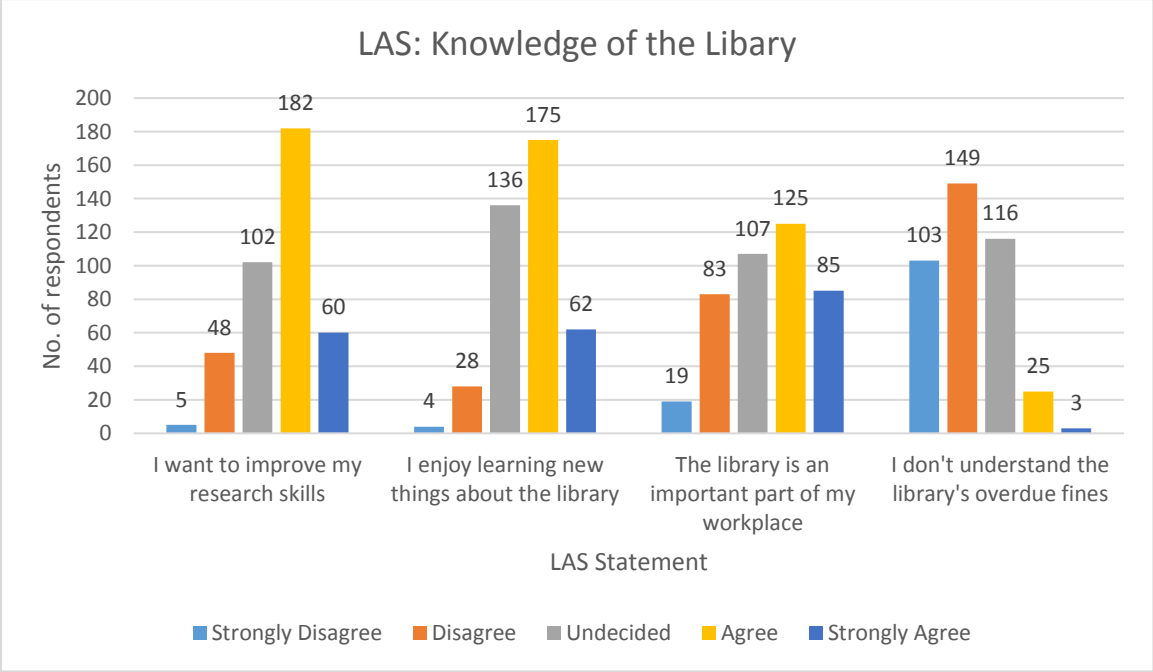

Figure 7: Responses to 'Knowledge of the Library' statements

Almost 50% of respondents to the statement 'The library is an important part of my workplace' either 'strongly disagreed', 'disagreed', or were 'undecided' about this. As a positive statement, the average score of 3.4 makes this the statement where the highest level of library anxiety was indicated across all antecedents. However, some interviewees noted that their negative response here was only in reference to the physical space, but that they valued the online resources. The statements 'I want to improve my research skills' and 'I enjoy learning new things about the library' also received an 'undecided' average score of 3.7. In this area, in reference to the physical library at least, respondents display higher library anxiety than in

others. Figures here suggest an apathetic feeling or indifference towards the Library Network. This comes through also in the qualitative data, where it was clear that respondents felt the library would not be useful to them or that they had no interest in using it:

> *"Quite simply, I'm not sure the library has any resources that would assist me in my job"*

> *"I don't think there would be anything of interest to me"*

> *"I don't really need to use it"*

While the library network aims to provide resources relevant to all staff and will try to obtain anything needed by staff which they do not already provide, respondents clearly felt the library would not provide access to anything that would be valuable to them. Furthermore, references to respondent's own 'laziness' as a reason for not using the library came up multiple times:

> *"My own laziness"*

> *"Self-discipline […] I should use it more"*

> *"Laziness. I need to get off my chair and walk across to the library and it is often raining!"*

Such comments suggest that while people may be aware that the library could be useful, they do not envisage that it will provide enough value to warrant the time or energy spent visiting. It is important that health librarians ensure the value of their service is known to the people they were "established to support" (Bennett and Madden, 2011, p.187). As discussed previously, many respondents lack an awareness of what the library offers. This is clearly also connected to the lack of value or importance that some respondents have attributed to the library because, as Mon and Harris (2011) state, "it is hard to be valued when you are unknown" (p.353).

The lack of importance placed on the library, coupled with the fact that around 41% of respondents disagreed or were undecided about enjoying learning about the library, suggests that many respondents are disengaged and unfamiliar with the Library Network. This is worrying in terms of library anxiety because a lack of familiarity has been found "to culminate in frustration and anxiety" (Onwuegbuzie, Jiao, and Bostick, 2004, p.36) if a person ever does decide to visit. Mellon (1988) also highlighted that what may appear to be "a lack of interest or motivation" (p.138), can often actually be a front for 'phobia'.

4.2.5 Mechanical Barriers

The final antecedent tested for by the LAS is 'mechanical barriers', which are feelings of anxiety that are invoked if patrons face difficulty when trying to use "mechanical library equipment" (Onwuegbuzie, Jiao and Bostick, 2004, p.36), such as computers, printers/photocopiers, and change machines. Owing to the nature of the current time and the fact that NHSGGC libraries provide only technology that most staff will be familiar with, less focus was given to this area. Only two statements tested for this antecedent. Average responses to these are shown in Table 11 and Figure 8 shows a breakdown of the responses to each statement.

Statement	No. of respondents	Average Response
I can always ask the library staff if I don't know how to work a piece of equipment in the library	429	4.3
Good instructions for using the library's computers are available	418	3.9

Table 11: Average responses to Mechanical Barriers statements

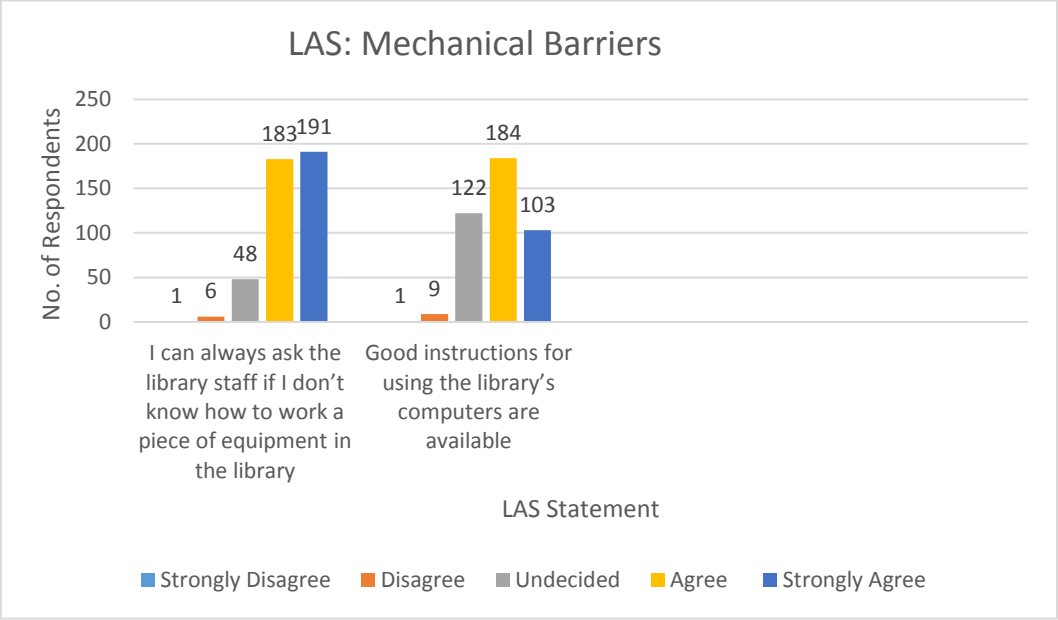

Figure 8: responses to Mechanical Barriers statements

Overall the average responses to both statements are around 4, indicating general agreement. NHSGGC staff will likely be used to using computers on a daily basis, and as the technology available in the libraries is no more advanced than computers and printing/scanning/copying machines, it is unsurprising to see low library anxiety in this area. Library users will likely be

able to work the basic technology available in the library, and if not findings indicate the majority would feel comfortable approaching staff for help. The higher number of 'undecided' responses to the statement 'Good instructions for using the library's computers are available' could be attributed to the number of non- or infrequent users participating, though overall agreement was still found here. No major themes relevant to this section of the LAS were derived from the qualitative data either, and thus it would appear that mechanical barriers are not experienced.

The LAS was developed when the Internet was not widely used, and this section of the LAS perhaps does not reflect the digital age. Naveed (2017) argues that anxiety in relation to technology nowadays is more likely to be related to the vast amount of information available online and a person's ability to locate what they need, as opposed to their ability to work machines (pp.266-267). This may be better termed 'information anxiety' and the Information Seeking and Anxiety Scale (ISAS) has been developed to deal with it as a problem in its own right (Naveed, 2017, p.268). This may explain why anxiety was low in this area, because the LAS tests for anxiety that is not so relevant anymore.

4.2.6 Summary

Overall, low library anxiety was found to exist amongst participants, with the quantitative results from the LAS mostly indicating general agreement with the positive statements and disagreement with the negative statements. However, moderate anxiety was found in the area Knowledge of the Library, where average responses were in the undecided range. Additionally, in certain areas clear hints of library anxiety were detected in the qualitative data. Firstly, some participants indicated that when the libraries are left unmanned, the lack of a staff presence makes them reluctant to use the space. Secondly, two affective barriers were particularly strong. There was a lack of knowledge of what the library offers and who is entitled to use the service, and some respondents also reported a lack of confidence over how to use the library. Thirdly, safety concerns over using the GRI library outside staffed hours were discussed. This is more to do with the 'eerie' hospital environment, but has negative implications for library use. Lastly, in the Knowledge of the Library area, an almost indifference towards the library network was found, with people placing limited value on the service.

4.3 Barriers to Use

Other than the issues related to library anxiety, additional barriers to use were discovered. The issues discussed here are the main themes from the qualitative data which answer research question two.

4.3.1 Lack of Time

The most cited barrier to greater library use was a lack of time, with almost 130 references to this being coded. Some respondents simply stated *"pressure of work"* or *"don't have spare time to visit library".* Others expanded, expressing regret over this, for example:

> *"As a lone worker, I'm too busy to develop my role any further […] I should read more, but time does not allow it"*
>
> *"I would like to use the services more however my personal development time is limited due to other clinical priorities"*
>
> *"Don't have time to do the research and reading I want due to the service being shortstaffed"*

Almost all interviewees also identified lack of time as being the biggest influence on their library use stating that it is simply not a top priority when faced with extremely demanding schedules. This is understandable, though unfortunate given the evidence demonstrating how use of the library can improve patient care. Some respondents used online material when they could not make it to the library and while a number specifically mentioned using library e-resources, many others did not specify making it unclear where they found their information and others actually reported finding even the library e-resources too time consuming which could explain the low usage discussed above. It was highlighted that using the databases and accessing articles was sometimes hard, and that acquiring an OpenAthens account was *"tedious"* or *"a faff"*. All of this meant that some respondents made less use of not only the physical library but also the online resources. This is in keeping with the findings of other studies discussed where lack of time was found to be major barrier to use (Thomas and Preston, 2016, p.152; Chamberlain and Brook, 2011, p.184). Several studies have similarly found that this lack of time prevents both online and physical use. Healthcare workers have been found to opt for the quickest and easiest sources of information, which is often not library resources but rather Google or their colleagues (Thomas and Preston, 2016, p.150; Loy, 2005, pp.4-5). Medical databases can be complex, and if staff do not have sufficient time to devote to learning how to effectively use them, they may never be seen as a core resource (Still, 2015, p.5).

Another common theme was frustration at the lack of protected time allowed for CPD. A large number of people stated that they would use the library more if there was time built into their schedule, recognising the importance of keeping up-to-date with research for EBP and CPD,

but that they simply did not receive this time. The following responses were received to the question that asked about how more use could be facilitated:

> *"cpd hours given from my employer to allow personal study - I would definitely make use of the libraries more often"*

> *"More designated protected CPD time to allow for library based research"*

> *"Allocated time for CPD"*

This was a theme across the interviews, where most participants noted that in theory they should be given time to engage in CPD, but that in practice this rarely happens:

> *"Technically speaking I have eight hours a week where I'm not 'clinical' but the first thing that is sacrificed if the team is busy […] is my non-clinical time"* (Jo)

> *"We are far too busy to get any time for CPD […] and often if we're quiet we just get moved to a busier site […] you're meant to get time during work to do revalidation but if patients come in that need seeing to you're not gona be like 'oh well I'm actually doing revalidation so I'm not doing it', you would stop what you're doing right away"* (Zoey)

> *"we don't really get CPD time, we are meant to but the service takes over […] there is only two trained staff on this site, so if something goes wrong it doesn't take priority. And you know we all have the best intentions, people say 'yes you should take the CPD time, you need to do that' but in the real world, no"* (Kim)

This dedication to their patients is commendable however it comes at the cost of personal development and EBP, which all staff should be allowed time to engage with. Interviews also indicated that research and library culture is not built into some departments. Below Giulia speaks of colleagues who are not in the habit of engaging with research, and Ellen highlights that staff are not often supported to make use of the library:

> *"There is a big portion of people who are not keen on this sort of more academic work […] I've had colleagues much more senior than me saying they don't know how to look for a paper, they don't know how to interpret a paper and […] I've had people saying 'oh this is boring' and it's like of course it's boring but it's also crucial […] for EBP and CPD"* (Giulia)

> *"I think it's just the lack of support for making the time to go and use the libraries that's the issue […] it should be thought of more as part of your personal*

development, and it's down to the individual departments to appreciate the value and to promote that sort of thing" (Ellen)

Furthermore, the quote from Zoey above is telling. She notes that if she had downtime, rather than being given the opportunity to use this for her nursing revalidation, she would be sent by her managers to busier sites. Similarly, the below quote from Maggie sums this up:

"Every now and then things will quieten down […] but generally speaking there are so many other practical things to be done in the department that you just get stuck into, like you think 'oh great I'll get the shelves cleaned' […] so maybe we need a cultural shift too, if private reading and studying was more respected you could sort of say that's what you were going to do if time became available, but I mean if I said that just now people would be like 'are you kidding on?' […] you know they already have tasks lined up for you" (Maggie)

Thus, some interviewees highlighted that library use is not something that is recognised as an efficient use of time by management or colleagues, even if departments quieten down for a period of time. Both Zoey and Maggie are nurses, and both identified the similar issue of the low status given to library use amongst their colleagues, and limited support to do this from those in senior positions. Maaskant et al. (2013) state that a number of other studies have also found that nurses do not receive "managerial support" (p.150) to engage in this type of work. They also found that paediatric nurses in their own study were given limited time to read and were not supported to implement EBP in their workplace (pp.153-154). As the health library is mostly used to engage in activities such as research and study, this lack of culture built into different departments may partly explain why there is not more emphasis on protected time for library use. Perhaps, as Maaskant et al. (2013) conclude, there needs to be more support for this sort of work to take place from staff in senior levels, and this could in turn facilitate better use of the library network.

4.3.2 Access Issues

Other main barriers related to access. Many questionnaire respondents stated that they would like to use the libraries more, but mistakenly believed that they are only open 9am-5pm, Monday-Friday which did not suit their shift patterns. Respondents who mentioned this appeared unaware that these are the times when the libraries will be staffed, but NHSGGC staff are entitled to use the space outside of these times. Additionally, others seemed to be aware that out-of-hours access was available but were unclear on the 'rules' and how to gain access. The below quotes are some of the questionnaire responses that indicate these issues:

"Opening and closing hours mon-Friday 9-5"

"Find accessibility difficult for example […] don't know how to access it after working hours"

"Difficult access/opening hours"

This is related to the previous discussion about poor awareness of the service. Gaining out-of-hours access to most libraries is relatively easy, but poor knowledge that this is on offer has potentially prevented a significant number of staff from visiting the library.

The interviews allowed for greater exploration of why accessing the libraries is often perceived as difficult. As discussed, some interviewees mentioned feeling unsafe when using the library outside of staffed hours. Additionally, the following quotes highlight other issues:

"I think it is just getting access, some of them need keypads, some you use your ID badge for, so that can be quite awkward you know learning all the different ways to get access" (Jean)

"It's in an awkward corridor and there are door codes I don't know […] you end up feeling almost like you have to ask permission, if someone is in front you need to ask them 'is it okay if I come in behind you?' Or you need to call the library and ask them to come and let you in, so for me it's just a bit awkward. Either there should be a buzzer, or maybe all staff are just automatically told the code" (Rebecca)

"They're not that welcoming, there's security codes to get in and they can often be closed off from where the buzz is in the hospital […] you're always thinking 'is there a passcode?' and you can wander the corridors and not necessarily see anybody to ask" (Ellen)

"At the Beatson there are meeting rooms opposite the library and so often I see people sitting in the corridor waiting for their meeting, but why aren't they in the library waiting? I think it's because the library door is always closed and you need a swipe thing to get in, if it were easier to get in and more welcoming people would wait in the library instead" (Andrew)

Rebecca's quote in particular shows how difficult access can be and she spoke of *"maxing out"* renewals on books she has borrowed in order to avoid visiting the library. Thus, access issues are twofold. Firstly, it is unclear to many how to gain access outside of staffed hours

and some respondents did not even realise this was an option, indicated limited awareness of the service again. Secondly, some libraries are difficult to access at any time as they are located within admin buildings or corridors which are locked or not easily accessed. This is for security purposes and to keep the public out, but when the library is located there it can send the message to staff that they are not welcome or simply makes access too awkward. This is a difficult point, and many respondents who raised it understood that it is not necessarily the fault of the library. However, it is crucial to acknowledge that this is something which influences use of the physical space. The Library Network should consider taking steps towards better ensuring that all NHSGGC staff know how to access the libraries and how to retrieve door codes or swipe entry where necessary. Moreover, better promotion of out-of-hours access would be beneficial. As the NHSGGC Library Network Policy states, access to the physical library should "be based on the principle of 24 hours a day access throughout the year" (NHSGGC Library Network, 2016, p.7), and though this is available to staff, many respondents who wanted to use the library out-of-hours had not done so because they did not know how or that this was an option.

4.3.3 Noise

Issues with noise in the libraries, particularly at the Queen Elizabeth University Hospital (QEUH), were common to a large number of respondents. The following questionnaire responses highlight how noise levels can be a problem:

> *"It is frequently very noisy […] long discussions happen very loudly"*

> *"I understand it is difficult for the library staff to police the computer areas but users having multiple conversations/discussions around you are frustrating"*

> *"The libraries students can be very noisy"*

The interviews provided a useful opportunity to explore this issue more and also consider possible solutions. Participants noted that because they cannot guarantee that the libraries will be quiet, this can make them reluctant to go or at least makes their visit more unpleasant:

> *"Because it's a public space it can be noisy, distracting and I would rather just do work in the house"* (Rebecca)

One of the biggest difficulties interviewees noted is that when people are talking around them, they are unsure how to deal with this and face the dilemma of either putting up with the distraction or asking others to be quite. For example, Giulia recounts a time when two people were talking loudly in the QEUH library:

> *"I initially thought 'oh just get on with it' but it just kept on going and so I had to turn and say 'excuse me do you mind going somewhere else?' […] and then they stopped but he was so annoyed, he gave me the annoyed face, and I thought am I being unreasonable? […] I didn't really have the confidence to say it but I had to eventually"* (Giulia)

Jean spoke of experiencing similar issues at the QEUH library, and of finding these situations difficult to deal with:

> *"I believe it is medical students and they come in in big groups and chatter round about you […] and you know sometimes I won't say anything but I'll just look at someone and hope they get it […] it's not the most comfortable thing to turn round and tell people to be quiet" (Jean)*

Interviewees said that they would not expect library staff to intervene but that they would like to feel more supported when asking people to be quiet. The main solution suggested for achieving this was clear signage stating whether talking was or was not allowed. That way, if in a quiet area, participants would feel justified and more confident in asking others to stop talking. Some, but not all, NHSGGC libraries have separated up the space into 'quiet' and 'group' space, and there was a desire for this 'zoning' to be standard practice:

> *"I think maybe if there was a clear sign that said 'this is a quiet area' and then a separate clear area for chatting that would be good […] I would then feel a lot more comfortable turning round and telling somebody to be quiet because it is officially 'quiet' space and the sign would back me up"* (Jean)

> *"Crowds of doctors come and […] it's hard to ask them to be quiet. It would be good to have a space for that sort of thing, like group work, so if you're in that group space you know you can't really complain about people chatting and you just know what's allowed"* (Joseph)

Some questionnaire respondents also highlighted that different areas of the library would be useful. For example, one respondent said they would like *"a quiet area with no phones or talking"* and another requested separate *"group work spaces".* Libraries in general are becoming "energized, busy" places (McCaffrey and Breen, 2016, p.775), no longer associated with silence. McCaffrey and Breen (2016) however argue that it is crucial for libraries to ensure quiet space is still provided for users who need it and that noise can strongly influence a person's decision to use the library (p.776). Academic libraries now widely attempt to offer

quiet and group areas (McCaffrey and Breen, 2016, p.776), with zoning being one way to achieve this and deal with noise. The benefit of zoning was demonstrated in a study at the University of Limerick Library where, out of a number of noise management strategies, library staff believed "zoning had the biggest impact on noise levels and complaints" (McCaffrey and Breen, 2016, p.788). Implementing this across the NHSGGC Library Network could be a useful intervention. However, it must be noted that zoning could be hard to employ in some of the libraries as they have limited space. In such cases, even a sign specifying whether talking is allowed could be helpful, as much unease stemmed from uncertainty over the rules.

4.3.4 Summary

The main barrier to use is lack of time, with the heavy workload of NHSGGC staff inevitably making library use a low priority. Even the e-resources were too complex and time-consuming to use for many. A large number of participants wanted to use the library more for CPD and EBP but were not supported to do this. Though there is no easy fix, and NHSGGC staff are always going to be under time pressure, in an environment where access to quality information and evidence is crucial (Maaskant et al., 2013, p.150), there should be more effort from senior staff to ensure protected time for library use is enforced.

Issues regarding access also prevented use, and there was much uncertainty over how to obtain out-of-hours access, or whether this was available. Additionally, a number of the libraries are located within corridors that require a door code, which can make access awkward or make the libraries feel unwelcoming. Efforts should be made to ensure all staff know how to obtain codes and out-of-hours access. Furthermore, many participants have experienced problems with noise levels, particularly at the QEUH, and need for clearer signage and rules over how much talking is allowed was identified.

Chapter Five: Implications for Practice

This chapter will consider interventions which the qualitative data highlighted would better facilitate or encourage participant's use of the library. These findings answer research question three and will be analysed in relation to relevant literature, providing a discussion of implications for practice based on the findings of this study.

5.1 'Linked Librarian'

Interviewees felt that having a librarian who was 'linked' to them or their department, and knowing the contact details for a particular member of library staff, would encourage them to use the services and ask for help more often. This is because it is easier to ask someone for help if you know them and have had previous interactions with them. The literature also discusses the value of this, for example Mon and Harris (2011) note the importance of staff exchanging names with patrons as a "way of making a personal connection" (p.358). This was not a prominent theme across questionnaire responses however almost all interviewees referenced this, making it important to explore. The following quotes demonstrate this:

> *"I think it's as simple as a human to human interaction, if I know that I've met somebody in the library I'd probably feel that it's an easier connection to make, […] but I don't know anybody in the library that I'd think 'oh I can call them up'"* (Jo)

> *"at the RAH there is one contact in particular I have […] that relationship is really important and it's easier to ask for help if you know who you are asking, it's harder to ask someone you don't know"* (Kim)

> *"In our department we have a band seven nurse who is in charge of ongoing education […] so the library could link up with that person to organise training, just if you had an actual named person so if I did have something on my mind I would know I can contact that person and that allows you to kind of build up a relationship […] and you'd feel more comfortable getting in touch"* (Maggie)

What interviewees seem to be describing here is a form of embedded librarianship called the 'liaison role'. Embedded librarianship aims to bring library staff and resources "to users in their work environment" (Cooper and Crum, 2013, p.269). The 'liaison librarian' aspect of this is growing in the health sector, where a library staff member acts as the main official contact between a department and the library (Cooper and Crum, 2013, p.270). This role facilitates easier information sharing between the library and users, helps to promote the library to non-

users, and makes it easier for people to see the value of the library service because they are more exposed to it (Cooper and Crum, 2013, p.270). Maggie, who felt there was a lack of support for research and library use amongst her colleagues, discussed this last point, stating that she believed closer links would *"raise the status of learning and refreshing your learning"* because it would make the library a more visible presence in her department and normalise its use. Filling a role like this would be expensive, making it difficult to offer (Lawton and Burns, 2014, p.90), but the Library Network could benefit from providing even a limited version. This could be as simple as providing those new to the library with the email address of a specific library staff member, as opposed to just the generic library details, who could act as a primary contact until they are more familiar with the environment. Nann (2010) discusses such an initiative taking place at some academic libraries in America. Here, students are assigned a 'personal librarian', so each student knows a "name and a face" (cited by Mon and Harris, 2011, p.361) who they can call upon if they need help. It is clear that interview participants would value something similar from the Library Network, arguing that they would feel much more comfortable contacting somebody who they had previously interacted with. This could also help save the user time, because that contact becomes familiar with their work and the types of resources they need (Mon and Harris, 2011, p.360). Additionally, as discussed, libraries can feel intimidating and knowing the name of someone who can be approached for help would make users feel more confident and comfortable (Mon and Harris, 2011, p.358).

Additionally, this would be valuable because it raises the profile of what librarians do and could reassure staff that the libraries are there to support them. This is highlighted by Ellen, who discusses a time when a librarian was assigned to her department:

> *"I used the library more then […] I suppose there's always a feeling that people are overstretched and you don't want to take up their time […] but the fact that somebody was actually in the department you knew they were assigned to our unit and so you knew their job was to help you"* (Ellen)

As discussed in the Literature Review, it is common for the role of librarians to be misunderstood, and this can mean people do not take full advantage of the help they can offer (Atlas, 2005, p.316). Ellen mentioned that she would like to make more use of the literature search service but is unsure whether library staff would have the time and does not want to burden them. This sort of feeling could be alleviated if all NHSGGC staff were given details of a library staff member and reassured they could contact them at any point. This could also help with the perceived bar on access that, as discussed, makes many people

unsure whether they are entitled to use the library. The Library Network are already taking steps towards this, for example a small team of Subject Specialist librarians are linked to some departments and one recommendation of the User Typology report identified for meeting the needs of 'knowledge tappers' was to provide a "named personal contact for all communications" (NHSGGC Library Network, 2014, p.5). However, perhaps this should be a standard for all new users.

5.2 Promotion and Outreach

This study discovered poor awareness of the Library Network, what it does, and who it is for, culminating in many potential users not use the services. Reflecting this, one of the main responses regarding what would encourage respondents to use the library more was simply better promotion of it. Below are examples of calls for this:

> *"I don't know about books or resources that are available in the library. Perhaps if I knew more about this, I would be more likely to go and have a look at them"*
>
> *"Be good to know more about the services they offer and how to access them e.g. e-journals"*
>
> *"If I knew what exactly was available in the library e.g. book types available or facilities available."*

The data showed a desire for better promotion from the Library Network through improved marketing, such as newsletters, leaflets, posters, and having the service more prominently featured on the NHSGGC website. This theme was also explored more deeply in the interviews, and discussion again showed that marketing should be improved both online and throughout the hospitals:

> *"Just promoting the resources online, like making the website easier and better signposts to things that are available, like pointing it out clearly on the intranet or whatever."* (Anna)
>
> *"Maybe like wee cardboard things on the tables in the canteen for example just saying 'we have a library' […] you know things like that, posters, emailing round, just really anything they can do to raise more awareness."* (Annette)

Such comments suggest that current promotional efforts by the library network are not reaching all NHSGGC staff. Wakeham (2004) suggests that library services need to engage in *rigorous* marketing to ensure users and potential users are engaged, and that all libraries

should have a marketing plan clearly outlined (pp.327-238), of which promotional strategies should "be an integral part" (p.240). As far as I am aware, the Library Network does not have a current marketing plan specifying strategies for promotion. This could explain why marketing varies across the sites, and why the network's promotional presence has not been strong enough. Developing a marketing plan to be used across the board could be useful. Some of the promotional methods that participants said they would engage with are also outlined by Wakeham (2004) as important, such as advertising through posters and fliers, publishing newsletters, and being featured in wider organisational communications such as newsletters and websites (p.241). All of the NHSGGC libraries already do some of these things, though the results from this study suggest that this is perhaps not being done to a great enough extent. This finding is again not exclusive to NHSGGC, for example Bennett and Madden (2011) found that the library service they audited needed "to become more proficient at branding and marketing their resources and skills" (p.186) after clinicians were found to be unaware of their health library service and that the online resources they were using were provided by it.

Additionally, greater visibility of the library throughout the hospitals and bringing services to users in their workplace was desired:

> *"I would suggest a satellite library say in the concourse or canteen"*
>
> *"Library maybe coming out with a selection of books to random corners of the hosp?"*

Increased outreach work was also something that was brought up by interviewees, who suggested that library 'pop-ups' throughout the hospital would be engaging and help to highlight the service more widely:

> *"Some of the sites are massive […] it would be useful if library staff went to departments, or canteens, maybe if a department or staff group are having a meeting library staff could try to go along to tell them about the service" (Annette)*
>
> *"Thinking geographically about this building […] the library is quite remote. If there was a more visible presence, say like a little pop-up in the Atrium or a pop-up in one of the seminar rooms, just being a bit more mobile and better integration within the hospital" (Jo)*

> *"I think a stall in the foyer every so often when people are passing like at lunch or in the canteen […] making sure to hit areas where there will be a high volume of staff. I think that's really the best way you can raise awareness"* (Kim)

These comments demonstrate the importance of the library being mobile. Each health library occupies a small corner of a large hospital, and it would not be impossible for some members of staff to never encounter the library, in turn meaning they remain unaware of how it can help them. Most health libraries are aware of this issue, as demonstrated by the fact that outreach work is becoming an important aspect of health library services (Dorsett, 2014, p.75). Also, this is not just about greater visibility, but outreach work also makes accessing the service more convenient for busy healthcare workers who cannot find the time to leave their department. For example, Jo noted that if services were provided remotely, this would be *"massively helpful"* saving her the time of walking to and from the library which "*might just well be the time it takes for me to sit down with a patient".* Furthermore, when I told Jo that the library could post books to her in the internal mail she said: *"Really?! I didn't know that but wow that would make such a difference to me".* Again, clearly the Library Network are already offering valuable services, but many NHSGGC staff are simply unaware of them. It is crucial that the Library Network better publicises these small services that could make library use significantly easier.

The fact that NHSGGC staff would value a stronger library presence throughout the hospitals is consistent with Dorsett's (2014) argument that busy users in the healthcare environment need library services that place less emphasis on the physical space and more emphasis on remote services (p.77). Dorsett's (2014) study also found poor awareness of the health library service and this was the case despite 78.1% of librarians believing they were effectively engaging in outreach (Dorsett, 2014, pp.77-78). This, as well as the results of the present study, shows that even when health library staff engage in outreach and promotional work, they perhaps underestimate the extent to which this will need to be carried out. Most of the NHSGGC libraries already do, on occasion, run pop-ups and work remotely. However, as with the above discussion on promotion, it seems that many NHSGGC staff are unaware of this, and perhaps increased outreach work is needed.

5.3 Library inductions

Calls for the libraries to offer induction sessions were also prominent. This was identified by participants as something that would encourage them to use the library for two reasons. Firstly, it would help people identify ways in which the library could benefit them. Secondly, it

would allow participants to become more comfortable with using the library. The comments below from the questionnaire responses show how library inductions would be valued:

> *"[I would use the library more] if I attended an awareness session and became comfortable using the library and getting to know what the library staff are able to assist with."*
>
> *"Maybe openday to go and see what facilities are available and familiarise self."*
>
> *"An 'introduction to the library' session – outlining the basics of what the library can offer, emphasis on how it can aid doing research for work (I get bamboozled by this!)"*

Library inductions were also discussed by almost all interviewees. A few remembered receiving an induction and finding this valuable for example:

> *"away back at the start […] the library was part of your wider induction […] I found it so valuable at the time cause it was highlighted as a place you could go and seek advice, and ever since I've known it was there for me"* (Joseph)

However, the majority had never received one but believe this would be a valuable service for the Library Network to offer:

> *"We all under-go mandatory training, but the library isn't part of that but I think if that was on offer I would definitely make use of that […] I don't think I would feel comfortable going up to someone and saying 'can you show me round the library' but […] if I knew I could sign up to one I would […] that would be a way to encourage people who don't use it to come and break down the initial fear."* (Jean)
>
> *"As part of my nurse's induction I did get told about the library […] but at that time you were hearing about so much stuff, the library was the lowest priority. But I think maybe if it was more like a sign up thing […] once you had settled in you could then arrange an induction. But […] it would need to be clearly offered, because I don't think you would think to go out your way to see if you could get one unless you knew it was on offer"* (Rebecca)
>
> *"I also think libraries should be part of the big corporate induction, if you tell staff when they first come in, okay they might forget but if you actually say 'we're here to help you' right at the start that would help"* (Kim)

There was disagreement about whether it would be best to have an induction as part of the new staff corporate induction to NHSGGC, or as a sign-up service offered throughout the year. Nonetheless it is clear that some sort of induction would be valued, and also that this should be clearly advertised. Currently this is not what happens. Though library staff are happy to provide an induction, typically the current practice is to wait until a new user comes to ask for one. There are some exceptions, for example more traditional inductions are provided at the Gartnavel Royal Hospital to specific groups of staff as part of their wider induction programmes. However, largely across the board formal inductions are not on offer, but rather staff need to seek this out. Given the comments from participants that they would feel uncomfortable or unmotivated to seek out an induction unless it was clearly offered to them, it seems that current practice is at odds with the needs of participants and the libraries could consider offering inductions on a sign-up basis throughout the year, and promoting this widely.

O'Dell and Preston (2013) argued "that a higher profile for library inductions would" (p.118) be a crucial way of addressing poor awareness of the library service. Additionally, literature highlights that inductions have been found to help combat feelings of anxiety and uncertainty that people initially have, by offering them a first encounter with the library and library staff (Muszkiewicz, 2017, p.224; Mellon, 1986, p.164). Thus, not only would an induction allow people to see first-hand what the library does, it could also ensure people become more familiar with navigating the environment. Given the finding that library anxiety insofar as poor confidence in one's own ability to use the library and poor understanding of what resources are on offer affected a number participants, provision of more formal library inductions, which have been found to combat these issues, would be a useful addition to the NHSGGC service. The inductions offered do not necessarily have to be lengthy, and in fact as Forgham-Healey (2017) notes the majority of health library inductions need to be short, reflecting the busy nature of users (p.177). Best practice is to ensure that they are not 'overloaded' with information, but instead are used to make people feel welcome and raise awareness of how the library can support them (Phul et al., 2015, p.9). The induction could thus be as simple as welcoming new users, briefly discussing some of the main services, and providing details for a named person in the library. Moreover, Onwuegbuzie, Jiao, and Bostick (2004) suggest that providing 'self-guided' online induction material is crucial as it allows people to learn about the library at a time convenient to them (p.248). This point is especially salient here, where limited time to visit the library has been outlined as a major issue.

5.4 Library Environment

A number of suggestions for changes to the library environment were made. As discussed in the previous chapter, participants would appreciate zoning within the library to help with noise. Additionally, a main theme was the desire for the library to offer facilities for making coffee/tea/food. This would make the space more appealing and was also for practical reasons, with some interviewees noting that often they have to spend full days in the library and would like facilities to make lunch/dinner and drinks:

> *"I often find myself at the weekend having to spend my lunch or dinner there so I think even just having hot water would be great to make something hot […] and also, maybe not spending loads of money on coffee you could just make your own it would make it less expensive and make breaks nicer"* (Giulia)

> *"Maybe just a more welcoming environment you know if you have to spend all day there it would be good to maybe have tea or coffee"* (Rebecca)

> *"Instead of going to the café, if I knew there was facilities in the library, I would go there and just take a twenty minute break from work, you might see a friend or colleague and sit next to them, it might make the library a space that brings people together"* (Andrew)

The desire for a comfortable environment offering coffee etc. was also prominent amongst questionnaire responses. For example:

> *"More comfy seating, coffee machine in library."*

> *"Integrated café, comfortable sofas"*

> *"Would be great if libraries had access to hot water/ somewhere to heat food."*

> *"COFFEE MACHINE"*

Similarly, there was strong interest in an enhanced fiction collection and more social events like book groups. The Reading Challenge run by the Library Network, which encourages participants to read non-work related books and submit reviews, was mentioned numerous times as something that is widely appreciated. Provision of other similar initiatives was desired, especially by those who did not have a need to use the medical resources but who still wanted to engage with their health library. These points are highlighted in the below responses to the question that asked what would encourage respondents to use the library more:

"1. A book club would be nice. 2. I would borrow fiction books from the library […] if there was a bigger collection to pick from."

"Possibly a bigger selection of fiction books"

"I only use the library for fiction books so a bigger selection would be good."

"Offer book clubs and journal clubs […] offers people some networking chances plus interests outside of their work"

Interviewees also argued that an enhanced fiction collection and wider promotion that this is available would be a good way of encouraging use:

"the fiction side of things, I find that really engaging […] now I know 'cause you've just told me that they have a fiction collection and now that you've told me I'm going to go, but really they should promote that more, lots of doctors and nurses read, especially on night shift, so that would be really good if they made people more aware of that" (Andrew)

"I have borrowed fiction books from the library before but there isn't a huge collection […] but if there were more I would definitely go and choose from it […] and once before at the Queen Elizabeth they had a sort of book club […] but it just felt not very structured […] so if there was a book club that was a little more structured […] I'd definitely go to something like that on lunch" (Giulia)

"Having the fictional range is great, and I would say a lot of staff don't know, they assume it's all medical textbooks, and so just promoting the fact that you have that sort of thing cause that's really appealing" (Jean)

Andrew and Jean's quotes again show that valuable services offered can go unused due to a lack of awareness, highlighting the need for improved marketing. Additionally, this all suggests that a number of participants would value the library offering more space and resources for socialising, reading for pleasure, and relaxation. Making a library into this sort of space does not only make it more comfortable but has practical benefits also, such as facilitating group work and interactions between colleagues (Waxman et al., 2007, p.428), thus encouraging more use of the space. Andrew's quote above alluded to this, and he argued he would likely visit the library more if it was somewhere he could take a break and to meet up with colleagues. Attempts to offer more 'social spaces' in libraries are common, with many introducing cafes to achieve this (Pomerantz and Marchionini, 2007, p.517). While I am not

suggesting that the Library Network would be able to implement cafes, provision of coffee machines or a kettle could be a simple addition to the space that would enhance its appeal and make library use more comfortable for patrons when spending lengthy periods of time there. Doing so is important because Onwuegbuzie Jiao and Bostick (2004) discuss how a poor library environment can contribute to anxiety, highlighting the importance of providing "a pleasant environment and comfortable study space" (p.244) for users.

Additionally, many academic libraries provide space for socialising because there is a recognition that patrons need space to "'get away' from the complexities of taking classes, working, and studying" (Waxman et al., 2007, p.433). As health and academic libraries are used for largely similar reasons, it is perhaps not surprising that NHSGGC staff would value their libraries offering similar social space. Given the extremely taxing nature of the roles some healthcare staff do, health libraries could encourage greater use by offering more space and activities that allow staff to 'get away' from the demands of work. Once there, people may also become more aware of library services they could be using. Of course there may be health and safety concerns to consider regarding the provision of hot water, and all of this would also make the space louder which is at odds with previous complaints over noise. Zoning would have to be carefully implemented to ensure that distinct areas were clearly marked for socialising/group work, and quiet study.

Chapter Six: Conclusions

The aims of this project were to: explore whether library anxiety affects people eligible to use health libraries; consider any barriers to use of health libraries; identify ways that greater use of health libraries could be facilitated/encouraged; and, to use the findings to make recommendations for the future practice of health libraries, and in particular the NHSGGC Library Network. The first three objectives have been met in Chapters Four and Five, through answering the three research questions identified for the project. A summary of the main findings for each of these will be provided below. The fourth objective was met in Chapter Five, where findings were used to discuss implications for practice. In meeting these aims, this project advances existing knowledge of library anxiety by considering it in a new library setting. It also adds to current understandings of use/non-use of health libraries, expanding the literature by considering this in the new context of a Scottish health board. It is hoped that the findings will be useful in informing the NHSGGC Library Network service, and health library services elsewhere.

6.1 Summary of Findings

6.1.1 Library usage

Low usage of libraries across the health board was reported. Each of the nine libraries were found to be 'never' or 'rarely' visited by the vast majority of respondents. This was not so surprising given that for many libraries nowadays, it is the online services which patrons make most use of. What was unexpected, however, was the discovery that even the online services were used in a limited capacity, with a vast majority of respondents reporting that they 'never' or only 'occasionally' used even the e-books, e-journals, and databases.

6.1.2 RQ1: Is library anxiety, as outlined by the LAS, experienced by NHSGGC staff who are eligible to use the NHSGGC Library Network?

Overall, the quantitative data indicated that in four areas of the LAS, library anxiety was low, and in the case of 'knowledge of the library', moderate levels of library anxiety were found indicating apathy towards the Library Network, and poor motivation to use it. Delving into the qualitative data, themes emerged that suggested library anxiety was experienced by some participants in certain areas. In particular, respondents seemed to experience affective barriers in two ways. Firstly, there was a lack of awareness of what the Library Network does, and who is allowed to use it. Secondly, a number of respondents, particularly AHPs and nurses, reported having low confidence in their own ability to use the library and its resources. Respondents had an overwhelmingly positive view of staff, though some mentioned they can

be reluctant to visit the library if it is left unstaffed. Additionally, the GRI was highlighted as being an 'eerie' building, and with the library being in a quiet area of this hospital, some safety concerns about using it outside of staffed hours were raised.

Thus, for a majority of participants the quantitative LAS data suggests that library anxiety is not experienced in the health library context of NHSGGC. However, there are definitely issues experienced by a minority that the Library Network could address in order to ensure everybody feels comfortable and welcome in the libraries. The lack of similar studies in this area and the use of a non-probability sample here means that further research is required in this area.

6.1.3 RQ2: What, if any, barriers to use of the NHSGGC Library Network exist?

Consistent with other studies, by far the greatest barrier to use was a lack of time, with heavy workloads meaning that time to visit the library, and even in some cases use the online resources, was limited. Many respondents noted that they would like to use the library more for CPD and EBP, but simply did not receive protected time to engage with this, highlighting a lack of research and library culture in some departments. Other than this, there was confusion over how to access some of the libraries, which require door-codes, and many people were unaware that they could use the library outside of staffed hours, or did not know how to obtain this access. Respondents also noted that uncertainty over whether talking was allowed, and how to deal with this noise, was off-putting.

6.1.4 RQ3: How could greater use of the NHSGGC Library Network be facilitated/encouraged?

Interviewees felt that building strong links between the library and their departments would encourage use, with the idea of implementing a 'linked librarian', or providing staff with a named library contact, being discussed. This personal connection would make it easier to ask for help, reassure people that library staff were keen to support them, and also raise the status of CPD and library use in certain departments where this was lacking.

Secondly, increased outreach and promotion was desired in order to combat issues related to poor knowledge of what the library does. Participants wanted the library to be a visible presence throughout the hospitals, coming to common areas or departments. This would also help staff who didn't have the time to visit the physical library space make more use of its services. Additionally, participants highlighted a clear desire for library inductions to be offered. This would help people become better acquainted with the library, combatting any anxiety.

Lastly, there was a desire for the library environment to become a more comfortable, social space through the implementation of facilities to make coffee/tea and food. Related to this was a wide interest in an enhanced fiction collection and running more social events such as books groups. It was suggested that this would all make the space more appealing, and encourage people to use it more as a meeting space. However, this is at odds with complaints over noise levels, and zoning would have to be carefully employed to create distinct social and quiet spaces, though libraries may lack the space for this.

6.2 Limitations and Directions for Future Research

This study received a good response from NHSGGC staff suggesting that healthcare staff are keen to engage with and express their views on the service. I hope this will encourage more researchers to carry out similar studies in different health boards as this would allow for wider understanding of the needs of healthcare staff and help to inform services. Additionally, as Onwuegbuzie, Jiao, and Bostick (2004) noted over a decade ago, research on library anxiety in different sectors, such as public, special and school libraries, is still lacking and would be a useful addition to the literature (p.279).

This study mainly focussed on the physical library, but unexpectedly low usage of the e-resources was also briefly discussed. A limitation was that this was not explored further and it would be useful for future research to explore library anxiety and non-use specifically in relation to online library resources. Additionally, library anxiety in relation to 'mechanical barriers' is perhaps an outdated concept, and future research could consider 'information seeking anxiety' in the health sector, as discussed in section 4.1.5.

A further limitation of this study was the limited consideration given to whether a participant's staff group was linked to library anxiety and whether different barriers to use were experienced depending on a participant's role. This study did indicate that nursing staff in particular seemed to feel alienated from the library. Furthermore, some believed the library was only for medical staff such as doctors. It would therefore be beneficial for future studies to consider the views and experiences of specific staff groups such as nurses, AHPs, and non-clinical support staff.

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Appendix A: Questionnaire

Q. I am:

⬭ NHS staff (if selected, the question 'Please tell us more about your role' is revealed, and 'Please tell us more about your role and what you are studying' is hidden)

⬭ Student (if selected, participants are taken to the end of the questionnaire)

⬭ Both NHS staff and a student (if selected, the question 'Please tell us more about your role and what you are studying' is revealed and 'Please tell us more about your role' is hidden)

Q. Please tell us more about your role

_____

_____

_____

Q. Please tell us more about your role and what you are studying

_____

_____

_____

Q. How long have you worked with NHSGGC?

_____

_____

_____

Q. There are 9 staffed libraries located throughout the NHSGGC network. These are: Beatson West of Scotland Cancer Centre Library, Gartnavel General Hospital Library, Glasgow Royal Infirmary Library, James Bridie Library at The New Victoria Hospital, Maria Henderson Library at Gartnavel Royal Hospital, Robert Lamb Library at Inverclyde Royal Hospital, Royal Alexandra Hospital Library, The Library at Queen Elizabeth University Hospital, and The New Stobhill Hospital library

Before taking part in this survey, were you aware that these libraries existed?

⬭ Yes

⬭ No (If selected, questionnaire skips to question 'The Library Network also offers a number of online resources. How often do you make use of the following?')

⬭ I knew of some but not others

Q. Are you aware that all NHSGGC staff are entitled to use these libraries and the services provided by the NHSGGC Library Network?

⬭ Yes (if selected, question 'Who did you think the NHSGGC Library Network was for?' is hidden)

⬭ No (if selected, question 'Who did you think the NHSGGC Library Network was for?' is revealed)

Q. Who did you think the NHSGGC Library Network was for?

_____

_____

_____

Q. How often do you use the following libraries?

	Never	Rarely	Occasionally	Often	Very Often
Beatson West of Scotland Cancer Centre Library					
Gartnavel General Hospital Library					
Glasgow Royal Infirmary Library					
James Bridie Library at The New Victoria Hospital					
Maria Henderson Library at Gartnavel Royal Hospital					
Robert Lamb Library at Inverclyde Royal Hospital					
Royal Alexandra Hospital Library					
The Library at Queen Elizabeth University Hospital					
The New Stobhill Hospital library					

Q. How often do you use the following services/resources offered by the Library Network?

	Never	Occasionally	Often	Very Often	Did not know of this service
Non-fiction collection (e.g. medical books, management books)					
Fiction collection					
Study space					
Computers					
Having items delivered from elsewhere in NHS Scotland					
Having items delivered from outside of NHS Scotland (Inter Library Loans service)					
Literature Search service					
Literature Analysis service					
Training sessions (e.g. Literature Search training, Critical Appraisal Training, Copyright Training, etc.)					

Q. The Library Network also offers a number of online resources. How often do you make use of the following?

	Never	Occasionally	Often	Very Often	Did not know of this service
Library search catalogue					
E-books					
E-journals					
Online databases					
Evidence summaries (such as guidelines and systematic reviews)					
Current awareness bulletins					
Learning and CPD resources					
Online communities/shared spaces					

Q. Thinking about the library that you primarily use, please read the following statements and choose the answer that best applies to you. If you rarely use or have never used a library, please leave out any questions that you feel do not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The library is a safe space					
I feel comfortable using the library					
The library is a comfortable space to work					
Good instructions for using the library's computers are available					
The library offers the materials I need					
I can always ask library staff if I don't know how to work a piece of equipment in the library					
The library staff are approachable					
The people who work at the desk are helpful					
I want to improve my research skills					
I enjoy learning new things about the library					
The library is an important part of my workplace					
I can't find enough space in the library to work					
I get confused trying to find my way around the library					
I don't know what to do next when the book I need is not on the shelf					
There is often no one available in the library to help me					
I feel like I am bothering the library staff if I ask a question					
The library staff don't have time to help me because they're always busy doing something else					
I'm embarrassed that I don't know how to use the library					
The library won't let me check out as many items as I need					
I don't understand the library's overdue fines					
I don't know what resources are available in the library					

Q. If you would like to elaborate on any of the above, please use this space to do so

Q. Can you think of any reason(s) why you do not/would not use the library service, or anything that prevents you from using it more than you already do?

Q. Is there anything that would make you want to start using the library service, or to use it more than you already do?

Q. Thank you for completing the survey. Would you be interested in participating in a follow-up interview regarding the answers you have provided here?

- ⬭ Yes (if selected, space to leave email is revealed)
- ⬭ No

Thank you for your interest. Please leave your email address in the box below and I will get in touch with you.

Email:

Thank you very much for participating! If you are interested in finding out about the results of this study, please get in touch with me after August 2019 at: Elizabeth.Carney.2018@uni.strath.ac.uk

Appendix B: Original LAS

The following is the original Library Anxiety Scale which was developed by Sharon, L. Bostick in 1992, referenced here from Onwuegbuzie, Jiao and Bostick (2004, pp.311-312). An adapted version of this appeared in the questionnaire for this study.

1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree

1. I'm embarrassed that I don't know how to use the library.
2. A lot of the university is confusing to me.
3. The librarians are unapproachable.
4. The reference librarians are unhelpful.
5. The librarians don't have time to help me because they're always on the telephone.
6. I can't get help in the library at the times I need it.
7. Library clerks don't have time to help me.
8. The reference librarians don't have time to help me because they're always busy doing something else.
9. I am unsure about how to begin my research.
10. I get confused trying to find my way around the library.
11. I don't know what to do next when the book I need is not on the shelf.
12. The reference librarians are not approachable.
13. I enjoy learning new things about the library.
14. If I can't find a book on the shelf the library staff will help me.
15. There is often no one available in the library to help me.
16. I feel comfortable using the library.
17. I feel like I am bothering the reference librarian if I ask a question.
18. I feel safe in the library.
19. I feel comfortable in the library.
20. The reference librarians are unfriendly.
21. I can always ask a librarian if I don't know how to work a piece of equipment in the library.
22. The library is a comfortable place to study.
23. The library never has the materials I need.
24. The library is a comfortable place to study.
25. There is too much crime in the library.
26. The people who work at the circulation desk are helpful.
27. The library staff doesn't care about students.
28. The library is an important part of my school.
29. I want to learn to do my own research.
30. The copy machines are usually out of order.
31. I don't understand the library's overdue fines.
32. Good instructions for using the library's computers are available.
33. Librarians don't have time to help me.
34. The library's rules are too restrictive.
35. I don't feel physically safe in the library.
36. The computer printers are often out of paper.
37. The direction for using the computers are not clear.
38. I don't know what resources are available in the library.
39. The library staff doesn't listen to students.
40. The change machines are usually out of order.

41. The library is a safe place.
42. The library won't let me check out as many items as I need.
43. I can't find enough space in the library to study.

(Onwuegbuzie, Jiao and Bostick, 2004, pp.311-312).

Appendix C: Interview Guide

Introduction/warm up question

- Can you tell me a little more about your role here?
- Discuss how often they use the library service based on their survey response

Barrier questions (depending on which barrier (1-4) participant falls under)

1. Various psychological/library anxiety issues
- Are you interested in using the library more? If yes, what makes you hesitant to visit/make use of the services?
- You mentioned in your survey that X was an issue, could you talk a little more about that?
- For the statement about being embarrassed over not knowing how to use the library, you said that you agree with that – what about using the library are you unsure about? What would help you to feel more confident?
- Have you had much interaction with the library staff? If yes, how do you find interacting with staff? If no, would you feel comfortable approaching library staff for help if you needed it?
- Have you attended any training sessions on using the library? Is this something you would be interested in?
- Is there anything that the library network could do/offer that would make it easier for you to use the library service?
2. Lack of time
- You mentioned not having enough time is a barrier to your use of the library. Could you talk a little more about that?
- Would you like to use the library more? If yes, what services/resources in particular would you like to be able to make more use of?
- Do you make use of the online resources when you can't find time to visit the library physically? If no, why is this?
- Is lack of time the only reason you don't use the library more or are there other factors?
- Is there anything that the library network, or NHSGGC, could do/offer that would make it easier for you to use the library service?
3. Various access issues
- You mentioned in your survey response that you found it hard to access the library and that in particular X was an issue, can you talk a little more about that?
- Would you like to use the library more?
- Are there any resources/services in particular that would be useful to you if X didn't make it hard for you to visit?
- Do you make use of the online resources when you find accessing the physical space hard?
- Is this the only issue you face that makes it hard to use the library? If no, what else?
- Is there anything that the library network could do/offer that would make it easier for you to use the library service?
4. Library Environment
- You mentioned that the library environment is sometimes not the most easy to work in, and in particular you have found that X can be an issue. Can you talk a little more about that?

- Does this influence how much you visit the library?
- Is there anything that you can think of that would make the library a more comfortable/inviting space?
- Is there anything else which influences your decision to use or not use the library?

5. Poor knowledge of the service

- Did you know about the libraries different services before you took the survey?
- You mentioned that you do not use the library because you aren't sure what resources are available/you aren't sure what resources it would have that would be relevant to you. What sort of services/resources would you like to see from the library?
- Would you use the library if you knew that it offered these services/resources?
- How do you think the library network could best inform NHSGGC staff about what it offers? What sort of promotion would you engage with?
- Have you ever had a library induction session? If no, was this offered to you? If this was an option, do you think it would be a useful way to introduce people to the library?

Closing questions

- If you could re-design the library service to better meet your needs, what changes would you make?
- Are there any services or resources you would like to see the library provide in the future?
- Any final comments or anything to add?

Appendix D: Questionnaire PIS

Participant Information Sheet for NHSGGC Staff

My name is Elizabeth Carney and I am a postgraduate student from the University of Strathclyde, working towards an MSc in Information and Library Studies. You are being invited to take part in a research study that I am conducting as part of this course. Please read this information sheet before deciding if you want to take part.

What is the purpose of this research?
The purpose of this research is to explore the attitudes of NHSGGC staff towards the Library Network, and to consider how library services are being utilised. This will allow for better understanding of staff and their needs, and could inform the services provided by the Library Network.

Do you have to take part?
Your participation in this research is entirely voluntary. Even if you consent to taking part, you do not have to answer any question that you do not want to. You may stop the survey at any time without giving a reason and without consequence. You can also amend your answers up until the survey closes by clicking the emailed survey link. The survey will be open throughout June 2019.

What will your participation involve?
If you decide to take part, your involvement will include participation in an online survey that should take no more than 10 minutes to complete.

Why have you been invited to take part?
You are being invited to participate because you are an adult who works within NHSGGC.

What information is being collected in the project?
You will be asked to answer questions about your views towards and use of the NHSGGC Library Network. The survey is anonymous. You will not be identifiable from your answers unless you are interested in participating in a follow-up interview, in which case you will be asked to leave your email address. However, this is voluntary. If you do leave your email, your name will not be used in the analysis stage or appear in the final report. You may also request to have this personal information removed, even after you have completed the survey.

Who will have access to the information?
Myself, my supervisor, and NHSGGC Library Network Staff will be able to access survey responses.

Where will the information be stored and how long will it be kept for?
Your answers will be stored on the secure Webropol server, which is the survey tool being utilised. This is password protected. The information will be retained until November 2019, when the project is complete, after which it will be securely deleted from the server.

Thank you for reading this information sheet. If you would like more information before deciding whether you want to participate, please contact me. Please also read our Privacy Notice for Research Participants.

You may contact me at Elizabeth.Carney.2018@uni.strath.ac.uk. The supervisor of this project is Professor Ian Ruthven, who you can contact at Ian.Ruthven@strath.ac.uk.

Ethical approval for this research was obtained from the Computer and Information Sciences Departmental Ethics Committee. If you have any questions or concerns, during or after the research, or wish to contact an independent person to whom questions may be directed or from whom further information may be sought, please contact:

Secretary to the Departmental Ethics Committee
Department of Computer and Information Sciences
Livingstone Tower
Richmond Street
Glasgow
G1 1XH
Email: ethics@cis.strath.ac.uk

If you would like to participate, please sign the consent from below and proceed to the survey.

Appendix E: Interview PIS

Participant Information Sheet for NHSGGC Staff

Name of department: Computer and Information Science
Degree: MSc Information and Library Studies

My name is Elizabeth Carney and I am a postgraduate student at the University of Strathclyde, working towards an MSc in Information and Library Studies. You are being invited to take part in a research study that I am conducting as part of this course. Before you decide if you would like to participate, please read the following information and feel free to ask me if there is anything that is unclear.

What is the purpose of this research?
The purpose of this research is to explore the attitudes of NHSGGC staff towards the Library Network, and to consider how library services are being utilised. This will allow for better understanding of staff and their needs, and could inform the services provided by the Library Network.

Why have you been invited to take part?
You are being invited take part in the interview phase of this study because you indicated in a prior survey conducted as part of this research that would be interested in participating in a follow-up interview.

Do you have to take part?
Your participation in this research is entirely voluntary. Even if you consent to taking part, you do not have to answer any question that you do not want to. You may stop the interview at any time without giving a reason and without judgement or consequence. In the event of withdrawal, any answers you have provided up to that point will not be utilised in the study.

What will your participation involve?
If you decide to take part, your involvement will include participation in a one-to-one interview that should last around 30-45 minutes. You will be asked to answer questions regarding the responses you gave in the survey you completed. Interviews will take place in June and July of 2019 and will be based in a location convenient to you. With your consent, the interview will also be recorded on my laptop.

What information is being collected in the project?
Information is being collected on your use of and experiences with the NHSGGC library network. To ensure confidentiality, you will be assigned a pseudonym. The interview recording and a transcription of it will be saved under this name, so that your real name is not associated with the answers you provide. You will be referred to by your pseudonym in any quotes from your interview that appear in the final report. You will not be asked to provide any personal information.

Who will have access to the information?
Myself and my supervisor will have access to your interview transcripts. Anonymised quotes may appear in the final report resulting from the study.

How will the data be stored and how will it be disposed of?
The anonymised transcript and recording of your interview will be stored on my password protected laptop. They will be retained here until November 2019, when the project is fully complete and a final grade has been confirmed. After this, they will be securely deleted from my laptop, including removal from the recycle bin.

What happens next?
Thank you for reading this information sheet. If you would like more information before deciding whether you want to participate, please contact me. Please also read our Privacy Notice for Research Participants.

If you would like to participate, please let me know by email and we can arrange a suitable date and place for the interview. If you do not want to participate, I would like to thank you for your time, and for completing the previous survey. If you are interested in finding out about the final results of this study, please get in touch with me after August 2019 and I will be happy to share this with you.

You can contact me at Elizabeth.Carney.2018@uni.strath.ac.uk. The supervisor of this project is Professor Ian Ruthven, who you can contact at Ian.Ruthven@strath.ac.uk.

Ethical approval for this research was obtained from the Computer and Information Sciences Departmental Ethics Committee. If you have any questions or concerns, during or after the research, or wish to contact an independent person to whom questions may be directed or from whom further information may be sought, please contact:

Secretary to the Departmental Ethics Committee
Department of Computer and Information Sciences
Livingstone Tower
Richmond Street
Glasgow
G1 1XH
Email: ethics@cis.strath.ac.uk

Appendix F: Questionnaire Consent Form

Participant Consent Form

- I have read and understood the Participant Information Sheet and the researcher has answered any queries to my satisfaction.

- I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used (i.e. how it will be stored and for how long).

- I understand that my participation is voluntary, that I do not have to answer any question I do not want to, and that I am free to withdraw from the survey at any time.

- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes my email address if I choose to provide it.

- I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the study.

- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.

Please select below to confirm that you consent, and then proceed to the survey on the next page.

 I consent to being a participant in this research

Appendix G: Interview Consent Form

Consent Form for NHSGGC Staff

Name of department: Computer and Information Science
Degree: MSc Information and Library Studies

- I have read and understood the Participant Information Sheet and the researcher has answered any queries to my satisfaction.
- I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used (i.e. how it will be stored and for how long).
- I understand that my participation is voluntary, that I do not have to answer any question I do not want to, and that I am free to stop the interview at any time without consequence and without giving a reason.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the audio recording of the interview if I consent to being recorded.
- I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I understand how data resulting from the interview will be stored, how long for, and how it will be disposed of.
- I consent to being a participant in the project.
- I consent to being audio recorded as part of the project: Yes/No (please delete as appropriate).

Participant Name:
Participant signature:
Date: