

AUSTRALASIAN HEALTH LIBRARIES RESPONSES TO THE COVID-19 PANDEMIC: HLA Survey Results

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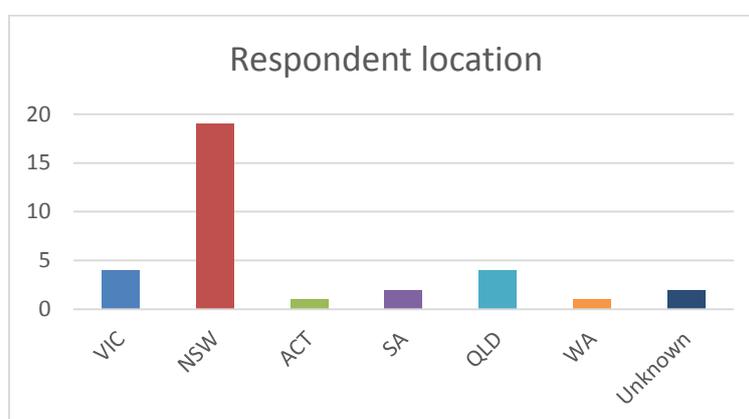
Introduction

In May 2020, the Australasian health library community was invited to participate in a short survey to gather information on the ways that libraries have responded to COVID-19. The following is a summary of those responses. If you haven't participated yet, but would like to, please contact the JoHILA editor at hlanewsed@alia.org.au. The survey had received 33 responses at the time of writing: 16 in May through our first weblink invitation and 17 in early June after the second invitation, with collection dates ranging from 8th May to 3rd June. At this time, COVID-19 restrictions (social distancing) had been in place for approximately 6 to 10 weeks so libraries had some opportunity to make changes, adapt and make early reflections (Ting & Palmer, 2020).

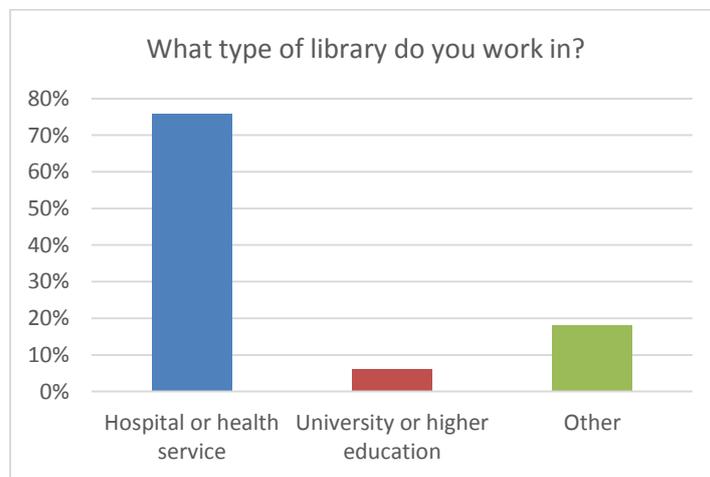
Responses

1. Demographics

We asked respondents for contact information to verify eligibility and to enable follow up conversations if consent was obtained. 31 respondents provided their location; the vast majority were from NSW:

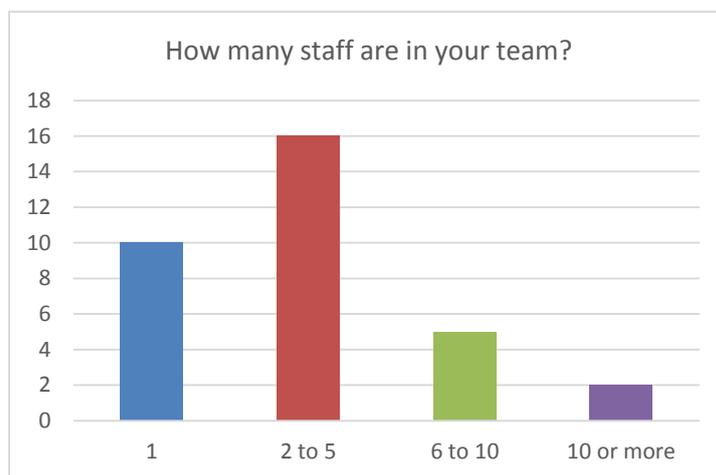


- Health libraries in the Australasian region are found mainly in either hospital/health service or academic settings, as well as several other affiliated areas. We asked respondents to specify their type of workplace.



Those who selected 'other' represented libraries identifying as a training institute, special (science and medicine), district/community nursing, allied health professional association, and special (government).

- Respondents were asked to specify the size of their team. One third of respondents indicated that they are solo workers, with a small minority being part of teams with more than 6 staff.



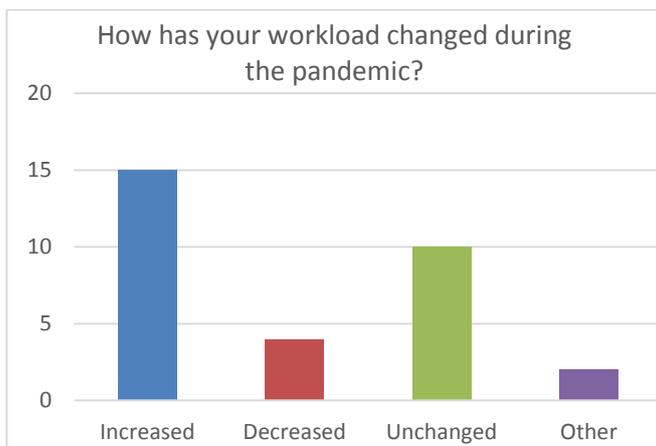
- Perhaps one of the most concerning issues for librarians, as well as the community at large, was the possibility of job losses, or job changes, especially during the early days of the pandemic (Karp, 2020). Question 4 aimed to ascertain the rate of redeployment, as one of the more likely

changes to affect hospital-based librarians. Four, or 12% of respondents indicated that they had been redeployed into areas including:

- Creating e-learning modules,
- Driving patients (work normally undertaken by a volunteer), and
- Different departments for COVID specific work including document control and safety and compliance audits.

“Library Manager was redeployed to the Emergency Department to set up a PPE safety and compliance audit and audited clinicians working in the ED for a period of 4 weeks. Another librarian has been redeployed to Health Information Services to data entry patient details from the COVID-19 pop up testing clinics into PAS as well as merge patients' EMRs. This redeployment is likely to be for 3-4 months.”

5. Respondents were asked to describe, in free text, how their workload had changed as a result of the pandemic. 32 of 33 respondents answered this question. They have been grouped thematically below.



“We have broken up into two teams with each team at work on different days; a few have been working from home.”

There was a tendency for workload to increase in the majority of cases, with a smaller but substantial number experiencing little change, beyond perhaps a closure of doors or working from home.

Many libraries reported an increase in literature requests (14) and working from home (6). A relatively smaller number noted an increase in demand for:

- interlibrary loan (3),
- physical space (2), and
- support with technology (7).

Other reported changes include:

- reduced face-to-face contact
- Rescheduled training (or moving it online)
- Establishing new processes for online meetings
- Managing individual staff needs for altered tasks for working offsite
- Temporary restructuring of jobs and teams to facilitate working from home, changes to work hours and responsibilities.

“Workload was very intense during the ramp-up response phase, with plenty of 1-12 hour days worked. Lots of literature searching and article supply, lots of IT support and education for hospital staff adapting to working from home arrangements, lots of support for new taskforces and roles created, lots of support for virtual and hybrid meetings, lots of support for publishing case-studies drawn from the local response, lots of demand for usual services as many staff had ironically reduced clinical workload so were pursuing dormant research and education projects. Highlights from the peak response included conducting some 30 covid-19 specific searches, sourcing an urgent translation for a German journal article on covid-19 in the ICU, and helping coordinate the live visit of the Queensland health minister and chief health officer.”

6. We asked respondents to describe any tools, techniques or strategies they employed to support staff working online or offsite, from electronic solutions to stress and emotional support. 29 of 33 respondents answered this question.

Five respondents declared the question either not applicable in their situation or no changes were made. Broad themes emerged in the remainder of responses:

- Remote working support through the use of online tools such as MS Teams, Skype, Slack, Zoom, VPN access, laptops, monitors and keyboards for home, Pexip, Padlet, email and phone calls.
- Flexibility in work arrangements i.e. A mixture of working from home and physical attendance at the workplace to suit staff individual needs.
- Encouragement to be open with frustrations to facilitate conflict reduction.
- Management regularly contacting staff by phone.
- Regular virtual social catchups.
- Funny daily emails and a dedicated Facebook group.
- Social and/or physical distancing policies at work.
- Sharing of private mobile numbers to facilitate better offsite communication.

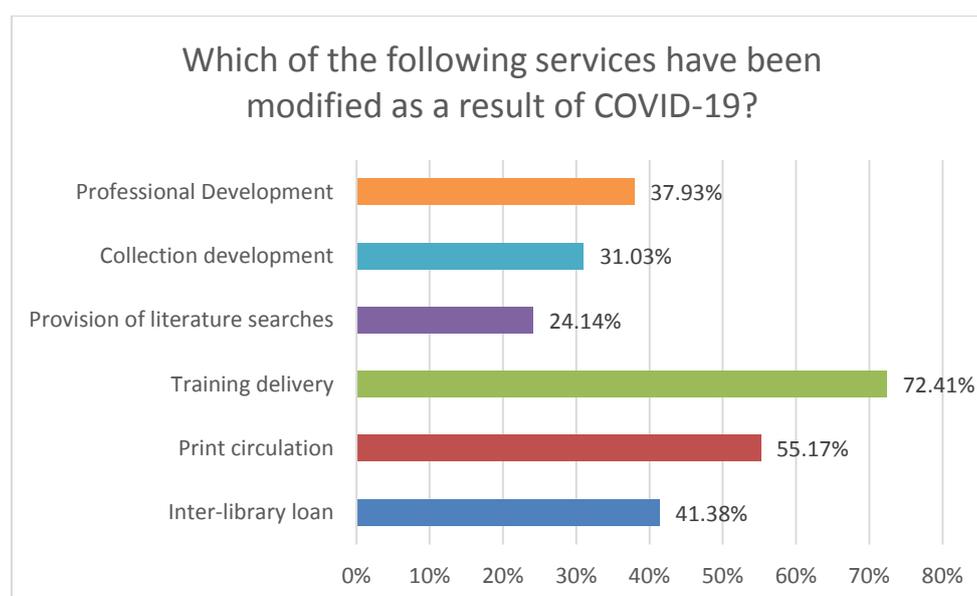
“All of my team are working at home. Staff are using a variety of **online tools** to carry out their work including Zoom, Slack and Padlet. Our team have a **daily catch-up** on Zoom where we can join each other for a **cup of tea/coffee and a chat** and this has been well-received. Slack has been used **for casual conversation** and a way to greet each other at the start and end of day. The HABS/MED Faculty Liaison Team was a distributed team when at work and many staff have commented that they feel more connected than ever. As Manager, I have also **regularly phoned staff** individually to check in with them.”

The range of responses, although varied, suggested a general trend for all workplaces to offer new or continue ways of working online or remotely. Some libraries chose to close their doors to clients to manage infection control while others increased the use of disinfecting procedures at work while remaining open.

A hospital based library was able to access counsellors and support for mental health through online meditation courses. Several others used more informal methods of team support such as hosting of online virtual morning tea or lunch catchups.

One library recorded its highest ever productivity levels, perhaps assisted by already operating in a mostly paperless way.

7. We anticipated some changes to services to occur during this period and asked which of a range of areas had seen a change, with an opportunity to comment on what those changes looked like.



Comments on each theme were as follows:

Print circulation

- Due to uncertainty of lockdown impact on staffing, initially extended all due dates on current and new loans to end May. This has now returned to the normal 4 week period.
- Services already designed to encompass remote users, so only small changes required. Circulation is self-help all the time.

- Initially renewed all physical loans to 22 May (2 months instead of one) simply precautionary, not knowing if total lockdown was imminent. Will be returning to normal loan period from mid-May
- Print items are not for loan (Library closed), therefore only electronic ILL's are possible.
- Returned items were quarantined for 24h before re-shelving.

Delivery of training

- The delivery of small group training was temporarily suspended. Efforts to provide online training was not explored due to technical issues and time constraints. Assistance and support to individual clients still took place.
- Training limited to remote meetings or extensive emails full of screenshots!
- Delivery of face to face training has been significantly reduced. Group sizes have been reduced to a maximum of 4 people. Scheduling has had to be determined by the availability of appropriate room and equipment. We have been unable to change to remote training due to lack of appropriate equipment, although that has recently improved. Training and research support demand has stayed high as non-COVID staff have had more time available due to a reduction in general patient numbers/admissions

Collection development

- With regards to collection development, additional eBook titles and packages were examined and trialled.
- As a result of the freeze on ILLs, we are purchasing almost all book requests we receive.
- More CM achieved at work, as set as a priority for the time spent there.

Inter-library Loan

- I initially suspended us from GratisNet and LADD but reinstated us with a caveat that supply times might be longer than normal.
- Because other libraries are not offering inter-library loans, we have followed suit, but we are quite happy to lend.
- ILLs took longer than usual, as there wasn't always staff to deal with them asap, but we didn't stop them within our network. ILLs from university partners were not available

General service

- Other services to library clients were continued but again, with a warning that turnaround times might be longer than usual.

Literature searching

- Literature searches for hospital clients have continued as usual.
- Lit searches increased but continued as normal.

Professional Development

- No policies changed. More PD achieved from home.
- Several professional development opportunities for ourselves have been cancelled or postponed.
- I have been unable to attend some PD due to COVID-19

8. Our final question prompted respondents to think about and report on any particular challenges they had faced, as well as success stories and lessons learned. These are reported here in full:

My service has remained operational throughout COVID. Only difference is the provision of online training, but **still mostly face-to-face** interactions.

The library building is **closed to staff** - there are staff missing the quiet place to study. We are currently investigating when it will open.

I installed a **fixed hand sanitiser dispenser** on the entry point to the library. I removed the smaller bottles which were sitting on the desk and were close to empty. I bought 2 big tubs of detergent desk wipes so library users could wipe their desks. I moved a desk to the front of the library to space out the computers a bit more for

Many staff prefer in-person training and have requests to wait for restrictions to be relaxed to have training in person over virtual sessions. Sending interbranch requests directly to staff, particularly to those on the front line, has been well received.

Mail redirections have been tricky and a bit cumbersome. We've had to bring some **boxes of work home** to deal with acquisitions, cataloguing, legal deposit and ILL, but with **patience and tolerance** of inconvenience things have been working well.

We have been too busy **maintaining our current service**.

Webchat. Implemented it in our Intranet. **Live chat** which has been great.

Have learnt how to use **Skype and Zoom**

Collaborated with St Vincent's Melbourne to share a **COVID-19 journal alerting service**, a guide that lists selected articles regarding COVID-19 relevant to SVHA clinicians rather than create two separate lists for each public hospital. The Library developed an online reading list of references to support over 100 nurses currently undertaking online ICU and High Dependency Nursing Courses funded by the Commonwealth DoH. One significant challenge we encountered when attempting to fulfill interlibrary loan requests from staff was our **inability to obtain books from other libraries**. This was because many libraries were closed or that libraries were not prepared to lend their books due to possible contamination from COVID-19 either in transit or by other users.

Involved in organisation making online CPD items available to members via their website - standardisation of tags, procedures, locating clinically relevant Open Access CC BY items for inclusion. Redesigning library home page to be used as organisational site search facility with different experiences for logged in users as opposed to not logged in users. **As a result of COVID-19 the library is more firmly embedded in the day-to-day operations of the organisation**, whilst maintaining the normal member information based interactions.

Had to **call out bad behaviour** when **stress** gave rise to personal attacks on individuals sent to all staff via email. Talk to each staff member about **personal situation** and concerns and usually able to address. Managed to keep 4 of the 5 libraries open during the COVID emergency

Challenge: **WFH without NSW Health network access**

Solution: copy all folders and take them home for reference, or save certain tasks to prioritise when at work.

Challenge: only do work during work hours (not more or less!).

Solution: keep a record of where and when work conducted, and be flexible due to the nature of the situation (unlike a regular arrangement to WFH).

Challenge: when at work, **dealing with interruptions to work flows** (but missing the networking and serendipity that goes with having other staff around).

Solution: **WFH was much more productive for some tasks**, e.g. lit searches, article requests, report writing, online training. Deciding whether to WFH or not or which days to stay home, was based on the nature of the work needing to be done - I was **flexible**, while my assistant was at home all the time. Her work was changed to receive article requests from two other network libraries whose staff were either flexible or on extended leave. This ensured that there was no change to our usual response times, and that no-one across the LHD was without service, while keeping our assistant gainfully employed. All our usual **staff meetings were done remotely**, but then many of them are anyway due to the tyranny of distance and the widely distributed nature of our workforce. A major research conference scheduled for later in June will now take place as a monthly online meeting with the program distributed across the next few months, and with the usual awards, etc being presented at the end of the year. This may well result in more audience attendance than the physical 2-day conference would expect to see, as each meeting is 1 1/2 hours, no travel is involved, and attendance can be limited if necessary to sessions of particular interest.

We have managed to provide 90% of our regular services with only access to the physical space not allowed. **"Click and Collect"** has worked well with staff selecting from the catalogue or by phone and then collecting from the library.

We have for many years recorded the Medical Grand Rounds at our hospital and made them available on our website. During COVID the number of requests for recording meetings has increased as has the number of requests to have the presentations and other information made available on our library website. This involves extra time in editing etc. The number of literature searches and **systematic review requests has increased**. Partly directly COVID related and as a result of some clinical groups having extra spare time with far fewer COVID cases than expected.

All training implemented electronically and provided by Zoom. People still prefer one on one tutorials face-to-face so it has been a challenge **to ensure that computers and software work as it should**.

There have been challenges with **access to physical collections**. There has been healthy attendance to online training sessions and in some cases, more than would have attended a face-to-face session. There have been some success stories: A **Librarian contributed to an open access paper on COVID-19** that has been published in the BMJ (British Medical Journal). Librarians, particularly at our RBWH and Mater Hospital locations, have conducted literature searches for staff on various aspects of COVID-19. Hospital clients have requested this information for informing clinical practice, developing protocols or guidelines, to evaluate current services, design/redesign of future services, or for research or publication. Librarians have added COVID-19 / **coronavirus resources to the library guide** for hospital clients. The Clinical Librarian has developed regular COVID-19 current awareness newsletters with evidence based patient information links, and **basic active PubMed search string links for COVID-19** specific to teams. The team has learnt that our clients have been very receptive to online consultations and training. The team have also been using **more online tools to communicate** and this has been a great way to keep us in touch with others.

I feel like the library was regarded by the wider hospital as providing an important role during the peak initial response phase. We were considered a **trusted source of information** for very narrowly specific requests across a range of topics - everything from PPE options to risk/benefit of chest x-rays to infant epidemiology of Covid-19. The library also continued to provide access to computers and resources and space, ensuring staff did not have to crowd other clinical areas where space was a premium.

Challenges aplenty with **budget reductions up to 50%**. Being offsite rather than face to face has been harder to provide justification for maintaining funds to support services and resources

Delivering training remotely has been challenging as we have been **unable to source equipment** promptly. We are now able to do some, but still have problems due to **network glitches**.

Mediated access to the book collection. One training session delivered via Microsoft Teams. Success with using Microsoft Teams for the first time.

The library has had to implement social distancing which has meant some **computer stations have been closed** down. This has meant some staff members have been unable to utilise them when needed.

Good outcome has been the increase of assistance being sought from the library by the organisation itself (not just the members as was previously the case)

The main challenge has been trying to **replace print books with e-versions**, either temporary or permanent. We are about to implement a click and collect service for the print collection. Regarding systematic reviews and endnote support, this has been successfully done via **MS Teams**.

Lots of **IT challenges** which are hard to test from home. Flip-side is it also allows us to test our offsite functionality and fix issues.

In a scientific organisation we keep our clients updated with the latest publications on COVID-19. required changing the search strategy multiple times and creating an **in-house 'clearing house'** for subject material that was frequently requested using our library management system

slow internet

use of **libguides** as an agile and flexible platform to deliver clinical COVID information to our staff. better than our intranet.

References

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