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Editorial – An Ode To Cheryl Hamill On Her Retirement

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Cheryl Hamill recently announced her retirement from health libraries after a distinguished career. For several decades she combined her various roles in Western Australia with immense contributions to health librarianship nationally and internationally. In 2013 she was conferred an ALIA fellowship and in 2020 she received the HCL Anderson award, ALIA's highest honour. Part of the citation for this award states:

Cheryl is a model of all that is best in health librarianship, constantly looking for ways to improve the services and resources provided to clinicians and other library users. She demonstrates expertise in her own practice and seeks out the very latest information in order to drive further improvements – not only for herself and her immediate team, but also for her broader network of colleagues in ALIA Health Libraries Australia. Through her collaborative approach, including committee work, editorial contributions, original research, publications, presentations and papers, Cheryl has helped others develop a greater understanding of the field. Through her persistent advocacy, she has progressed the standing of health librarians in Australia.

During Cheryl's career...

In 1986 "The Academic American Encyclopedia" was made available on CD-ROM, the first reference work published in this medium.

In 1987 Fluoxetine became commercially available.

In 1988 laser cataract surgery was first undertaken.

In 1989 Sir Tim-Berners Lee invented the World Wide Web.

In 1989 Intel introduced the 80486 microprocessor

In 1990 the human genome project officially began.

In 1990 the first decrease in cancer incidence and mortality was recorded.

In 1990 Archie, the first search engine, was developed by a student at McGill University in Montreal.

In 1991 Paul Ginsparg founded the arXiv archive for physics preprints at Los Alamos National Laboratory (LAN-L) to make preprints in physics freely available.

In 1992 the first vaccine for Hepatitis A became available.

In 1993 the National Library of Medicine launched its website, one of the first in the United States Federal Government.

In 1993 the first successful commercial plain paper copier Xerox 914 was released.

In 1996 Dolly the sheep was cloned.

In 1996 the first internet enabled mobile device, The Nokia 9000 Communicator was released in Finland.

In 1997 MEDLINE became available free of charge on the world wide web.

In 1998 Google was established.

In 1999 the hormone Ghrelin was identified.

In 2000 Pubmed Central and ClinicalTrials.gov premiered.

In 2000 the first tablet computer was developed by Microsoft.

In 2001 the first telesurgery was performed.

In 2001 Apple released the iPod.

In 2001 CERN and the University of Geneva held the first OAI Workshop.

In 2003 Carlo Urbani, of Doctors without Borders alerted the World Health Organization to the threat of the SARS virus, triggering the most effective response to an epidemic in history.

In 2003 the Directory of Open Access Journals (DOAJ) was launched at Lund University in Sweden as a central directory for open access journals.

In 2004 Mark Zuckerberg invented Facebook.

In 2005 the first decrease in total number of deaths from cancer was recorded.

In 2005 the floppy disk was replaced by USB flash drives, and YouTube was launched.

In 2007 Twitter, the iPhone, and the Kindle were all launched.

In 2008 the Swiss National Science Foundation (SNF) required recipients of funding grants to publish their research results in open access.

In 2009 MedlinePlus launched its Twitter feed, and in 2010 Mobile MedlinePlus was released.

In 2011 e-books outsold printed books at Amazon for the first time.

In 2012 the Apple iPad is released.

In 2012 several innovative and relatively new journals, including F1000 Research, PeerJ, and eLife, are launched. These journals are experimenting with new forms of peer review, new business models, and new funding sources.

In 2014 a 3D printer was used for the first ever skull transplant.

In 2014 the smart watch market reached 5 million, and Amazon Alexa was launched.

In 2016 wireless devices surpassed wired devices as the predominant means of accessing the internet.

In 2018 Coalition S formed, publishing Plan S.

In 2019 Projekt DEAL concluded "publish and read" agreements with major scholarly publishers.

In 2022 the complete human genome was sequenced.

... And Cheryl seemed to be across all of it. So, to honour Cheryl and her many years of service to colleagues and clinicians, an editorial indulgence, some doggerel poetry...

An Ode To Cheryl On Her Retirement

There once was a health librarian named Cheryl,
Whose name was not amenable to limerick writing,
Unless she had colleagues named Beryl, or Meryl,
And they co-authored papers, and were diligent in citing.

Still, even if the rhymes elude a limerick,
The HCL Anderson award is worthy of something poetic.
A sonnet in MeSH, perhaps, announced with a gong,
Or NLM classification reworked as the Dockers theme song.

I know. A Haiku!
It's True, I do know haiku.
See, told you I do.

But back to Cheryl, and all that she does,
For WA, and HLA, and NLA, and ALIA;
For committees and sub-committees and all their paraphernalia;
And, well, frankly, for all of us.

(Sidenote - ALIA is not the Australian Liquor Industry Association...
although that would explain some MARC records I've seen – boom-tish!)

But back to Cheryl, and all that she does,
In collecting and parsing and sharing,
And building and joining and supporting,
And setting an example for all of us.

There cannot be a PubMed search string she has not run,
An interdisciplinary comment thread she has not begun,
A publisher price she has not negotiated down,
Or an uppity rep she has not run out of town.

So all hail Cheryl, a paragon of the profession,
Even if she would be appalled by this digression.
Fare thee well in your deserved retirement,
As you pen your memoirs on digital parchment.

No more battling the traffic on Canning Highway.
No more worrying if your job can be done by AI.
No more union claims frustrated at every turn.
No more desire to watch the (publishing) world burn.

No more finding all the full-text... except one!
No more search updates to be redone.
No more fighting mildew in the basement stacks.
No more downtime after more cyber attacks.

Just a new hip to go with the other one
And a new caravan to chase the sun.
Plenty of reading and a Europe trip or two,
A Dockers flag to pine for and some Weagles to boo.

The money is the same but the hours are better.
As one road ends another will lead wherever.
Dream a new dream and say goodbye to tension,
Set a new goal and say hello to your pension.

All hail Cheryl, a paragon of the profession,
The legacy she leaves is a lasting impression.
Health and libraries are richer for her contribution,
And all of us blessed by her friendship and dedication.

Convenor's Focus | 2026

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It has been a busy and energising period for Health Libraries Australia, with strong momentum across professional development, sector partnerships, and strategic initiatives that continue to strengthen our profession.

We are particularly excited to be partnering with Health Libraries Inc. (HLI) for our annual ALIA HLA conference, to be held in Melbourne in October. This collaboration brings together two organisations with a shared commitment to excellence, collegiality, and innovation in health librarianship. Planning is well underway, and we look forward to welcoming colleagues from across Australia and beyond for what promises to be an engaging and enriching event that showcases the depth, diversity, and impact of our profession.

Professional development remains a core focus for HLA, and the year has already seen a strong program of online PD activities, with excellent participation and feedback from members. These sessions have supported skills development, knowledge sharing, and connection across geographically dispersed services. More online offerings are scheduled, alongside a number of face-to-face PD opportunities, ensuring we continue to meet the varied learning needs of our membership and support both emerging and experienced health librarians.

A significant milestone for HLA will be the release of the updated ALIA HLA Competencies, which will be shared in the near future. This important work has been led by Ann Ritchie, supported by a highly engaged and thoughtful reference group, whose expertise, insight, and generosity have been invaluable. The updated competencies reflect the evolving scope of health librarianship and provide a contemporary framework to support professional identity, workforce development, and advocacy across the health sector.

HLA will also be participating in the Specialist Digital Health Workforce Census, which will take place throughout May. This census is particularly important as it enables health librarian workforce data to be captured and analysed, ensuring our profession is visible within the broader digital health ecosystem. Making health librarians visible in workforce data is critical: it recognises a profession that is central to safe, effective, and evidence-informed digital health systems, and supports stronger planning and decision-making across the sector. We encourage all eligible members to participate and help ensure our contribution is accurately represented.

It is also a moment to acknowledge and celebrate the extraordinary contributions of our colleagues. We extend our warmest congratulations and best wishes to Cheryl Hamill on her retirement. Cheryl has been a leader in health libraries for many decades, and her influence has been profound. Her generosity with her knowledge, her willingness to mentor and share, and her remarkable *can-do* spirit have left a lasting legacy. Cheryl's contributions have shaped services, supported countless colleagues, and strengthened health librarianship as a profession. We are genuinely better because of her work.

Finally, we are pleased to share that two HLA awards will be offered this year, with further information to be released soon. These include the Anne Harrison Award and the Telstra Health Digital Health Innovation Award, both of which recognise excellence, leadership, and innovation within our profession. We look forward to celebrating the achievements of our colleagues and sharing more details in the coming months.

As always, thank you to our members for your engagement, your advocacy, and your ongoing commitment to advancing health librarianship. We look forward to a productive and inspiring year ahead.

Gemma

Re: Albert et al.: Don't Close Medical Libraries: That's Where You Find Librarian Partners to Advance Medicine and Science

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Although this letter to the editor was not accepted for publication in the journal *Ophthalmology*, the authors believe the issues raised are important and deserve to be part of the public record.

To the Editor,

We write in response to the editorial quoted in the title, particularly to challenge the assertion in its latter half by Dr. Van Gelder that medical libraries are no longer necessary in the digital age (1). This view reflects a fundamental misunderstanding of the role and evolution of medical libraries.

Medical libraries have a rich and resilient history. Over centuries libraries have continuously evolved, with AI presenting just the latest in a long line of technological shifts. Far from being replaced, librarians are adapting by integrating AI tools into their collections and services while continuing to provide human judgment, expert guidance and contextual expertise that no algorithm can replicate.

Libraries have never been merely repositories for the “physical written word”. From their inception, they have served as spaces for inquiry, learning and community engagement. As Winston Churchill once said about rebuilding the destroyed House of Commons, “We shape our buildings and afterwards our buildings shape us” (2). Libraries shape the intellectual and collaborative environments of institutions, fostering learning and innovation. The portrayal of libraries as outdated book warehouses is inaccurate. Contemporary medical libraries are technology-enabled spaces with multi-purpose zones for collaboration, learning, study and wellbeing (3).

Librarians who work in the spaces are highly skilled information professionals who ensure seamless access to curated databases, full-text journals and evidence-based resources. Their work is expertly executed so that it often appears invisible, enabling easy access for users who may not realise the complex human expertise that makes it possible. This digitally enabled experience is the result of ongoing effort by librarians who design, maintain and optimise these systems. Behind every simple click-and-access moment is a librarian who has negotiated licenses, configured platforms, ensured interoperability and curated content to meet the needs of clinicians and researchers whenever, wherever.

Librarians also play a critical role in educating health professionals in research methodology, information literacy and critical appraisal. They empower users to evaluate the reliability of AI-generated content and to navigate information resources to produce rigorous, evidence-based research. Furthermore, librarians work in inter-disciplinary research teams as subject-matter experts to create high quality evidence such as systematic and scoping reviews which lead to new scientific insights.

The suggestion that ChatGPT or similar AI tools could replace medical libraries is fundamentally flawed. While these technologies hold promise, they often rely on unverified sources and can generate plausible but inaccurate information. In healthcare, such misinformation is not merely inconvenient - it can be harmful.

Medical librarians are actively shaping institutional policies regarding ethical integration of AI to ensure that new technologies are used responsibly. Their deep expertise in evaluating information sources is critical to developing a "centaur model" of AI adoption where human oversight complements machine capabilities (4). In this model, AI supports and augments the work of clinicians and researchers. It does not replace the nuanced judgment, ethical reasoning and contextual understanding that humans provide.

Far from being obsolete, medical libraries are at the forefront of technological integration. They are evolving into dynamic hubs that support clinical decision-making, research, education and clinician wellbeing. Librarians mentor, collaborate and guide users through the ethical and strategic use of information.

The future of medical libraries lies in synergy, not substitution. Human expertise and AI tools must work together to advance healthcare knowledge and practice. Medical librarians are not relics of a bygone era. They are essential partners in the digital transformation of healthcare.

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Leadership roles and competencies of Australian health sciences library leaders

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This article is based on a presentation delivered at the HLA Conference in Sydney, 21-22 August 2025. It highlights the main insights that emerged from a study that explored the leadership roles and competencies of Australian health science librarians. The full description of the study is published in a chapter of a book entitled *Leading libraries: perspectives from lived experiences*¹. My co-authors are Michele Gaca, Alice Anderson and Gemma Siemensma. In developing our combined perspective about characteristics of effective leaders in health sciences libraries in the context of the Australian health system, we incorporated our reflections on our individual and shared experiences in our professional leadership journeys.

The health and information sciences context

The chapter begins with an evidence summary that sets out what is currently known about the Australian health library and information services workforce, their professional qualifications, and the health environment in which they work. The summary highlights several factors contributing to the increasing complexity and specialist nature of health librarians' roles and the competencies associated with their scopes of practice. These factors include:

- the transformative influence of digital health that has changed not only clinical care, but also the way that library and information services are delivered, and the work and professional development needs of health librarians and health library technicians;
- the diversity of employing healthcare, education and research organisations in the multi-layered health system in which they operate;
- the multiplicity and interconnectedness of client groups that health libraries serve; and
- the disproportionate staffing ratios of the health library workforce when compared with national and international recommended staffing ratios.

In addition to navigating the complex Australian health system, contemporary health library leaders have to stay abreast of developments in both the health and

¹ Ritchie, A., Gaca, M., Anderson, A., & Siemensma, G. (2026) Leadership roles and competencies of Australian health science librarians - a perspective. In Kumaran M. & McNeil, (Eds.) *Leading libraries: perspectives from lived experiences*. (Foreword by T.A. Dawes.) ALA Editions. [In Press]

information sectors, at the same time, taking responsibility for leading their teams through the transformative changes that are occurring in the evolving digital health environment.

Literature review

Five main themes about effective leadership characteristics emerged from a literature review of leadership in international health sciences libraries. These themes were synthesised with an analysis of four small group, structured consultations that the authors conducted with seventeen Australian health science library leaders². In essence these themes were:

1. Strategic leadership – strategic leaders align the libraries’ purpose and future vision with the ultimate goals of their organisations – in the health world, these are ultimately about patient care and population health. Indeed, according to the Australian Commission on Safety and Quality in Health Care’s (ACSQHC) Australian National Safety and Quality Health Service (NSQHS) Standards, leadership is a key component of clinical governance, which is necessary for achieving safe and high-quality health outcomes (ACSQHC, 2021³). Effective leadership in the health sciences libraries context involves strategic thinking, external engagement with the libraries’ parent organisations, and fostering innovation. Cultivating adaptable skills and a shared vision are seen as key to driving meaningful change both within and beyond the library.
2. Leadership skills development – leadership skills can be learnt. Essential skills include relationship building, advocacy, communication, project management and financial literacy, all of which can be cultivated through targeted development. Leaders have a commitment to Continuing Professional Development both for their teams, where they have a view to succession planning and give their staff opportunities to “have a go”, and also for continuously updating and developing their own knowledge base and leadership skills.
3. Workforce development – effective leaders invest in their staff, and have a strategic workforce development plan. They need to recruit strategically, support professional growth and prepare for leadership succession. This includes fostering non-traditional roles and expanding into the practice environment as evidence-based practice specialists or informationists.

² We thank our leaders who took part in the small group discussions and generously contributed their thoughts and ideas.

³ Australian Commission on Safety and Quality in Health Care. (2021). The NSQHS Standards (2nd ed.). ACSQHC. <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

4. Navigating change – change is a central concern, requiring leaders to possess vision and strong change management skills. Change can be stressful. Leaders often have to rise above the everyday processes of management and lead their teams through uncertain times. Leaders need a balance of intellectual and analytical “hard” skills mixed with “soft” interpersonal skills to guide their teams through transitions. Effective leadership involves promoting diversity and maintaining agility to ensure library services remain impactful, relevant and future-ready.
5. Risk taking and innovation – “digital transformation” is the zeitgeist of the health environment. The changes brought about by emerging technologies such as artificial intelligence (AI), telemedicine, and data analytics have meant that leaders must be adept not only at change management, but also innovation and risk taking. In libraries this has often manifested as the need to transform traditional services and physical spaces by repurposing them and realigning with organisational goals. Leaders understand that innovation must always be grounded in a deep knowledge and understanding of professional values, a strong sense of purpose, a vision for the future, and a strategy for how to achieve it. Leaders embrace and model risk-taking to foster innovation, engage new stakeholders and collaborations, and embed library services into healthcare practice.

Roles and responsibilities of health library leaders

In the health library and information services context, there are three spheres of interconnected leadership roles and activities where leaders show a highly developed sense of responsibility:

- in a day-to-day context, as services directors, managers and team leaders, leaders have the positional authority to direct others, and make decisions;
- in an organisational context, leaders may use the authority of their position and professional standing to influence others, represent their teams, and “claim a space” for the library as the legitimate authority in specific areas of responsibility;
- within the library profession, leaders work cooperatively with colleagues and associates, and use their leadership skills to influence others in ways that benefit the profession as a whole; leaders forge and strengthen connections with their networks, and collaborate with colleagues in research, marketing and advocacy so the profession speaks with a unified voice; it is in this sphere of activity that professional standards are set and values are upheld.

Thus, health science library leaders operate within three interconnected spheres of functional activity with varying roles and levels of positional authority – in their library services, their organisations, and their profession. As library managers,

directors or team leaders, leaders have an immediate impact on tasks and team dynamics; within organisations, library leaders help shape culture and strategy; and leadership in the professional sphere influences the direction of our broader industry, the development, growth and sustainability of the profession. Displaying a highly developed sense of responsibility in all three spheres is a common factor of effective leadership in health libraries.

Leadership in health sciences libraries brings with it a unique set of challenges including the fact that working in a health organisation is intrinsically a “life and death” proposition. Although health librarians are generally not involved with direct patient care, the culture of caring is pervasive and the stress of occupational burnout is ever present. Being a leader in such an environment brings with it a “duty of care” for the wellbeing of colleagues and staff. As well as caring for others, leaders need strategies for their own self-care so they can continue to enable their teams to deliver evidence-based knowledge services that underpin sound information governance, and ultimately contribute to the overarching goals of their organisations and the wider health system – improved patient care and population health.

Conclusion

There are many different theories about leadership styles that are espoused in countless books and articles, and individual leaders display a wide variety of characteristics. Leadership skills can be learnt, and leadership competencies must be cultivated. It is incumbent on leaders of health sciences libraries to invest in their own CPD and that of their staff. The ongoing viability of health sciences libraries is dependent on the ability of their leaders to continuously update their knowledge, to innovate and drive sustainable change, and to resource, position, empower and motivate their teams.

Because of the complexity of the Australian health system and the collegiate and voluntary nature of the professional environment, health library leaders’ abilities to lead and collaborate in groups that cross disciplines, organisations and sectors, and their cooperative skills that support strategic, system-wide, professional initiatives, are vitally important.

Addendum

The consultations and research undertaken in writing this chapter have helped to inform the revision of the Leadership and Management Competency Area of the ALIA/HLA Competencies (2018)⁴. The revised set of Competencies for Health Librarians and Health Library Technicians will be published in the first quarter of 2026.

⁴ <https://read.alia.org.au/alia-hla-competencies>

Demonstrating value by measuring your success: the power of an audit

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Acknowledgement

This practice-based topic formed the basis of a workshop run at the Australian Library and Information Association (ALIA) Health Libraries Australia (HLA) Conference, Sydney, August 2025.

Microsoft Copilot (2026) was used to assist in partial editing of the text of this manuscript

Statement of conflicts of interest

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Abstract

Creating value is central to success, and auditing serves as a key change management activity for demonstrating and measuring your library's service impact and overall business performance. As the foundation of any quality improvement initiative, audits provide objective, systematic, and data-driven insights into all aspects of library operations. They help pinpoint areas for improvement, identify risks, ensure compliance with internal policies and external regulations, reinforce accountability, and demonstrate leadership. Regular audits across your library's service delivers real-time, user centric data that will inform smarter decision-making, streamline workflows, and strengthen the library's ability to adapt and respond to change.

"The greatest enemy of knowledge is not ignorance; it is the illusion of knowledge"
~Stephen Hawking 2001

Measuring what matters – library bench to bedside

Within a resource-constrained hospital environment, health librarians face mounting pressure to meet rising clinical, research, and organisational demands. We need to continually demonstrate our unique value proposition and how we transition that value into our organisations' strategic and operational plans, whilst encapsulating and responding to the broader consumer groups' needs such as our clinicians,

patients, and their families. It is not disputed that in evidence-based practice organisations like hospitals and health services information that builds knowledge capacity is a valuable commodity (Woldring 2001; Mueller 2025). So how can we deliver on these expectations, reduce the pressure, demonstrate our commitment to quality improvement, and balance the challenge of managing continuous change.

One option may be by taking an audit approach to selective activities to identify where improvement is needed. This measure, coupled with actively obtaining feedback, leads to positive business improvements and meaningful strategic alignment – that is, measuring what matters and building a culture of assessment. An audit is a key feature of an integrated continuous quality improvement cycle involving measurements of effectiveness against agreed and proven quality standards.

A compliance audit may be conducted as part of a change management process to identify what the services' appropriating resources (fiscal, human, subscription, physical and other resources) are being utilised. It can identify areas of efficiency, efficacy and in some cases redundancy. Effectively, it is about identifying the gap between what does happen and what is supposed to happen. It provides a clear picture of the relationship between your resources and outcomes in a library business context.

The philosophy underpinning the audit (review) approach is really to establish a feedback mechanism to gather evidence to help plan and demonstrate value, impact, and success (quantitative to qualitative), which can then define what is best practice. Auditing may be part of your current business practice and already embedded in your continuous improvement focus however it is often not supported with feedback. In this challenging climate of constant change coupled with the dearth of legislative, governance and best practice guidelines, having a compliance checklist may prove to be an important tool to help prompt, promote and prove that your library service is constantly measuring what matters, and demonstrating that good governance is at the forefront of your business practices.

Drivers of change – role of auditing

Libraries do not operate in isolation and the impact of change in the broader business does directly influence our ability to provide our services. In the Australian healthcare system, we work within the complexities of multi-level structures that form a dynamic system of interconnected parts (Ritchie 2026). Our compliance landscape therefore is equally dynamic and consists of State/Federal legislation; health department regulations; hospital and local public health unit (LPHU) policies; and our own library industry guidelines (Ritchie 2022). This complexity requires our audit to demonstrate: our leadership, as librarians; our understanding and awareness of the regulatory environment in which we operate; and acceptance of our

responsibilities to manage fiscal performance and human resources output and behaviours. In essence we are an evidence-based practice.

We can only manage what is within our control, so to demonstrate we are 'worth every cent and more' (HLI 2013) we need to investigate and understand how our executive leadership measures return-on-investment in both quantifiable and qualifiable terms. The motivation for developing this tool is the hope that it will spark new ideas and guide initiatives on how, as a sector, we manage change and for whom that change is intended - the stakeholder audience.

Stakeholders could be:

- **Management** – new line manager suggests a percentage cut to all subscriptions as a strategy to mitigate rising costs and balance the budget. What evidence can we draw on to inform an appropriate response?
- **Senior Executives**– want clarity, numbers, and alignment with organisational goals. What evidence can we provide to demonstrate our significant contribution to research output and to hospital accreditation?
- **Legal Counsel** – Legal look for risk mitigation, documented processes, and evidence of compliance behaviours. What evidence can we provide to demonstrate how we ensure compliance with: changes to the Copyright Act; how we educate users, or how we manage organisational change in response to updates to the Work Occupational Health & Safety (OH&S) regulations?
- **Finance** – Finance teams look for assurance, auditability, and risk-free procurement processes. Can we demonstrate that all contracts and licences follow the correct delegation of authority, are reviewed and lodged with Legal Counsel, and are stored in the organisation's central contract repository?
- **Research** – Research teams value expertise, risk reduction, and process clarity. How can you demonstrate that the library can be a trusted partner due to our unique, independent, and in-depth understanding of research ethics and processes? Evidencing our skill set positions us to provide informed advice on copyright, Creative Commons licensing, and related intellectual property queries.
- **People & Culture, Governance Executives** – look for evidence of professional legitimacy, regulatory alignment, and organisational safety. How do we evidence our scope of practice? Librarians engage in ongoing professional development aligned with the ALIA HLA Competencies, uphold strong equity, diversity, and inclusion (EDI) principles, and operate under a robust ethical code of practice (ALIA 2024).

Structuring an effective audit – Value Checklist Tool

A strong health library value assessment looks at far more than usage statistics — it must capture strategic impact, compliance, cost-effectiveness, and contributions to clinical and organisational outcomes. Can we demonstrate that "an hour in the library is worth a month in the laboratory" (Dance 2026)?

Health Libraries Australia has designed a Value Checklist Tool to help health libraries and librarians systematically collect evidence to demonstrate the success and value of their services. This practical tool provides a framework for:

- Tracking progress on the implementation of new services
- Ensuring observance of codes of conduct
- Demonstrating conformity with standards of practice
- Monitoring compliance with new legislative requirements, as well as with organisational and library industry policies, procedures, or guidelines.

The Health Library Value Checklist tool can be found on the ALIA Health Libraries Australia website: <https://hla.alia.org.au/alia-hla-library-compliance-checklist/>.

The tool recognises that there are many approaches to effecting change and measuring quality or continuous improvement. It can be used for internal audit (self-assessment) or external audit (appointed assessor) (Ritchie 2020). External audit may involve but is not limited to:

- ACSQH's (Australian Commission on Safety and Quality in Health) NSQHS (National Safety and Quality in Health Services) assessors for hospital accreditation (Gaca 2024)
- PMC (Postgraduate Medical Council) compliance with the provision of key educational resources (Siemensma 2023)
- OH&S inspection team from your hospital or health institution.

The tool is intended as a flexible guide, encouraging libraries to cultivate a culture of regular monitoring, evaluation, and reporting. By using this checklist, health libraries can more effectively assess their performance, support evidence-based decision-making, and showcase their impact within their organisations (Zaugg 2022; Bennett 2025).

Three pre-populated worksheets are included to help you:

1. Organise compliance activities into relevant categories for your service
2. Define measurable, manageable tasks and actions that can be tracked, allowing you to record progress and demonstrate evidence of compliance
3. Utilise a feedback monitoring tool with sample questions to collect evidence of successful compliance, based on stakeholder input

1. **Compliance Categories/Activities:**

Conducting an audit is a valuable quality improvement activity to measure a library's service impact and business success. Compliance categories are suggestions to help you identify areas for monitoring improvement and demonstrating compliance. Matching the categories to operational objectives of your organisation helps with translation.

2. **Task/Action progress overview**

Collecting data in a consistent format at regular, scheduled intervals provides

a clear understanding of how your resources relate to outcomes within a library business context. Activities may involve ongoing engagements comprised of a series of actions or steps. Maintaining a record of key legislation, licenses, standards, organisational policies, procedures, and guidelines that directly impact your service and inform your business decisions demonstrates a best practice approach.

3. **Feedback and assessment**

Regularly auditing your library services allows you to gather real-time data that will inform and enhance future decision-making, support change implementation, and streamline processes and practices. Soliciting feedback on specific actions taken to achieve compliance can help demonstrate progress and guide further improvements. Continuous monitoring, evaluation, and reporting are essential for governance and accountability. By establishing standard measurement criteria - whether against industry standards, local policies, or other benchmarks - the library can assess whether the skills and resources provided to users are effectively utilised. This approach also highlights any gaps between perceived and actual service delivery and knowledge, enabling targeted strategies to better meet user needs.

Designing and implementing effective audit and feedback models that maximise improvement while minimising unintended consequences is important and is a challenge. Gathering feedback is simply collecting and connecting with customers. Having a conversation is a very effective way of gathering information. Listening is a proactive way to ensure that you never stray too far from the needs of your user community, even as those needs evolve (and needs always evolve). Insights from the service desk – this can be a powerful idea generation space that can help chart a path forward or gain intel on why the path you are on is vulnerable or valuable to retain.

A key metric regarding feedback is to measure engagement; such as impact on user information literacy, student engagement, or clinical research. As no two health services are the same, the priorities for all libraries will differ.

Feedback and assessment focus could fall into a variety of categories:

- **Task compliance:** can be assessed through a range of methods, including reflective question-based surveys, focus groups, customer service interactions, social media monitoring, feedback forms, follow-up emails, and informal conversations. Together, these touchpoints build a picture of user engagement and the impact of our activities. A simple OH&S compliance example is assessing whether library staff and users are aware of, and can easily locate, the displayed fire evacuation procedures.

- **Focus Area:** these assessments examine library services, resources, staff performance, and the effectiveness of physical and digital spaces. For example, a spot walk-around survey that captures who is using the library and for what purpose provides a richer measure of engagement than a simple door count.
- **Activity Purpose:** The purpose of these assessments is to justify continued funding, strengthen decision-making, and demonstrate the library's contribution to organisational priorities such as research success and quality improvement. For example, by hosting the organisation's research repository, the library becomes a visible part of the research lifecycle and enhances the exposure of institutional outputs, supporting impact measures such as Google Scholar and Altmetric scores.

In a health service setting, regular audits are standard practice. Engaging in auditing practice does not mean you need to measure all activities, all the time. An audit is best done when there is a need to respond to change or to assess or test the value of an existing service (Bennett 2025; Ivers 2025). Audits are not about ticking boxes – they are about uncovering the story of your library's impact and making it visible to stakeholders. It is about being proactive and prepared – rather than waiting until the wolf is at the door!

Best practice – responding to change

In a hospital and health care setting, regular audits are standard practice. As part of this organisational structure, the library's management approach should be no different.

Collecting data for auditing does not have to cover every activity or task. It can target key areas, like budget impact or how we align with new organisational initiatives. It does not need to be done retrospectively, rather it can be built over time. Once you have decided on the priority initiative then you can consider what activities, tasks/actions, feedback and assessment can be implemented within current resourcing.

Change always creates a gap. Audits are how we find that gap, measure it, and close it. An audit is a compass, a dashboard, or a health-check. With a clear measuring mechanism in place, we can stay on track, pinpoint priorities for improvement, guide and manage change, demonstrate professionalism, provide credible performance data, and above all show compliance with regulations, policies, and standards. This is how you measure, in the context of your organisation, and demonstrate that you are engaged in best practices.

Benefits – embracing change

Careful stewardship of resources enables us to continually reinvest in our services, facilities, staff, clinicians, and patients. We need to place a renewed focus on sustainability and learn to do more with the resources at our disposal.

Managing growing costs effectively is what will enable us to continue meeting the needs of our library communities, and protect the health system we belong to for the future. To do this requires responsibility and innovation at every level and in every part of our services, so that resources are prioritised, budgets are balanced, and efficiencies are developed.

Implementing an audit checklist is indispensable for several reasons:

- **Increased efficiency:** An audit checklist is a pre-planning activity that can help streamline tasks and activity scheduling, reducing time due to the speed an audit can be prepared and conducted. If the audit can be automated, tasks like scheduling and reporting will free up time that staff can use to focus on more strategic activities.
- **Enhanced compliance:** In semi-regulated industries like libraries, an audit helps ensure compliance with legislation such as Copyright; OH&S regulations; licences such as Creative Commons or publisher subscription contracts. Gathering feedback in real-time provides an alert for any potential non-compliance, reducing regulatory and other risks.
- **Improved accuracy and risk management:** Structured thematic data collection and break down of compliance activities, with measurable actions and outcomes will improve data collection and analysis, making audits more thorough and precise. Priority ranking will help identify high-risk areas and demonstrate you are addressing compliance gaps proactively.
- **Cost savings:** Library can demonstrate cost savings by improving efficiency, early identification of potential risks, reducing errors, that may lead to fines or penalties due to non-compliance.
- **Real-time insights:** Utilising advanced reporting and dashboards can provide immediate visibility into audit progress, enabling faster decision-making and corrective actions to prevent minor issues from becoming major problems.

Barriers, limits, initiatives

“Many of us have seen programs come and go – some ineffective, some full of potential and some genuinely changing people's lives. Too often, the program or its impact wasn't sustained because the systems around them – the people, technology, funding, incentives, politics – weren't ready or able to support long-term success.”

~Wanrooy (Feb 2026) APO Update

A challenge we face in the health setting is the value our services bring to our organisation is often indirect, delayed, or harder to quantify. We know our work does

contribute to patient care but the link is often through a clinician making-a-decision, based on the information, evidence, or advice we have provided.

We need to move beyond traditional volume-based models to value based. Models that prioritise what our users perceive as value outcomes in a cost-effective way within the limits that are imposed. Barriers present themselves in a variety of ways and may vary within library services. Economic limits, legal ambiguities, organisations being slow to adopt or adapt, rapid change and uncertainty, staff training, and educational requirements.

However barriers can be managed more effectively if measured. If we consider the adoption of new technology into our libraries such as artificial intelligence (AI) tools, some of the barriers may be:

- **Rapid change & uncertainty:** AI evolves faster than training and policy can keep pace
- **Ethics & misinformation:** Risks around privacy, bias, accuracy, misappropriation of resources, copyright, and research integrity
- **Staff buy-in/hesitation:** Fear of change or job loss, and low adoption readiness
- **Resource & policy gaps:** Limited funding, tools, guidelines, time, and skill and expertise
- **Training needs:** Demand for practical, targeted, responsible AI education
- **Organisational constraints:** Slow leadership, policy hurdles, economic limits, and regulatory ambiguities.

In essence – we are not alone; we do not need to reinvent the wheel - however measuring and monitoring how often librarians contribute to the organisation's governance will help avoid and predict potential business risks. It does require taking responsibility and innovation at every level and within every part of the service so that resources are prioritised, budgets are balanced and efficiencies are developed. This demonstrates positive operational compliance toward change that you have led and implement; a noteworthy value statement.

In summary - recommendations

The following recommendations are based on standard industry audit processes (AASV 2024) adapted as generalised statements for library health services. They may be helpful when considered in the context of the libraries individual home entity and affiliated governance structures.

- Implementing an audit checklist will help the library stay compliant with relevant laws and regulations by recording activities and completed tasks - real-time data to avoid real-time risk
- It is essential for measuring the library's value contribution to organisational success or impact of a specific project

- It helps set clear and measurable goals and identify areas of improvement or service gaps
- The library will be actively collecting data that can be used as metrics to demonstrate success against external and internal compliance requirements
- An audit value checklist can provide an opportunity for standardisation and consistency. The tool can demonstrate how an individual service, or a network of health libraries contribute to organisational success, evidence-based decision making and patient care outcomes

Conclusion – building a compliance culture

Library value assessment is a systematic, data-driven process that measures a library's impact, return-on-investment, and contribution to its parent organisation and community. By drawing on both qualitative methods (such as surveys and focus groups) and quantitative indicators (including usage data and economic impact measures), these assessments justify ongoing funding, inform service improvements, and demonstrate the library's continuing relevance to key stakeholders - our broader health service, the clinical workforce, and the consumers we ultimately serve: patients and their families.

Measuring our value and adopting a continuous improvement philosophy as part of our service delivery is a sustainable team habit and ultimately will turn invisible work into undeniable evidence. An audit is less an inspection and more a spotlight on library and librarians as information specialists, knowledge managers, and tangible value creators. Like a mirror it will show your service as it really is, the true impact, and demonstrate that the services value proposition cannot be denied.

Ultimately, accountability is everyone's business. Audits turn intention into action, we do not just build a compliance culture within our teams, we lead, improve, and define best practice with irrefutable evidence.

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Author Biography

Michele consults as an Informationist for the Melbourne Medical School, University of Melbourne, and contributes as an Honorary Senior Fellow for Departments of Surgery & Critical Care, Austin Health Precinct, University of Melbourne. She has built a diverse career as an Information/Knowledge Manager, holding senior leadership positions across hospital, university, public and private sectors. Her expertise lies in research-driven, evidence-based organisations within the fields of environment, health, science, and technology. Michele's audit experience stems directly from her role as Manager, Knowledge Centre, Ernst & Young Australia within the professional services sector and her years in managing library services across many industries. Passionate about driving continuous education and development, Michele focuses on building information services that inspire people to challenge themselves, learn and grow. Currently Michele also contributes to ALIA membership in the role of National Manager, Health Libraries Australia.

Health and Wellbeing Spaces in Health Libraries

Alana McDonald

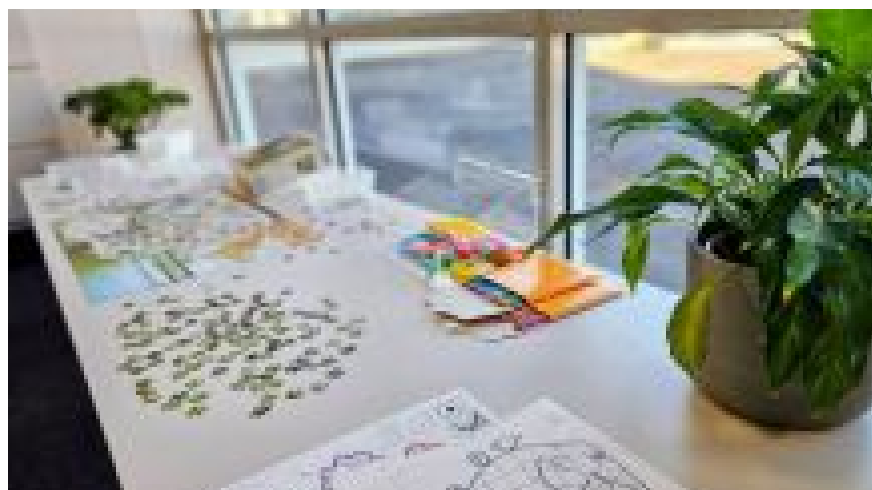
Sydney Children's Hospitals Network

<https://orcid.org/0009-0001-0903-7972>

With thanks to staff at Western Sydney LHD, South Western Sydney LHD, Hunter New England LHD, Grampians Health, Northern Health, and Austin Health for their contributions.

I presented at the 2025 HLA conference, talking about the SCHN Wellness Space, including the ways we set it up on a minimal budget and the positive feedback we've received. Rather than writing a recap of that presentation, I put a call out to other health libraries to gather information on their spaces. Although not a comprehensive list of all wellbeing spaces across Australia, I hope this summary of what some hospitals are doing might spark new ideas for all of us and provide a bit of inspiration!

Sydney Children's Hospitals Network (NSW) Wellness Space, Children's Hospital at Westmead



The SCHN Wellness Space was created in 2024 and launched during Library & Information Week. The space is set up in a corner of the library, repurposing our old "New Journals" wall to display Health & Wellbeing titles. The space was created in collaboration with Staff Health & Wellbeing, who provided some suggestions for titles to purchase and assisted us with promoting the space across the hospital.

The space contains:

- A collection of Health & Wellbeing books (116 titles)
- Collaborative jigsaw puzzle
- Fidget toys
- Tea and coffee sachets
- Colouring sheets and pencils
- Lego
- Jigsaw puzzles for loan (new!)
- Comfortable chairs
- A book stand to display additional titles
- A plant that is slowly growing to an alarming size



As we support staff across two hospitals and several other sites, we also have a [Health & Wellbeing library guide](#) which includes information about our space, all the books we have available for loan, and collections of relevant websites and apps on topics such as mental health and mindfulness.

Western Sydney LHD (NSW)

Western Sydney LHD has a wellbeing space in all library locations, some of which are included in more detail below:

Wellness Nook, Mental Health Services Library Tracy McDonald



Nestled on the banks of the beautiful Parramatta River, the WSLHD Mental Health Service Library is a leading resource hub for mental health professionals, researchers,

and students in Western Sydney. With over 175 years of history in mental health care, our library offers a rich collection of specialised resources and a peaceful environment to support work and study.

Our wellness space offers a space for relaxation, mindfulness practice and quiet reflection.

The wellness space established within our mental health library offers a dedicated environment for relaxation, mindfulness practice, and quiet reflection. Our riverside location has proven particularly restorative; staff regularly comment on the soothing backdrop provided by the sounds of birdsong and the rustling of trees outside.



After seeing a similar wellness space created at the Sydney Children's Hospitals Library at Westmead, we contemplated establishing something comparable within our own mental health library. Initially, the decision to create this space was approached with some apprehension, as similar spaces were already available on clinical wards. However, it soon became evident that staff deeply valued having an area specifically designed for uninterrupted respite. Staff consistently expressed that the wellness space provided notable benefits, reporting a sense of improved wellbeing and gratitude following their visits.

On average, five to ten staff members make use of the space each week, however this number is increasing as word spreads. Activities such as colouring have become particularly popular, some staff members complete new pages and take them home, while others add to collaborative pieces started by colleagues, subtly fostering a sense of community and continuity among users. Additional features that enhance the ambience include puzzles for meditative engagement, gratitude colouring books, mindful art materials, origami kits, and a knitted rug made by a grateful patient. The area is adorned with healthy plants and comfortable chairs, further contributing to the calming atmosphere. A particularly memorable instance involved a staff member who, upon sampling a blend of tea offered in the space, was reminded of comforting afternoons with their grandmother, transforming a routine break into a moment of calm and emotional connection. This individual, like many others, has become a regular visitor.

Our wellbeing collection of books is also highly sought-after, evidenced by the disappearance of a title - we interpreted this as an indication of genuine need. Collectively, these personal experiences underscore the multifaceted benefits and meaningful impact of a thoughtfully curated wellness space for hospital staff, supporting both individual and collective wellbeing in the demanding clinical environment.

The Wellbeing Hub, Auburn Hospital Library Prashanti Goluguri



This dedicated space for wellbeing is called The Wellbeing Hub and was launched in July 2025 during Library and Information Week. Library patrons can relax with a personal development and wellbeing book from our extensive collection, unwind with a puzzle or mindfulness colouring in or just take a seat and have a break.

Chillout Zone, Westmead Hospital Library Roopa Shah and Leah Wallis



When our print journal subscriptions were cancelled at the beginning of the year, the once-busy journal display corner of our library suddenly fell silent. For six months, the space—with its inviting sofas, adjustable tables, and display shelves stood unused. It felt like a lost opportunity.

That changed after a visit to the Children’s Hospital Westmead’s Wellness Zone. Inspired by their creative use of space to promote wellbeing, we saw potential in our vacant corner. And so, the idea of transforming it into a wellness space for our staff and students was born.

At first, it had no official name, just our little “wellness zone.” But after canvassing ideas from the team, we landed on a name that stuck: Chillout Zone. It felt right, especially considering the large number of students and young people who frequent our library.

With no budget initially, and a lot of heart, we began the transformation. We picked up affordable items from Kmart: colouring pencils, adult colouring books, jigsaw puzzles. Staff generously donated a Rubik’s cube and ball, a chess set, crossword and word puzzle books, local newspapers, and magazines. The adjustable tables were replaced with sturdier ones better suited to puzzles and games. The old journal display shelves now house a small but growing selection of books available for borrowing.



We had a soft launch in June 2025. We also created a feedback wall, inviting users to share their thoughts via post-it notes. The response was overwhelmingly positive.

Encouraged by this, we officially launched the Chillout Zone during Library and Information Week with a ribbon-cutting ceremony led by Director MM and a celebratory morning tea. Around 30 people attended, and the reaction was fantastic. Attendees were delighted and surprised by how thoughtfully the space had been reimagined.

Promotion for the launch appeared in *The Regular Dose* and *The Pulse*, as well as through posters and word of mouth. Corporate Communications even sent a photographer, and a story was featured in *The Regular Dose*.

Since then, the Chillout Zone has become one of our most popular areas. People drop in to sit quietly, colour, complete a puzzle, play chess, or simply enjoy a few moments of calm in a busy day. While we've had the odd pen or book go missing, the overall response has been deeply encouraging.

We continue to monitor feedback and regularly update the resources available in the space. Looking ahead, we're exploring the idea of developing a wellness collection of books that can be borrowed across the district—bringing the spirit of the Chillout Zone to even more people.

What began as an empty corner is now a vibrant, welcoming space dedicated to mental wellbeing, creativity, and community. It's a testament to how small changes—guided by a shared vision—can make a big impact.

South Western Sydney LHD Judy Reading



We have tried to make the whole Library a welcoming wellbeing space with plants and a fish tank. We also allow people to eat and drink in the Library and have free tea and coffee facilities.

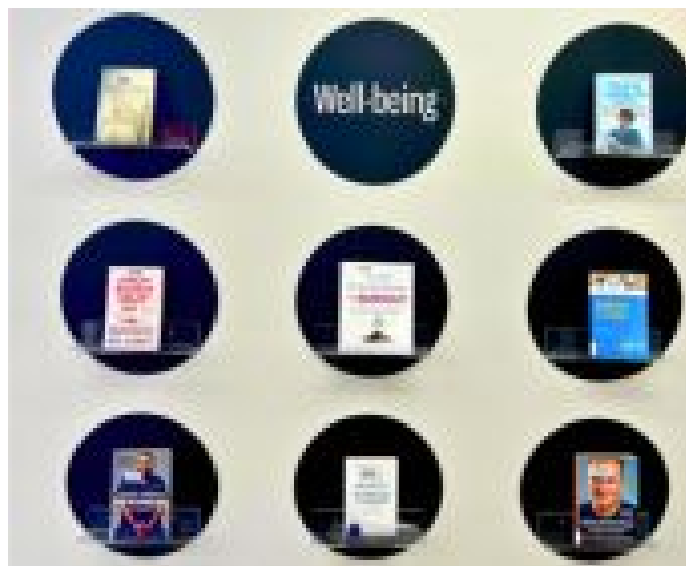
In our recent survey we received many comments about how attractive the Library is – people said it was a lovely peaceful space to study and they appreciated the fishtank and the tea and coffee facilities.

Quotes from the survey include:
"It's always super tidy and I love the fish tank they maintain as it helps provide a calming space. It's a decent size without feeling too big (like working in a nice café)."
"Great quiet place to study before placement or ICM class. I love the complementary tea and coffee"
"A really nice place to study"
"I really love the blue shrimp in the fish tank. 10/10."



We are thinking of getting some games, jigsaws, adult colouring books to have for the students.

**Hunter New England LHD
Well-Being Collection, Tamworth Hospital
Angela Smith**

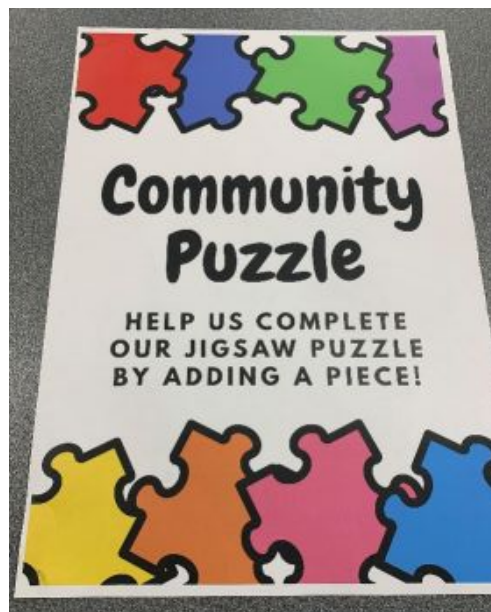


Our Tamworth library is currently undergoing a series of enhancements to better support staff and students. One of the newest additions is the **Well-Being Collection** Installation, thoughtfully curated to promote mental health, resilience,

and personal growth. We are planning to create a wellbeing space at our Mater branch as well.

Grampians Health **Gemma Siemensma**

In our hospital library, wellbeing is nurtured through thoughtful resources that offer moments of calm and mental escape from the clinical environment. We provide a welcoming space where staff can engage with community jigsaw puzzles, adult colouring books, crosswords, comfortable chairs and a book swap shelf. These simple yet meaningful activities promote relaxation, reduce stress, and support emotional wellbeing—creating a quiet refuge for reflection, creativity, and connection within the hospital setting.



Northern Health **Tania Barry**

Here at the Northern Health Library, we offer a range of resources and activities to support staff wellbeing, some in the Library and some in individual department spaces. We don't really have a name for our space – we refer to it collectively as the Wellness Space.

In the Library:

- Communal jigsaw puzzles for staff to work on together
- Colouring books and puzzle books
- Leisure reading collection
- The NH "Pet Wall" featuring staff pets (has really encouraged lighthearted connection between teams)

The Library also supports small spaces in some staff areas with books, puzzle books and jigsaws for quiet breaks and downtime.

Austin Health **Monica Simpson**

At Austin we don't have a dedicated wellbeing area, but over the last two years have incorporated wellbeing activities into the Library space and our messaging about what the Library offers all staff and students at Austin Health and Mercy Heidelberg.

In our messaging we always try to include that we are open to all staff - clinicians, students and non-clinical staff - and that the Library space is available not only for study, but also for relaxation and as a place to “chill out”.



Wellbeing Collection

In 2024 we created a Wellness Collection and launched it during the Austin Wellbeing Festival. The topics focus on general wellbeing and self-care, with a focus on healthcare workers wherever possible.

In September 2025 we also created a [Wellbeing for healthcare staff Library Info Guide](#).

Leisure Reading Collection

Early 2025 we retired our Little Free Library (where people could take or donate a book) and instead created a Leisure Reading Collection from which people can borrow. This collection consists of some latest release fiction books covering a wide range of genres.



Puzzle table

We have a puzzle table that is popular (but sometimes the 1000 pieces can be a bit tricky!). I've just added a small poster with QR codes to two online puzzle sites: [Te papa](#) and [Melbourne Museum](#).

Puzzles and games

Along with the table we have a small collection of puzzles and games for people to use.



Relaxation spaces (i.e. nice chairs and comfy couches)

We have an area inside the Library with two nice comfy chairs, a couch and coffee table. We find people like to sit here, even have a nap every now and again. We also have 2 other couches that are tucked away, but near large windows so there is natural light.

Treats

I think one of our most popular wellness activities is the treat bowl! During Library & Information Week, Valentines Day, Easter, Christmas, Halloween and any other occasion we can think of we put out a bowl of lollies/chocolates. A little treat seems to give people a huge lift.

Some final thoughts...

Alana McDonald (again!)

It's great to see so many different ways health libraries are implementing health & wellbeing in their spaces. Thank you to everyone who contributed and I'm particularly keen to see if we can get a fishtank at SCHN now!

Wellbeing spaces can be anything from a small box of activities or a collection of books, through to being embedded throughout the service as Austin Health has done. Although the spaces vary, the philosophy of wanting to give hospital staff a much-needed space to relax and recharge is consistent across all services, highlighting the ways in which we provide value to staff and students beyond the typical services we provide. With space being at a premium in most hospitals, the importance of libraries cannot be overstated. We offer something unique and valuable in the health landscape, and we must ensure libraries remain a protected space into the future.

A Doctor Visits Ukraine

Dr Chris Hegerty

Senior Medical Officer, Warwick Hospital, Darling Downs Health

<https://orcid.org/0000-0001-5129-9768>

Introduction

My granddaughter Eva is part Ukrainian.

Her father, my son-in-law, was born in Chernivtsi.

So when the editor of this prestigious journal suggested this article I of course agreed. The fact that I am indebted to him and his colleague Patrick O'Connor of the Darling Downs Health Library for their help to me over the years in sourcing and recommending texts for use in research, arranging Grand Rounds appearances, advice re ethics applications, publication etc. may also have something to do with my response.

I was fortunate in 2025 to be able to participate in some volunteer medical work in Ukraine arranged on behalf of the Christian Medical Association of Ukraine by a dynamo of a woman, Lara Wieland, who works as a GP in North Queensland, and who shared in the medical work in Ukraine.

She is also the driving force behind a charitable organization and website (OPT), which provides information about and supports the country of the grandfather who raised her.

With my family connections I am naturally disposed to support Ukraine, but it was clear to me at the onset of the invasion in 2022, including the bombing of hospitals and schools, that my workmates at Warwick Hospital were overwhelmingly of the same mind.

I will avoid politics and simply recount my experiences and impressions of the people, the country, and the war from the vantage point of a visiting Australian doctor. I can only describe my own impressions, conversations and experiences, and some details in my descriptions of the health system or the military may be incomplete or inaccurate.

Arrival

Although as stated I am consciously avoiding controversy it is surely uncontroversial to say that the flight from Australia, it being impossible to fly into Ukraine, landed in Warsaw at the airport named after the greatest ever composer of music for the piano, Frederic Chopin.

From there, travel was overland, and after delays at the border, into western Ukraine.

Travel

My first impressions were of a country devoid of tourists, with statues covered in steel mesh to protect from shrapnel, and with wood replacing glass in windows. From the beginning I was advised not to take photos of anything associated with security or the military.

Most of our travel was by overnight rail, starting with the night train from Lviv to Odesa. On later journeys in the north and east, in the early mornings, through condensation on the carriage window, could be seen scattered villages in mist-shrouded black soil steppes which stretched to the horizons, crossed by endless meandering lines of concrete dragons teeth tank barriers.

These plains could have been on the Darling Downs and I can understand how impassable to invading tanks they would be when it rains.

Along the roads, which sometimes resembled patchwork quilts, are roadblocks and military checkpoints, and beside the roads are bunkers, 'Czech hedgehogs' made from old railway line, and recruiting billboards featuring young men and women in uniform. Unlike in Australia, recruitment is done by individual army units, some of which, being well known, well led and well supplied have no trouble attracting new members, while others may struggle for numbers (which on the battlefield can be problematic - not only for the unit involved but for the units on its flanks).

The towns and cities resemble Australian or European cities, except for the destroyed and damaged apartment buildings, floral memorial tributes, bomb shelters and military cemeteries.

The students

In the early days we were privileged to provide teaching sessions for medical students and doctors in the war-ravaged but beautiful cities of Lviv, Odesa, and Kharkiv.

The students and young doctors, many of whom are multilingual, women and men, were frighteningly smart, enthusiastic and keen to learn, as are our students and young doctors in Australia.

Sadly, due to the war effort, there is a shortage of both money for equipment and senior doctors for teaching, with medical education having to be mainly online. As a result our first session of hands-on emergency simulation training at Lviv Medical University was greeted with enthusiasm, (and only once interrupted by an air raid alert).

I of course had to photograph the student accommodation to show to our students should they ever complain (not that they do); old rundown multi-story blocks with the obligatory bomb shelters beneath, and before we left we crossed the road from the University to visit the incredibly sad, ever expanding war cemetery.

Our next assignment was in Odesa, of which my main memory is not of the teaching itself, but of a 30 second 'swim' in a freezing Black Sea, the shores lined with concrete anti-invasion barricades. (Only later was I told the sea was mined).

Our final teaching assignment was in the historic city of Kharkiv. The medical university building had sustained missile damage, with blackened areas, cracks in the interior walls, and boards replacing window glass.

I was a bit disappointed with my final teaching effort, in which I felt a bit flat, possibly a result of the overnight train journey from Odesa, unlikely related to the pre-teaching consumption of something called Nemiroff, with which we were obliged to toast the hospitable medical school staff.

The mobile clinics

The Medical Association for whom we were working tries to provide mobile medical outreach clinics to isolated towns and villages where medical services are unavailable due to the war. We were also fortunate to be able to provide clinics for some military personnel in a village, and at an army base.

Doctors are in short supply in rural areas in the east, many having been channelled into the military or to large acute hospitals, some having moved to the less dangerous west of the country, and some to better paid jobs in other European countries.

From the outset I felt inadequate due to the language barrier, unfamiliarity with local customs and lack of the facilities I am used to in my usual work. I was 'a cog outside the machine', with imposter syndrome writ large.

This was despite the support of the wonderful people in the teams with which we worked, the hospitality of the local Ukrainian people with food and accommodation, and the universal amiability of the customers, our patients, civilian and military.

As well as we two Australian doctors our teams comprised nurses, and volunteers to help with logistics, setting up, medication dispensing, driving, cooking and other tasks. Sometimes we were accompanied by a dental van.

Some volunteers were elderly and some middle aged, but many were young school or university students or workers who had taken time away from their regular jobs to help with the clinics.

We worked with interpreters, some civilian and some young medical students or interns (who after a few hours listening to and translating my routine, would sometimes cut me out entirely and fly solo).

One young volunteer was an intern at a Kyiv children's hospital where she had sometimes had to continue working while her hospital was under rocket attack, at times without electricity, with part of her hospital destroyed, boarded up windows, and unable to move to safer lower floor while having children on dialysis.

Another young interpreter was in her final year of medical studies in Ukraine. Having fled to Italy with her family at the start of the war, while living hand to mouth, she learned Italian in nine months, continued medical studies at the university of Bologna, and was soon to sit for final exams in both countries.

Our first clinic was in a village in which most of the houses had been destroyed and most of the inhabitants had fled. Across a cratered laneway, under a grey cloud scudding sky, was an abandoned primary school with bomb damaged classrooms, long grass in the playground, and swings moving eerily in the wind.

My consult room, on the second floor of one of the few remaining buildings, had old shrapnel scarred internal walls, a table, chairs for the patient, myself and my interpreter, no running water, no electricity, and a door which wouldn't shut.

Our later mobile clinics were in relatively undamaged towns and villages. At one of these the unusual concentration of people caused by our presence in the town necessitated the location among some nearby trees of soldiers with a ute set up as a 'drone jammer'.

The civilian patients

At work in Warwick I often have the feeling that patients expect me to fix ailments which aren't always fixable, may improve with time, and are simply manifestations of the aging human condition. Consequently after many consultations I feel stressed at what I perceive as the patient's disappointment with the lack of a result.

Also in Australia there is great preoccupation by us doctors with whether patients are being 'compliant' with their treatment.

The Ukrainian patients, almost none of whom are older than 75, described their symptoms, (some of which had been present for years but with no opportunity to

see a doctor), listened politely to what I had to say (via my interpreter), and at the end of the consultation smiled, and left, possibly with a small supply of tablets.

I gradually came to believe they were thinking 'I didn't really expect you could fix anything doc, just floating the idea, thanks for listening, I'll just put up with it, try a herbal medicine my neighbour grows, or get some tablets from the chemist'.

After a while I found this low expectation and amiable disobedience strangely comforting, even refreshing, whereas my instinctive reaction in Australia would have been one of disappointment or annoyance.

I think underlying many patients' symptoms was the stress of the war and the subconscious knowledge that a missile or bomb could land on their roof at any time.

I was very stressed by my inability to really be of any help in one short visit, and all I could do was listen thoughtfully, examine carefully, and reassure the person in front of me that on balance their health would be OK.

In general, the medical scene in rural Ukraine struck me as rather chaotic. Most medicines, including antibiotics, can be bought over the counter at the chemist without a prescription. This is problematic, but government plans to reorder the health system from 2023 have had to be put on hold because of the war.

A patient's choice of medication depends not so much on a doctor's advice or prescription, still less on evidence, but on advertisements, recommendations of a neighbour, what the chemist happens to have in stock, and ultimately cost. Drugs made in Ukraine, India or Romania for example may be less expensive than those from Germany or the US.

Unlike in Australia there is little concern for the long term or preventive aspects of medicine. People would often only take blood pressure tablets intermittently depending on how they felt on the day, and seemed sceptical of my suggestion that they take tablets regularly.

The soldiers

I spent my birthday in 2025 with soldiers on a large army base partly hidden in woods to counter drone attacks.

This is largely a volunteer army of young and middle-aged Ukrainians who have left their regular jobs to serve in the defence of their country.

I saw young mothers on leave to care for sick children, and a captain accompanying a sergeant, she (the captain) to make sure that he (the sergeant) listened to the

doctor and obeyed orders. He was inclined to be fatalistic and unconcerned about his long term health, which I suppose is understandable when you could be dead in a week.

As well as the usual medical issues such as menstrual problems, hypertension or joint strains, many soldiers are suffering from the physical effects of war. Ear damage, headaches and vertigo were common, related to frequent proximity to explosions and gunfire. Few soldiers did not have the scars of a wound or surgery. Almost all (male) soldiers smoked as relaxation. One who showed me his hospital discharge summary after a heart attack 3 months before and was now back at the front had a pack of cigarettes in the top pocket of his uniform. I was briefly tempted to suggest he stop smoking after his heart attack but realised this was unrealistic. I did however suggest he stop after the war.

And everyone was stressed (including the base psychologist).

Frontline medicine, a snapshot

I was never near the frontline, so this is my impressions following conversations with doctors or soldiers who were.

In Ukraine the response to frontline injuries is not like that we are used to seeing in movies featuring modern American or European armies in conflicts such as the Gulf Wars or even Vietnam.

The shortage of well-trained medics and equipment is one difference, but the main thing is lack of control of the airspace.

Russian drones, aircraft and missiles make evacuation of injured soldiers impossible during daylight, and difficult at night, causing delays for hours or days in the treatment of critical injuries. Evacuating an injured soldier back to a field hospital may result not only in his death but the death of the soldier accompanying him or her. Casualties accumulate waiting for a moonless night, during which time the rear field hospitals are quiet, only to be overwhelmed by the sudden arrival of many casualties at once when the opportunity occurs.

The area under attack can change rapidly, but without control of the skies there may be long delays before field hospitals are able to move to a new area of conflict. I was told that the major causes of death were shock from blood loss, hypothermia, acidosis, and infection.

Wounds cannot be adequately cleaned at the front while under constant attack, and the delay in reaching definitive treatment together with widespread antibiotic

resistance means that although patients' injuries may be managed, many later succumb to untreatable infections.

Haemorrhage from limbs damaged by explosions or shrapnel is a major cause of death and all soldiers carry four tourniquets, one on their belt, one on their shoulder and two in their packs.

The training centre at Kharkiv University is noticeably different from ours in Australia for the piles of artificial severed limbs and tourniquets. In Warwick Hospital ED we have one tourniquet, although most of us probably don't know where it is kept.

While tourniquets save lives, they also cost limbs, and avoidable limb loss resulting from suboptimal tourniquet management combined with delays to evacuation is a major ongoing problem with terrible consequences for the people involved.

Although every soldier knows their blood group and that of their comrades, the only available medics may be volunteers with only two weeks training, and this, together with the chaotic and dangerous environment, makes standard trauma management including intravenous drugs, fluids, blood transfusion or intubation impossible.

Every fourth soldier may carry Tranexamic acid (which is given IM rather than IV), a haemostatic syringe, morphine, and a haemostatic clamp device, and medics may also have chest seals, pelvic binders, chemical blankets to warm shocked patients, and sometimes an intraosseous gun.

The tragedy of Ukraine

A father in uniform returning to the front walks into Kharkiv railway station, his small daughter on his shoulders, holding his wife's hand on one side, towing his suitcase with the other.

A flower covered tribute on blackened playground equipment among damaged apartment blocks.

Side by side photographic memorials of two young women soldiers among the many in the growing military cemetery in Bohodukhiv.

A still cheerful 22 year old volunteer medic who after only three weeks in the army is now in hospital in Kyiv having had one leg amputated and undergoing surgery to save the other, while young soldiers in adjacent beds lie quietly staring at the ceiling.

These are some of my memories.

In the chaos of war wives and children sometimes struggle without a secure income, not knowing if their missing husbands and fathers are dead or in a Russian prison.

For nearly four years, as well as missile and drone attacks, aircraft have been taking off nightly along the Russian border, sometimes to launch missiles, but often just to trigger air raid alerts waking tired people and forcing them into shelters, only for the planes to land again.

All this designed to grind down the morale of the Ukrainian people who are exhausted but remain determined.

Ukraine is not as economically well off as we in Australia, and after this war ends the country will take many years to recover.

As well as the physical rebuilding there will have to be an emotional rebuilding, including for the many traumatised ex-military amputees too ashamed and depressed to leave their homes.

As a result of this visit I have an immense respect for the people of Ukraine, with a mainly volunteer citizen army, men, women, fathers, mothers, sisters, brothers, sons and daughters, who continue to defend their country against the attack of a more powerful neighbour, together with the many civilian volunteers including those involved in the medical clinics of which for a short time and in a very small way I was privileged to be a part.















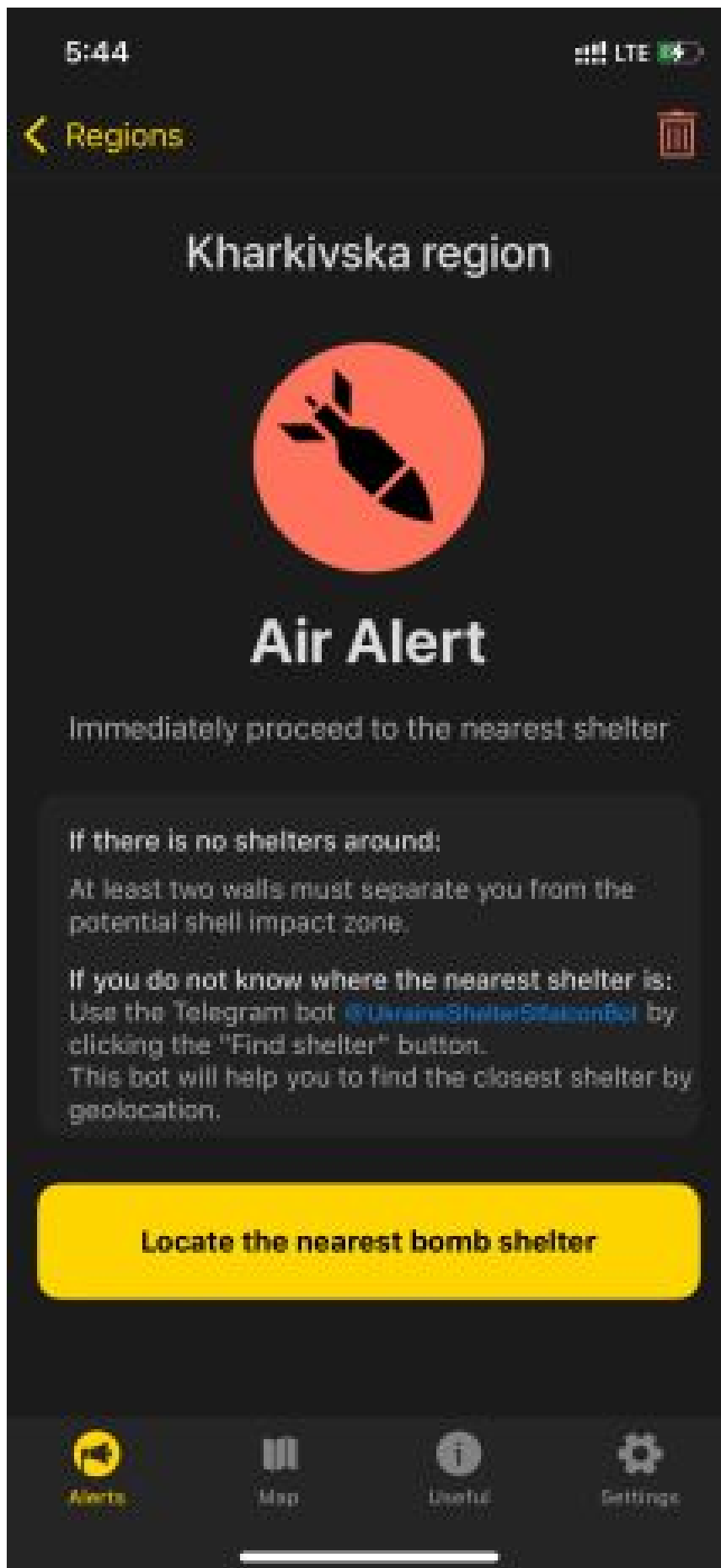






























Health Library Staff Member Spotlight

Megan Giles

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When did you first start working in a health library?

My first health library role was here, working in the Sunshine Coast Health Institute (SCHI) Library in 2021. But my first foray into library work was back in the early 1990s when I helped my mum, also a librarian, to run the school holiday programs at the local public library!

How/Why did you join health librarianship?

I had worked in healthcare, primarily in the clinical governance space, for 15+ years, and whilst not a clinician I loved indirectly helping to impact patient care. Studying librarianship had been at the back of my mind for a number of years and I jumped at the opportunity to join the SCHI Library team and combine my healthcare experience with my enthusiasm for libraries.

What was your previous employment background, prior to health libraries?

Interestingly, I considered studying librarianship when I finished school. That said, my mother was a librarian and being a typical 18 year old, I didn't want to do the same thing as my mum! Instead, I became an organisational psychologist, working in the areas of change management, team development, and process improvement. It took me 15 years to come back around and follow in my mother's footsteps.

How do you describe your current position?

A fantastically varied role. I lead our small (but mighty!) team, ensure we optimise our budget, contribute to broader SCHI initiatives, as well as undertaking literature searches, delivering training, providing outreach services across our health service, and, of course, supporting staff and students with referencing, printer troubleshooting, and all manner of other wonderful questions at the Help Desk.

What do you find most interesting or enjoyable about your current position?

This is an easy one! The staff and students we support, and the amazing team I work with! I also love belonging to a profession that is so generous in the sharing of knowledge, skills and experience.

What has been your biggest professional challenge?

An ongoing challenge for all health libraries is demonstrating their value in a sector which is under constant financial pressure. For me, it is important to not only convey 'what' we do, but the impact our work has in a way that makes sense to senior

decision makers. e.g. how a literature search contributed to a successful research grant or enabled a change in clinical practice. We have a supportive senior leadership team here at Sunshine Coast Health, but I am always conscious of their challenge to distribute a finite budget across many services and specialties.

What do you consider the main issues affecting health librarianship today?

The impact of AI 'slop'. AI tools continue to improve and they do have a role to play, but careful consideration is required when applying them to patient care. As health librarians I think we have a responsibility to encourage clinicians to critically appraise their sources, to actually track down articles (ensure they are not hallucinations), and to utilise the trustworthy, evidence-based tools that are provided through our health services.

What would you do if you weren't a health librarian?

I think I've hit the jackpot in this role! Taking the leap and changing careers is one of the best things I've done.

What is your favourite non-work activity?

Anything outdoors, but I'd have to say surfing. It's fantastic way to start the day, and nothing beats a late afternoon winter glass-off!

What have you been reading / watching / listening to of late that you have really enjoyed?

Like so many others, I am currently binge-watching The Pitt. In terms of books, I've just finished The Names by Florence Knapp - three cleverly crafted pathways woven into one novel.

