# Educational needs and self-perceived skills of teaching librarians – a comparative Polish-Norwegian study.

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### Introduction

In 2009 a study was conducted to compare educational needs and self-assessed skills of teaching librarians in health care sectors in Norway and Poland. The Project was carried out by Medical Library of Jagiellonian University in co-operation with Information Studies Department IPH JUMC and librarians associated in the Norwegian Library Association, Section for Medicine and Health. The project was financed by the EEA and Norwegian Financial Mechanisms 2004 – 2009".

### Aim of the study

The primary aim of the study was to obtain numerical data and to identify generalisable issues necessary for the recognition of the present educational needs, preferences and limitations of Polish and Norwegian teaching librarians employed in health care sector.

A survey was conducted simultaneously in both countries. The target population was librarians who teach.

The study questions regarded:

- self-assessment of relevant knowledge and skills
- perceived hierarchy of deficiencies
- hierarchy of importance of knowledge/skills in opinion of respondents
- Perceived barriers in education
- preferable form of continuous education training

### Method

A survey questionnaire was developed on the basis of literature studies, a methodological seminar with participation of both research teams, and interviews conducted with teaching librarians in both countries. The questionnaire was translated into Polish and Norwegian, validated and piloted in Poland and Norway, and corrections were made on basis of the answers and comments from the pilot. The questionnaire consisted mainly of closed questions, but also left space for free text answers. In June 2009 invitations to participate in the web-based survey were sent to 230 librarians/libraries in Norway and to 165 librarians in Poland. The answers were entered into a database and the internal consistency of the entered data was checked. A statistical analysis was performed, and the open answers analysed.

# Results

#### **Response rate**

Altogether, 180 librarians answered. A comparable return rate was achieved. The response rate in Poland was 48% (80 questionnaires) and in Norway 44% (100 answers). These response rates do not allow for general inference, but were similar and are sufficient to identify some interesting features and needs of surveyed librarians in both countries.

### Target groups characteristic

Most respondents work in academic environment (Fig.1) and have similar work experience



Fig.1.

There are 15% more Poles working over 10 years in medical library (Fig.2).



Teaching experience of respondents is also similar, except that there are more (ca 20%) Norwegians with experience longer then 6 years (Fig.3).



Polish librarians have higher education degrees (most of them have masters (83%), there are some with PhD (10%). Norwegians know English much better, but in regard to knowledge of medical terminology difference between groups is small.

In both groups over half of respondents feel confident when they teach (59% Norwegians, 62% Poles). Very stressed while teaching are only 4-5% of the respondents.



### **Selected results**

Both Polish and Norwegian <u>teaching</u> librarians agree that most important for them as teachers areas of knowledge and skills are :

- Database searching
- Knowledge of medical terminology and health concepts
- How to use computer software in teaching
- How to communicate/interact with faculty
- information quality assessment tools and ranking criteria
- open access journals and institutional research repositories
- Presentation skills

Groups of respondents differ most in perception of importance of following subjects:

- Terms and conditions of the use of and access to licensed databases
- Quality indicators of information (e.g. Impact factor, peer reviewing)
- Free Internet searching skills (e.g. using Google Scholar). For Poles how to search internet is crucial, a skill least important for Norwegians
- Principles of evidence based decision making in health care. For Norwegians knowledge of EBM sources is of much greater importance then for Poles.
- Developing teaching materials
- E-learning applications which can be used in teaching

There are areas where respondents definitely claim lack of knowledge.

In Poland 60%-37% of respondents say they know little about (in decreasing order ):

- 1 Research methods
- 2 Reference programs
- 3 Principles of EBM
- 4 Medical decision support tools (like e.g. DynaMed)
- 5 Marketing of library courses
- 6 Integrating library courses with curricula
- 7 Critical appraisal
- 8 E-learning tools
- 9 Information quality assessment tools
- 10 EBM sources

In Norway the range and order of deficiencies are different although some are same as among Polish colleagues (in bold). 52%-32% of Norwegian respondents say they know little about:

- 1 E-learning tools
- 2 Evaluation of teaching
- 3 How to keeping current
- 4 Knowledge of medical curricula
- 5 Research methods
- 6 Publications (types etc.)
- 7 Health and medicine terminology
- 8 Reference programs
- 9 Integrating library courses with curricula
- 10 Teaching methods

Norwegians generally assess higher their knowledge of information quality issues. But, they do not care much for such quality indicators like impact factors. Understanding such measures of information (journal, paper) quality are very important for Polish librarians. Importance of knowing research methods is underestimated by both groups, what is strange, considering that both groups say that to know how to conduct "critical appraisal" is important Regarding issues connected with authorship and publishing Poles assess themselves to be a bit more knowledgeable and are more interested in the subjects.

Both groups of respondents agree that to be knowledgeable in area of open access publishing is important,

Knowledge of access rights to databases is perceived very differently. Norwegians do not see this as relevant for teaching librarian, for Polish librarians it is an important area of knowledge. The reason may be that Polish users have much bigger problems with accessing commercial bibliographic databases, full text journals and other sources, the access is much more restricted in Poland then in Norway, and to teach users how to cope with this is important.

Polish librarian claim better knowledge of medical terminology, and medical and health environment (53% say they have at least reasonable knowledge, only 24% of Norwegians say so). They also seem to have less problems with keeping current. Poles are far behind Norwegians in regard to acquaintance with EBM paradigm (only 13% say they now what it is about, compared with 42% of N.). Polish librarians also do not perceive EBM as an important area of knowledge.

For both groups of respondents it is very important to know how to conduct educational needs assessment among library courses participants. Ppresentation skills are also highly ranked. Both groups do not care much about the theory of education. What is surprising, is that most of teaching librarians do not attach importance to evaluation of their teaching.

In area of use of computers and other technology in teaching, both groups claim similar knowledge and needs. Norwegian may seem to be a bit less interested in this field of knowledge then Polish librarians

In area of marketing library courses and communication with patrons and other teachers, Norwegian teaching librarians generally see this set of skills as more important, and claim more knowledge here then Poles. Polish teaching librarians generally lack knowledge and skills helpful in integrating their teaching with curricula. They know little about their organization and do not know how to market their teaching.

Generally respondents in Norway were much more moderate in self evaluation of their knowledge and skills than Polish librarians. Poles more often feel they are experts and more often say they no nothing. Difference in temper?

In traditional, probably most often practiced areas of teaching (searching, information quality issues), similar weight is attached to certain skills and areas of knowledge and differences between target groups are insignificant

In more rarely taught, less obvious or advanced competencies there are large differences between Polish and Norwegian librarians.

In regard for instance to acquittance with EBM paradigm (only 13% of Polish respondents say they now what it is about, compared with 42% of Norwegians). They also do not perceive this

knowledge as important. Much more Norwegians attach importance to knowledge of EBM then Poles (83%, 35%).

Opposite, when comes to knowledge of medicine (60% Poles and 33% Norwegians say it is important). Polish librarians claim also better knowledge of medicine and medical terminology, and medical and health environment (53 % say they have at least reasonable knowledge, and only 24% of Norwegians say so). Polish respondents also say they have less problems with stying updated

There are areas where Norwegians seem to do better (Principles of EBM; Medical decision support tools; Marketing of library sources). But in some other they are less confident then Poles: E-learning, Evaluation of teaching, how to keep current.

Yes, Polish and Norwegian teaching librarians differ. They differ also in what they see as the main barrier in improving their skills (Poles – money, Norwegians – time) and how they would like to be trained (Poles – in house longer course or self administered on-line course, Norwegians – out of house longer course or mentoring)

## **General conclusions**

There are significant differences between Norwegian and Polish teaching librarians in regard to what they say they know and what they think is important a teaching librarian should know and can do. These differences probably may be extrapolated to other countries. In Information Age, in information intensive health field, in era of globalization such

differences should be minimized for the good of health information users.

This can be achieved by developing health librarians' education standards and some additional guidelines which can help make teaching librarians qualifications more unified across countries in Europe and worldwide.

Such standards and education could add to levelling and also improving the qualifications of health and medical librarians in Europe and adjust their competence to the changing environment and needs of medical/health information users.