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Providing direction and management for health library and information services

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Introduction

The rapidly changing technology, coupled with clinical users with current needs that bear little resemblance to those of five years ago, means health LIS managers must develop new services and incorporate new technology. At the same time the health LIS are functioning within the turbulent health environment described in Chapter 1 where change is occurring in all areas. Two key areas on which the health LIS manager must focus to ensure that services 'fit' are strategic direction and managing staff. This chapter is therefore divided into two sections: strategic and human resource management. The intention is not to convey that one is more important than the other, but that they involve different approaches and skills. Strategic and people management are intertwined: an effective health LIS strategy will be damaged by ineffective staff management and vice versa.

The role of strategic management, informed by recent developments in the directions taken by health information services in UK NHS trusts, is discussed. The strategic process is outlined including strategic analysis, internal analysis, strategic options, evaluation of options and strategic implementation. This section is completed by discussions on the importance of different stakeholders to the strategy. Various business models, already applied within the library sector (Walton and Edwards, 1997), are used to develop the ideas within the health LIS context. The section looking at staff management discusses managing change, staff skills, teamwork and staff development.

Strategic direction in the health information service

Role of strategic direction in health information services

The actions of the health LIS staff determine whether the service survives, flourishes or withers. If a health LIS is to survive in the long term it needs to constantly adapt to the outside world. In the private sector, strategic management is primarily concerned with maximizing profits, but this driver has limited applicability to the health LIS where the driver is to maximize the effectiveness of the resources allocated for providing the service. Strategies have to match the needs of the external health environment and build on existing strengths already present in the health LIS.

Recent significant developments in the UK's National Health Service have increased the profile and importance attached to health information strategies. Health Service

Guideline 97(47) (Department of Health, 1997a) was produced to rectify a situation where the lack of guidelines and complex funding had led to fragmentation of library and information provision within the NHS. The resulting guideline indicated that NHS trusts should draw up a library and information strategy covering all groups and this approach was strengthened in 1998 when the national health information strategy, *Information for health* was launched (Department of Health, 1998b). At a theoretical level, a centralized approach should ensure all NHS trust library and information services are strategically managed to support healthcare delivery. A review of how health LIS strategies have developed within a specific region (NHS Executive Northern and Yorkshire Regional Library Advisory Service, 1999) provides evidence that issuing central guidelines does not necessarily result in the appearance of LIS strategies or their implementation. Reasons for this are explored later in the chapter. Strategic management has an important role with Johnson and Scholes (1999) reporting on a study by Baden-Fuller and Stopford of rejuvenated businesses. It was found that the success of the business was the result of strategies, pursued on an individual basis, and the effective development of those strategies by management. Having an explicit approach to strategic management will increase the likelihood that a health LIS will supply the necessary services.

Strategic analysis of the environment

Burnes (1996, 12) has observed that it used to be assumed that 'organizations move from one stable state to another in a pre-planned manner. However . . . in the turbulent and chaotic world in which we live, such assumptions are increasingly tenuous and organizational change is more a continuous and open ended process than a set of discrete and self-contained events.' The inherent danger in the assumption of stability is that fixed responses will be developed for what are seen as fixed situations. Changes will not be implemented, new services not offered and new skills not acquired if there is no recognition that the world and health LIS have both moved on. Strategic analysis is concerned with identifying the future effect of the external environment on services.

A starting point can be to establish which environmental influences have been particularly important in the past and the extent to which changes may make them less or more significant in the future. This can be achieved by undertaking a STEP analysis where the key drivers in the external environment are grouped under the following categories: sociological, technological, economic and political. Johnson and Scholes (1999) provide more information on the STEP analysis. A STEP analysis was produced in Chapter 1 to provide a contextual structure of the health external environment. The STEP analysis does not stand by itself, but needs further study with the key influences and drivers of change being separated from those that will have minimal impact.

The health LIS, as part of the analysis, has to identify if there are factors in the environment that will influence its ability to position itself advantageously. By understanding the underlying sources of advantage much groundwork will have been accomplished in identifying strategic action. Further work is needed to examine the influences on the immediate environment of health LIS. Applying the five-force analysis developed by Porter (1980) can facilitate this. His approach supports the detailed examination of different sources of change and their respective implications. Within the

health LIS context these five forces are:

- *Threat of new entry.* With the development of electronic services and globalization, commercial companies can set up competing information services which may prove attractive to funders. It is also possible within the same geographical area for there to be different providers of health LIS who may be approached to take over a service. Within the same organization different units can look to take over services previously operated by the health information service. Computer units are likely to see the networking of databases such as MEDLINE as part of their remit. Training sections may wish to deliver courses on appraising the evidence.
- *Power of supplier.* The level of power of suppliers to health information services is continually evolving. At one level, their power is limited because the range of book suppliers, periodical subscription agents and software suppliers enables prices to be forced down and higher quality to be demanded. At another level they have significant power as suppliers of electronic databases can enforce legally binding contracts that dictate who can use the databases and the nature of their use.
- *Power of service users.* Along with other customer-driven services, users of health LIS are becoming more powerful. They can demand services that are available from desktops, that support evidence based practice and that equip them with the necessary information skills they need. If these are not forthcoming, they can look for other suppliers.
- *Substitute products and services.* This last decade has seen a proliferation in electronic health information sources: e-journals, the world wide web, end-user access to databases. This trend is unlikely to slow down and the health LIS provider has to establish how to deal strategically with this.
- *Jockeying for position.* Health LIS will cope with the above four forces in a variety of different ways with services being altered and developed. There is a need to establish how other health LIS are coping with the pressures/forces as well as developing services at the local level.

Internal analysis

Internal analysis is important because there is a need to know whether the health LIS has the capabilities to perform at the appropriate strategic level. Johnson and Scholes (1999) highlight the need to establish whether the internal competencies fit the external environment. One approach to this is to undertake a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) which has been used as a common-sense checklist for many years. The aim is to identify whether the health LIS's current strategy and its own strengths and weaknesses are still relevant and capable of dealing with the health environment.

Strategic options

Once decisions have been made concerning the broad strategy to be adopted by a health LIS, further decisions have to be made on the precise direction and methods needed to develop the strategy. Another business model that can be applied to health LIS is the product/market matrix (Ansoff, 1986). This model looks at the markets for

services and the services themselves and establishes whether both are new or existing. By applying this model it is possible to establish four possible strategic options the health LIS can take:

- *Protect/build on current positions.* The chosen strategy here is to focus energies on protecting or building on the health LIS's current position. It may be occupied with maintaining existing library and information services to the current users. Protecting and building on current services could encompass seeking improved services through automating routine tasks like book issuing or periodical receipts. This protect/build option may prevent necessary new services required by users from being developed.
- *Service development.* This option is preferable for health LIS where there is a need to shift service patterns to meet the clinicians' changing needs. The key skill here is to establish and understand the changing need. There are risks to this approach in that developing new health LIS is expensive and may not meet the changing needs. The nature of the new health LIS needing to be developed means new competencies in such areas as information technology and teaching skills will have to be acquired.
- *Market development.* Health LIS are only used by a limited percentage of the health professionals who are entitled to them. It is possible to identify those individuals or groups who do not use the services and establish strategies to extend the services to them.
- *Diversification.* In this strategic option the health LIS considers directions that take it away from its current users and services. Diversification could involve teaching health professionals information technology skills alongside information skills. It may also include looking at offering health LIS to clinicians outside of the organization from which the health LIS operates.

Strategic evaluation

The recognized experts in strategic evaluation are Johnson and Scholes (1999) who have identified three types of evaluation criteria: suitability, acceptability and feasibility. Before a strategy is implemented the health LIS manager can apply these criteria to the different strategic options.

- *Suitability.* At a broad level the health LIS needs to unpick the strategy and establish whether it will be compatible with the changes identified in the environmental analysis.
- *Acceptability.* It is also important to identify whether the expected strategic outcomes will meet health LIS users' expectations. If a strategy has been to set up an electronic current awareness service on the hospital network, will it be a service clinicians will use? There is always some level of risk attached to strategies and it is important to assess whether this level of risk is acceptable. A health information service that decides as part of a strategy to move periodical subscriptions to electronic delivery has to establish how clinicians that have previously relied on the paper version will react.

- *Feasibility.* This evaluation is concerned with whether the health information service has the resources and skills to deliver the strategy and whether it will work in practice. Proposing to improve access by increasing opening hours to the health information service will depend on the resources being available. Developing a web based enquiry service as part of the strategy will succeed or fail on whether or not health LIS staff have web-authoring skills. The existence of an appropriate training budget is also crucial.

Strategic implementation

Implementing strategy is just as complex as identifying the way forward. Alexander (1989) has surveyed the public and private sectors to establish approaches that promote implementation. All staff members in the health LIS need to be involved and committed to the strategy. There should be effective two-way communication throughout the whole process. Sufficient resources should be available to support the strategy and the strategy itself should be based upon good concepts and ideas. An implementation plan should support the strategy and attempts be made to predict possible problems to prevent them occurring in the first place. A further approach to ensure effective implementation is to identify critical success factors (CSFs) which will dictate whether the strategy will stand or fall. The identification of the CSFs will allow attention and resources to be focused to ensure it does not fail.

In the implementation of strategy there has to be some level of control (Asch, 1989) but this is not a simplistic aspiration. The control process involves the social/person sense as much as the technical/financial sense. The coordinator of health LIS needs to set up information systems to provide data to monitor the progress of implementation of the strategy.

Stakeholders and strategy

The piecemeal implementation of the guidelines on library strategy was referred to earlier (NHS Executive Northern and Yorkshire Regional Library Advisory Service, 1999). One possible reason for this variable implementation is the extent to which all stakeholders were involved in the strategy. Health organizations have multiple stakeholders with different expectations and different levels of interest in, and power over, the health LIS or library strategy. If the manager of a health LIS analyses the extent to which the different stakeholders are likely to have an interest in the strategy they will be better informed as to how to deal with the various stakeholder groups/individuals. Not only does the level of interest need to be established, but also the power the individual stakeholders would have to influence the strategy adversely or otherwise. For example, if the Chief Executive of an NHS trust has high interest in the library strategy, it is likely that their power will ensure it has both a high profile and impact within the trust.

Managing people in the health information service

Managing change

A combination of the turbulent health external environment and the drive from the fast-developing technology ensures that health LIS do, and will continue to, experience change as a normal, regular activity. The manager of a health LIS will always encounter resistance to change from staff, as well as users. The way this resistance is managed will be pivotal to the future success of change management. Kotter and Schlesinger (1989) have identified why staff may resist change: parochial self-interest, misunderstanding/lack of trust, different assessments of the situation and low tolerance of change. Another commentator (Macadam, 1996, 38) has observed that barriers to change are through 'organizational inability to forge lasting trust and honesty between senior managers and workforce'. Further critical factors identified by several authors (Farley, Broady-Preston and Hayward, 1998; Farrow, 1997) are the importance of communication with staff, staff involvement and staff training to overcome resistance. Health LIS staff need to be involved early in the change process and fully aware of the changes proposed. They need to be given ownership of identifying the way forward to achieve changes.

Farrow (1997) and Corral (1998) both highlight the disappearing traditional library hierarchies and the benefits of allowing front-line staff to act as change agents as well as to develop responsibility for managing change. The health LIS manager has to tread a fine line between maintaining control of the general direction the service is going whilst at the same time giving up control so staff can share responsibility for the change process. The involvement of staff in change management works well when there is a long lead in to incremental change with no imperative for rapid and major change. Burnes (1996) highlights the dilemma where the change has to be implemented quickly which will cause the manager to impose the change from the top in a directive manner. Staff resistance and concern will be present when change is progressed in this way, but certain situations (such as the urgent implementation of government policy and major changes in technology) make this unavoidable.

Staff skills

There are some generic traits that the health LIS manager needs to ensure are present in colleagues: creativity, innovation and flexibility. These skills are central to strategies developed in health information services that manage both the health external environment and the developments in information delivery.

Creativity

Numerous commentators have observed how creative skills are essential in the present era. McFadzean (1998, 309) highlights that creativity 'improves communication, promotes learning and the exploration of problems and helps develop new ideas, solutions and alternatives'. The centrality of developing new services and new ways of looking at problems has also been recognized within the library and information context (Corral, 1998; Kesselman, 1994). There are arrays of techniques that can be used to

encourage creativity including brainstorming, brainwriting, object stimulation, metaphors and thinking rich pictures (VanGundy, 1998). The manager has a crucial role to play in supporting and encouraging the creativity in health LIS staff. Majaro (1988) indicates that an organization needs a climate conducive to creative thinking, an effective way to communicate ideas and a procedure for managing the ideas. The manager can reduce the bureaucracy and hierarchies in health LIS to support creative thinking. They can make people feel safe to challenge assumptions and give them time to work on projects. Health LIS staff should be able to share their ideas with colleagues. Formal activities can help this, such as regular meetings, newsletters and suggestion schemes, but an informal ambience that encourages communication is more important. Once the creativity is in evidence through new ideas the health LIS needs to be able to manage them. The manager has to set up a sifting process to identify the ideas that are practical and procedures to develop the ideas into services, etc.

Innovation

Creativity and innovation are inter-related in that innovation is the process whereby creative ideas are turned into new products, services and procedures. Innovation should not be seen as a one-off response to a crisis but a continuous and constant process. Management gurus such as Drucker (1991) see innovation as a way to create purposeful/focused change. The health LIS manager has to exploit the creative ideas that emerge and use them to move forward in an innovative way. Health LIS have an advantage when it comes to being innovative in that they are very often small departments. Rosenfeld and Servo (1991) have pointed out that small units can be more creative and innovative because of their size. In encouraging innovation the health LIS manager's role becomes that of a facilitator and supporter of openness.

Flexibility

The need for a flexible workforce is a global trend that is also present in health information services. Goulding and Kerlake (1996) conducted a survey of 475 libraries in the UK to establish the extent to which flexible work patterns were in place. Factors identified in moving to a flexible workforce are the new technologies that need different working patterns, the demographic makeup of the library workforce with more working women and earlier retirements, and the government policies encouraging labour market flexibility. Having a more flexible workforce gives the health LIS increased capability to deal with changes that impact on services. In the survey Goulding and Kerlake (1996) found that flexible work patterns were present in support staff and professional staff. A flexible workforce enabled LIS to cope with variable workloads, cover services at weekends and retain valued staff. The challenge the health LIS manager faces with a flexible workforce is to ensure that all are included in activities and feel that they are valued.

Teamwork

Hall (1999) points out that the team based structure has been widespread in business

and industry for over 15 years. Operating a health LIS on a team basis allows colleagues to share ideas, support each other and benefit from colleagues' expertise and skills. In a survey on teamwork in libraries, Hall (1999) established that characteristics of effective teams were mutual support, mutual compatibility, good communication and good leadership. The team leader focused more on the attitudinal/interpersonal aspects of teamwork rather than objective-setting or decision-making. The health LIS manager is therefore central to ensuring the team functions well. This extends to selecting the individuals that make up the team (Jago, 1996) where the right blend of people with professional expertise, different ideas and interpersonal skills are brought together. By bringing together in the health LIS people with different styles and backgrounds, issues can be approached from different angles. Belbin (1981) has attempted to identify the different mix of characters that are needed to ensure teams bring varied approaches to issues. The role the health LIS manager plays in managing the team includes dealing with the tensions that will undoubtedly occur when differences emerge. By encouraging the team's capabilities and encouraging creative thinking the health LIS manager will ensure the presence to the clinician of the 'added-value' in the service.

Staff development

The move to an increasingly information-centred and electronically dependent environment gives staff training and development a high profile (Walton and Edwards, 1999). This impact of technology is also underlined by Abbott (1998) who establishes that librarians need to extend their repertoire of skills and knowledge. It is interesting to note that it is not just information technology skills that are seen as important. Abbott (1998) also establishes that teaching, training, marketing and presentation skills are crucial along with the abilities to negotiate, manage teams and think strategically. A personal opinion is expressed by one commentator that if information workers fail to undertake effective training and development programmes the result may be the 'downfall of the information profession and its eventual irrelevance' (Barden, 1997, 4).

The health LIS manager needs to continually monitor their own individual skills' 'toolbox' along with those of colleagues to ensure the relevant attributes are present to contend with the rapidly changing environment. A study (Walton, Day and Edwards, 1995) has underlined that staff at all levels need development activities. Doney (1998) observed that the feeling that staff do not have adequate time for continuing learning is a major deterrent to staff development activities. The health LIS manager has to develop a work environment where staff have the time and space to undertake staff development activities. In a national cross-sectional survey of attitudes of library staff to staff development, widespread apathy was identified (Farmer and Campbell, 1997). If health LIS staff are apathetic to development and feel they do not have enough time the manager has a major task to address. The concept of the 'learning organization' has been developed (Garvin, 1988) where systematic problem-solving, experimentation, learning from past experience, learning from others and transferring knowledge are seen as being the five main activities. The health LIS manager's role is to support these activities by addressing the negative perceptions surrounding staff development and training.

Conclusion

Appropriate strategic and staff management is proposed as central to the effective health LIS. There are other areas that are equally as important where skills need to be acquired and maintained. There is always pressure on health service providers to reduce costs and this driver is passed on to health LIS. With the dramatic developments in electronic health LIS, resources have to be found to fund them. For these reasons the health LIS managers' portfolio should include financial management. Various titles describe the necessary skills and knowledge (Roberts, 1998; Snyder, 1997; Schauer, 1986). (See Chapter 8.)

In researching this chapter, the dramatic influence of the rate and level of change is continually emphasized. No commentator has been able to identify a single coping approach relevant for the provider of health LIS. There are ranges of activities that can be undertaken that will increase the likelihood of the health LIS flourishing. At a strategic level, by undertaking strategic and internal analysis, by identifying and evaluating options and then implementing the chosen strategy the information service is likely to 'fit' its environment. This process is iterative and needs constant re-visiting. The manager must ensure that the colleagues who provide the service work together collaboratively with a shared vision of the direction in which the health LIS is heading. Appropriate change management processes have to be introduced and the workforce needs to display creativity, innovation and flexibility. Effective teamwork is to be encouraged and supported with individuals given the training and development that the modern health LIS will continue to require.

Key points

- ⇒ Strategic management is concerned with the long-term survival of health information services. There needs to be an analysis of both the external environment and internal capabilities.
- ⇒ Strategic options include consolidation, product development, market development or diversification and should be evaluated against criteria of suitability, acceptability and feasibility.
- ⇒ Staff involvement, communication and adequate resources are among the factors related to effective strategic implementation. The influence of different stakeholders is also important.
- ⇒ Change can be effectively managed if people are involved and informed. The rate at which change has to be implemented governs the management approach.
- ⇒ Creativity, innovation and flexibility should be apparent in the workforce for the service to be appropriately developed. Teamwork is an accepted way of working in all sectors but teams do need managing and coordinating.
- ⇒ The manager has to ensure that staff are given appropriate development and training to provide the necessary services.