CHAPTER: 5

THE SURVEY & ITS ANALYSIS
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05. 1 Introduction:
The personal visits and interviews with librarians, deans, principals heads of the clinical departments, and postgraduate students in medical colleges and some allied health sciences has assisted to the greater extent to evaluate the extent of importance of libraries and their services in biomedical and health education, research and patient care. The personal visits and friendly approach added the effective touch in obtaining critical information for the research.

This methodology was supplemented by telephonic and personal reminders to all libraries and librarians. The personal visits were undertaken to gather data.

The data collected was computer analyzed using "Lotus" version 2.2 and "Quattropro" version 4 software.

05. 3 Findings of the Study:
It becomes essential that the State develops a very strong and working network of libraries in the health and biomedical sciences to augment collection development.

Another aspect that forces a development of this facility is the fact that neither the NML, New Delhi is capable of handling the diversified requirements of the nation's libraries or the WHO Library which has been providing some
sort of library services can come to the aid of several health sciences libraries and the health professionals of the state.

05. 3. 1 Collection

The present survey indicates the total number of unique title in the state libraries is 226 biomedical periodicals in 18 medical and postgraduate institutions.

Thirteen institutions offer postgraduate courses leading to MD, MS and diplomas in medical specialties; and only six impart graduate education.

For periodical subscriptions a sum of Rs.96,910 is spent which enables medical college libraries to acquire 147 titles including between 50-60 Indian periodicals. In 1979 this average was 212 titles. The subscription to International periodicals is the one which is lacking. The periodical subscription of 375 titles is the highest; and 0-5 are the lowest. The 39 medical school libraries in India had a collection of 664,054 volumes in 1972 [297] which increased to 968,762 volumes in 1979 [290]. The health sciences libraries have a collection of 7,359 volumes; medical college libraries have an average of 14,224 volumes compared to 17,734 in 1979. The highest number of volumes in a medical college library is 27,715 and the lowest is 200. In 1979 collection of medical college libraries was 141, 876 volumes.
Subscription to periodicals is ordered directly with the publishers by twelve libraries; with Agency and the Publishers by ten libraries; and fifteen libraries use only Indian agents.

05. 3. 2 Budget:

The State medical college libraries spent on an average a sum of $6,750 in 1972 and Rs.1,69,800 in 1979 [290, 297]. The medical college libraries now spend a sum of Rs.339,667 on an average for books. It is noted that the budget has been increased in medical college libraries as compared to 1972 and 1979. This increase in budget is not in proportion to the inflation in cost biomedical books. The collection during recent years has dropped considerably as can be seen in Fig. 24.

05. 3. 3 Staff:

The professional staff in medical college libraries is 2.1 professional; and other staff is 8.1 compared to 1.4 professional and 11 others in 1979. The professional experience of the librarians ranged between 2-30 years on an average of 11.9 years. One college library has the highest number of professional staff- 8 and 7 others; another library has 2 professionals and 20 other staff making a total of 22 staff which is extremely high. Three medical colleges do not have professionally qualified staff. At one medical college
COLLECTION IN HEALTH SCIENCES LIBRARIES OF KARNATAKA DURING 1972, 1979 AND 1989

16
14
12
10
8
6
4
2
0

1972 1979 1989

11453 14246 7359

READING MATERIALS

Fig. 24
which is established in 1956 and imparting both graduate and postgraduate educational programs, the library is still being managed by non-professionals.

05. 3. 4 Library Buildings:

Of the 24 major libraries of medical, nursing and dental colleges, five have independent library buildings; and 19 have attached buildings. Of these 12 or 50% are said to be unsuitable. The average floor area of these libraries is 10451 sq.ft; seating for reading is provided for 147 users in libraries. The stack area in libraries is 1662 sq.ft on average.

05. 3. 5 Services:

It is rather strange to note that only 27 of the 41 libraries or 66% surveyed have records of their periodical holdings. Only nine of these libraries have Regional Catalog of Periodicals available with them. None of the state libraries have any computer usage.

MEDLINE use is made only by five of the 41 libraries utilizing the off-line searches from either the National Medical Library, the World Health Organization, NISSAT or other sources. User education is offered only by 50% of these libraries; and in-service staff training is offered by sixteen libraries. Use of indexes is being made in fifteen of the surveyed libraries.
05. 3. 5. 1 Interlibrary Loans:

Twenty-one of these libraries involves themselves with local Interlibrary loan cooperation; and only 2 have regional cooperation.

05. 3. 5. 2 Users:

The total users in these libraries is nearly ten thousand - 9,927 and daily users in all libraries average 5,895. On an average 482 users utilize libraries; as compared to 556 users in medical college libraries. Only eleven offer SDI services; fifteen have some kind of photocopying facilities in libraries.

05. 3. 5. 3 Continuing Education/In-service Training:

Thirty four librarians consider CE as essential and would like to have training; seven do not agree that CE does give them advantage in their day to day work in libraries and feel that it is sheer waste of time and money. What does the CE accomplish for them ? There will not be any rewards - financial etc. even if they take courses to up date their professional techniques.

05. 3. 5. 4 Lending Services:

Only sixteen libraries allow borrowing of library materials; and twenty-five libraries do not allow borrowing-their collection is for reference and these libraries work as reference centers. However, 35 of these do issue materials for
circulation. Twenty-five libraries have Library Committee other do not have.

05. 3. 5. 5 Technical Processing:

Thirty libraries have classified their holdings. Only twenty-eight have cataloged their collection; of which twenty-one have Dictionary Catalog and eighteen have Classified. The card catalog is maintained by twenty-seven; Ledger form by three; and book form by 1 library.

05. 3. 5. 6 The Network:

Of the libraries surveyed, only 27 feel that Network will definitely assist and help them augment their collection and services; the remaining fourteen which are mostly allied health sciences libraries especially offering Indian systems of medicine do feel that since these are extremely sub-specialized libraries and are unique ones, there is little chance that a network of health sciences libraries in the State could help these.

Twenty-nine libraries show interest in participation in the State-wide Health Sciences Library Network which includes the two of the 14 Indian medicine libraries that do not agree with the establishment of the State Network.
05. 3. 5. 7  Interviews:
05. 3. 5. 7. 1  Librarians:

The interviews with librarians in person helped find out the types of service or tasks they perform daily as professionals. While different opinions were obtained, all felt that they are professionals trained to carry out the organization and administration of health sciences libraries. It was the opinion of all the librarians that a special training in the management of health sciences libraries is required for anyone to work in these special libraries. All felt that the job requires good working condition and environment. They felt that manual, mental, professional and interpersonal skills are needed to become a health sciences librarian.

The special requirements on the job were travel, isolation and long working hours. Work performed by most librarians was administrative-management and collection development. Though they had no important part to play in the collection development of their libraries, they felt that the collection development is a skilled task and should be left to the professional librarians.

Their responsibilities included budgeting and planning of services. The selection of reading materials is up to the
department heads, head of the institution and the library committee.

Most are engaged in issue and receipt of books with no importance given to the service aspect which is the soul of a special library operation. Only a handful have any kind or special training of one month duration from the National Medical Library, New Delhi.

The overall impression gathered from the interviews was discouraging and showed lack of grave interest in working of these professionals. All felt that their services are not recognized and that they lack encouragements from the management and other health professionals in their organization. Their main concern was that their pay scale is not par with teachers in the organization even though the UGC has accorded approval and issued instructions with the Universities to adopt the recommendations to treat librarians par with lecturers.

The librarians of medical, health and postgraduate institutions were personally interviewed to find out if job descriptions were in practice at their libraries. No one had any sort of written job descriptions on which the responsibilities were given for staff. Only one among them did feel that job descriptions are extremely important in performing day to day task in a library and was willing to put
efforts in the establishment and maintenance of these important records. The librarians informed they do not know what are these records. When explained, most agreed that it would be useful to have a written set of job or position descriptions delineating responsibilities for each type of personnel in a library that may help reason and advocate any change in salary scales.

The librarians were asked to record suggestions to see their libraries progress, which will lead to exulting and fruititious future in careers and their status changed. Every one offered an opinion that because they are not treated equally important as members of a health care team and that their status is lower than expected, they have not been able to do the job they are trained to perform. The blame must be directed to the management and the government which has so far neglected the existence of this group of professionals who will otherwise play very important role in education of health professionals in the state.

All suggested that their designation of "librarian" should be changed to "information officer or information scientist" since their task is to provide information to specialists from several sources—books, periodicals, reports, etc.
All felt that they should work directly under the responsibility of the head of the institution instead of reporting to a Officer In Charge who is none but a senior teacher with no formal training in library field.

Each one definitely has a conclusive view that the minimum qualification to hold a position of librarian at a health care institution should be "masters degree" in library science with some specialization in the health sciences librarianship and must have working knowledge and experience in a health sciences library.

No libraries have any written policies and procedures on hand.

05. 3. 5. 7. 2 The Principals and Deans:

These administrators offered some constructive comments as to what they want to see in libraries. They want to see that the libraries which have so far been only repositories of books, should market their services and create an atmosphere where the health professionals are compelled to visit and take refuge. They want the libraries to put all their resources to the only goal of provision of selective health information which is highly reliable, timely and qualitative.

Some showed their annoyance to the working of libraries and librarians. Their questions ranged from "Why could not our libraries provide the same type of services that their counter
parts in US provide?". They are well aware of the budgetary cuts. But are of the opinion that the library should serve with available resources. Even if the collection is limited, funds not adequate, professionals are discouraged to visit libraries, what a library offers should not change a bit. Only after librarians' passive to active role takes place, would the libraries start playing the role that is their domain.

They felt that they want to help libraries get bigger budget. But they can not justify their requests on the grounds that nothing will happen. Services pattern will not change and the libraries will continue to work in their old style. They therefore feel that it is the first move of the librarians and their libraries that will play extremely important role and will dictate terms as to what the library should be.

05. 3. 5. 7. 3 The Clinical Heads:

These professionals are the heaviest users of libraries since they are engaged both in teaching, research and practice. They have with them a strong team of health professionals as students, colleagues and researchers who needs information for day to day work.

Their attitude towards libraries is similar to the one shared by the Principals with one difference that the current states of affairs in the state libraries is because no encouragement has been shown by the managements for the
development of libraries. Once a good collection available, which is possible with the huge financial resources and assistance, then the health professionals find it attractive to visit the libraries. They say that simple services such as obtaining an article from the local libraries is complicated by the attitude of the librarians further aggravated by the policies and procedures of individual libraries. When such is the case, it is extremely difficult to set right the fault in the working of these learned institutions. However difficult it might be, an effort towards the improvements of libraries and services provided is essential in the State.

05. 3. 5. 7. 4 The Postgraduate Students:

Truthfully this is the hardest hit group of users who are deprived of the library services that are crucial for their postgraduate studies and research. They find their libraries without current periodicals and books. Practically they have to make great effort in locating even a reference or citation dealing in the subject area of their study. Even if they find a few references that are essentially important to their studies, the policies of libraries and the attitude of library staff make it further difficult to obtain the copies of articles from outside sources.

They therefore feel that they try to utilize services of local libraries and when they do not find what they require
they just avoid further research and efforts to find articles. They try to manage with only what they have in hand.

Their suggestions ranged from complete overall of libraries, services, management must make libraries meet the educational demands of the institution. Availability of a library just to satisfy the requirement is sheer waste of time and huge resources. A handful went so far as to say that it is rather possible for them to travel miles to find out what they require and therefore they would be happy to have at least one library with all possible materials on which to depend on even this meant not having their own library.

05. 3. 5. 7. 5 The Health Care Administrators:

This group was so bitter about the entire system of medical education, research and the role of libraries, that they never use libraries though they would love to visit once a while. Their duties require them to operate and manage hospitals they best know how without latest scientific and technological advances. They blame the administrative mechanisms for the current state of both education and libraries.

All of the above group very strongly favors an establishment of a network of health sciences libraries which at least brings collection of other libraries closer to each
users. They felt that this should have been done long ago as Karnataka is a developing and progressive state.

Most of the above user groups have visited the developed nations and have experienced what a library of today looks and works like with latest books, periodical issues, audiovisuals and improved services that match the demands. All of these users hoped that in a very near future some miracle takes place and the entire medical education mechanism including the libraries will change. The libraries will be able to tell each user "You asked it; We got it" which means having a mechanism or a system that may satisfy all most all the information needs of all users.

They blame both the management and the librarians for the current service patterns in libraries.

05. 4 Summary of the Findings of Survey & Interviews:

The results of the finding of the survey and interviews can be summarized as under:

05. 4. 1 That the practice of medicine as perceived today essentially required an up to-date and well established biomedical library with all materials of possible use.

05. 4. 2 That the health sciences libraries in general and medical college libraries in particular, are in awesome conditions in the state.
05. 4. 3 The collection in these libraries is old, unusable and do not meet any users demands.

05. 4. 4 The financial assistance to libraries is lacking. The budget provided will not be able to acquire a handful of latest books and bare minimum subscriptions. It has however helped libraries to acquire books and periodicals published in India.

05. 4. 5 That the services provided are lending of books and keeping an eye on the collection of library. The services do not match the requirements that special library dictates.

05. 4. 6 The users are not persistent in their demands because their demands are not heard. They are utilizing whatever services that are available. It is, they say, better to have some kind of library than not to have it at all.

05. 4. 7 The Libraries do not share materials among one another.

05. 4. 8 A few of these have commenced sharing of materials among one another on a very limited basis. The policies and procedures of the institution do not permit such cooperative efforts.
Most of the libraries have 8-10 month back issues of current periodicals on their shelves. The reasons ranged from selecting a faulty subscription agency to the delays in payment of subscriptions for current periodicals.

None of the libraries provide SDI, bibliographic, and On-Line services. The reference services are limited to direct or one-step questions, which are provided by semi- or non-professionals at the counter.

Practically no library offers user education programs in the proper use of biomedical literature. Some librarians are not themselves aware of the use of specialized indexes—such as Index Medicus and MeSH [Medical Subject Headings], Excerpta Medica to teach to others.

Some libraries are in maldorous condition and when seen personally, give impressions that these are beyond repair or that anything could be done to correct the deficiencies. Some of these are medical college libraries which impart postgraduate instructions and one wonders how the postgraduate students acquire
information needed for their research and study.

05. 4. 13 The librarians have "Who Cares" attitude, and feel that they have done all they could do to impress upon the management to provide funds and backing necessary to improve library services but have lost the battle.

05. 4. 14 There is no motivation among the librarians. They even sit inside the libraries in place where they have no direct contact with users. They have left the daily management of libraries to the semi professionals put in charge of the Counter.

05. 4. 15 Only on special occasions they do come out to find out if one of their friends is in need of any thing.

05. 4. 16 They lack education and training in this specialized field and have not even tried to acquire. They feel it is waste of their time and they have no funds for such courses, as the organization will not pay for it. They are happy as they are. Coming in the morning and going after the working hours, even
if meant doing nothing.

05. 4. 17 There are a handful who do serve their users with resources from within the library and sources outside through local, regional and national cooperative arrangements.

05. 4. 18 Their users are happy but not satisfied. They need more of every thing- collection- books, periodicals, and audiovisuals etc., improved services, latest information retrieval technologies- such as MEDLINE and other useful On-Line services. They need more periodicals subscribed in specialities.

05. 4. 19 They want to see overhauling of all aspect of present libraries in the State.

05. 4. 20 There are no strict procedures and policies in libraries.

05. 4. 21 No library has any job descriptions for positions and as a result of this, there is a overlap of authority and tasks. No one can be held responsible for a specific task in libraries.

05. 4. 22 Practically no one evaluates library services and users' satisfaction.

05. 4. 23 Collection development within the potful of
budget is a "End of the Year" affair. Supplies of Books ordered are never received in totality. Only about 50% books ordered are received as the system of purchase is defective and needs to be corrected.

05. 4. 24 No librarians have been given independent charge of libraries. An Officer In Charge is posted to supervise the working of library and library staff who is not aware of modern biomedical library requirements.

05. 4. 25 What the libraries require is a mechanism that would be helpful to see that these are functioning to the highest professional standards and that these are truly the information, retrieval, dissemination and delivery stations.

05. 4. 26 The librarians are satisfied with what they are doing. They say, they are ready to do more, if there is appreciation and financial rewards. This attitude has resulted in the conflict with the management and as a result the progress in libraries is at stand still.

05. 4. 27 The allied health sciences libraries—
especially those of Indian Systems of Medicine are the worst kind. Neither there is a librarian nor collection there is appropriate. Hardly there may be couple of hundred books—very old. The teachers are teaching and students are learning, the old methodologies.

Visits have convinced that if an enquiry is conducted in the working of all health sciences libraries in the state on an impartial basis, more than 70% of colleges will have to be shut down because of non-availability of a sound up-to-date library with professional staff with basic minimum requirements that will assist in the teaching programs in biomedical and health education programs.

Having investigated the critical deficiencies in libraries, one wonders, if any time in future, the state would have the health sciences libraries that are functioning in true sense and serving the frontline clinicians to take care of their patients and the medical educators to impart scientific basis of medicine and health care.

The solution to this burning problems is in the establishment of library network for the health sciences
libraries in the state which are essence of today's libraries and information centers.