EXPERIENCES WITH A CROSS-COUNTRY EXPLORATORY PROJECT TO OFFER CURRENT AWARENESS (CAS) SERVICES TO ONCOLOGY NURSES

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ABSTRACT

The Central Cancer Library (The Netherlands Cancer Institute) and the Department of Information Science, University of Pretoria conducted a cross-country exploratory study to evaluate the current awareness service (CAS) offered by the Library via PUBMED. The intention was to determine satisfaction with the service, the topics of interest, the reasons for using the service and potential problems, and to pave the way for ongoing research that is manageable for library and information (LIS) practitioners and that can eventually make a theoretical contribution. The intention was furthermore to promote the service to South African oncology nurses as a method of staying abreast in their field: they have access to the library website and can access monthly updates on the topic(s) of their choice. Twenty eight oncology healthcare professionals (mostly oncology nurses) participated: 6 from The Netherlands and 22 from South Africa. For participants from The Netherlands it seems as if professional interest and evidence-based nursing are the most important reasons for using the CAS, and for South African participants it seems to be the need to offer a good service to patients. The value of small-scale evaluation projects and cooperation between academia and praxis was shown, and the way paved for continuation of the project.

1 INTRODUCTION

The need to stay abreast with developments in a dynamic healthcare environment and dealing with patients with increasing interest in using the Internet in learning more about their diseases and participating in decision-making, has been widely acknowledged (Baker & Fitch 1998; Browne, Robinson & Richardson 2002; Cobb 2003; Walton 2004; Fourie & Claasen-Veldsman 2007a). In practice there are, however, numerous factors impeding on the need and interest to use alerting services. Fourie and Claasen-Veldsman (2007b) found that factors inhibiting the use of current awareness services (CAS; also known as alerting services) by oncology nurses in South Africa include the routine nature of [some] daily tasks, lack of computer skills and skills in using the Internet, lack of time, lack of private access to the Internet, the physically and emotionally demanding nature of jobs and the fact that management do not always think additional information would be necessary for oncology nurses to complete their daily tasks. In surveys conducted at annual meetings of the Oncology Nursing Society and the American Society of Clinical Oncology Cobb and Baird (1999) and Cobb (2003) report good use of the Internet by oncology nurses as well as an increase in use – albeit the fact that some respondents reported inadequate skills in computer and Internet usage. Estabrooks et al (2003) note that although there is an increase in Internet and e-mail usage, nurses are still making less use of these while at work – even if adequate access opportunities are provided. For use of the CAS discussed in this article, Internet access and skills in using email and search the Internet are important.

From the literature of Oncology Nursing there seems to be numerous reasons why oncology nurses could benefit from CAS. This include the work by Browne, Robinson and Richardson (2002) on the research priorities of European oncology nurses, the need for evidence-based medicine and clinical information stressed by Cavanaugh and Horne (1999), and the acclaimed importance of nursing informatics and information in oncology as argued by Delaney (2001). Nurses are furthermore working in an environment where more patients, including young people, are turning to the Internet (Clark & Gomez 2001; Gibson, Miller & Kearney 2007), and where there are great pressure on professionals in oncology to keep up to date with legal and ethical issues confronting oncology nursing (Christensen 2002). Research has also been reported on nurses' role in providing information to cancer patients (Sainio & Eriksson 2003).

Fourie and Claasen-Veldsman (2007a) explored the potential of WWW CAS for oncology nurses in more detail e.g. for career development, dealing with pressures for improved health care, dealing with patient education and information support, keeping track of issues concerning the occupational environment, keeping track of social trends that may impact on their work, noting research priorities and practices, noting solutions to problems experienced, keeping track of educational needs and opportunities, noting information resources that may be relevant to patients, as well as noting IT developments relevant to their job. According to Fourie and Claasen-Veldsman (2007b) effective use of CAS, however requires that oncology nurses should have: a culture of using CAS, a supporting task environment, management that support the use of CAS, the necessary computer skills and skills in using the Internet, and they should know how to deal with the side effects such as information overload. The use of the Internet in oncology nursing has also been explored by Gomez and Clark (2001).

In the library and information science (LIS) literature, the need for evaluation is often stressed: "Over the past decade, both academics and practitioners in the field of library and information science (LIS) have increasingly recognized the significance of assessing library services" (Shi & Levy 2005:266). The purpose is to deepen understanding of library systems, and therefore such assessment should apply to all types of services, including CAS.

In an effort to evaluate an existing CAS, and to offer healthcare professionals from a developing country the opportunity to benefit from such a service a joint exploratory project was started by the Department of Information Science, University of Pretoria (South Africa) and the Central Cancer Library of the Netherlands Cancer Institute (Antoni van Leeuwenhoek Ziekenhuis). The inspiration for the project was a day trip to the mountain village of Zakopane (Poland) following the EAHIL 2007 conference in Cracow. In the 25 years of its existence, the CAS offered by the Central Cancer Library has never been evaluated – there have always been more pressing matters. Combining the need for an evaluation with an interest in promoting CAS amongst South African oncology nurses and gaining their impartial feedback on the service seemed like an excellent opportunity to combine the needs of praxis (ie evaluating and improving the CAS accordingly) with academic interests (ie deepening understanding of the use of CAS and promoting such use).

This article will report on the background for the project, the rationale and expectations for the exploratory project, recruiting of participants, problems experienced, methods of data collection, analysis of preliminary feedback from the participants, the researchers' experiences with the project, as well as recommendations.

2 BACKGROUND

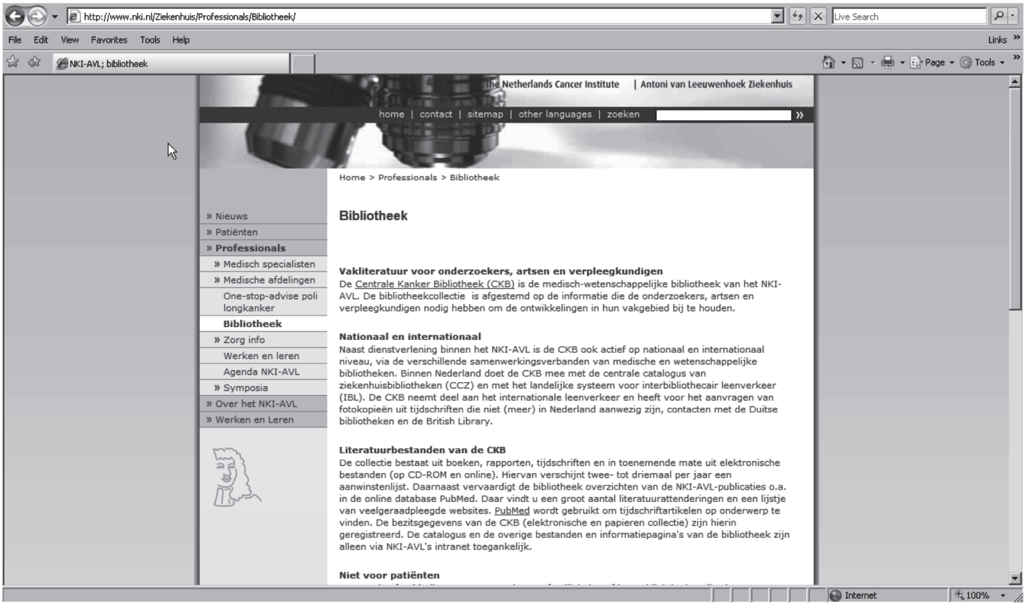
The background will focus on the context of participants, namely the Central Cancer Library in The Netherlands which is also the library offering the CAS under investigation, and the South African context where we are trying to promote the use of CAS. In the follow-study more attention will be spend on the cultural and healthcare background in each country.

2.1 BACKGROUND ON THE CAS OFFERED BY THE CENTRAL CANCER LIBRARY

The Central Cancer Library of The Netherlands Cancer Institute (http://www.nki.nl/Ziekenhuis/Professionals/Bibliotheek/) offers a CAS through their website (http://research.nki.nl/library/lit/Overzicht.htm) to various target groups interested in cancer, including oncology nurses and social workers. Journals available through the Library are registered in PubMed and marked with the (old) Antoni-logo, appearing in the abstract of the bibliographic reference. There are also links available for open/free journals. The Library, however, does not offer literature to the patients, family members and the general public. The service is based on a number of search strategies reflecting the assumed needs of the user groups. Users subscribe to specific profiles (e.g. oncology nursing) in order to receive monthly e-mail messages with a Word document attached. The search strategies used for the CAS are available as programmed hypertext links on the Internet-pages of the Central Cancer Library (http://research.nki.nl/library/lit/overzicht.htm).

The CAS offered by the Central Cancer Library has gone through different phases of development, starting manually, followed by online CAS, CD-ROM and then PubMed available via the WWW. The collection of the Library also went from print to a growing number of electronic full-text subscriptions. Before the move to electronic full-text it was easier to monitor the impact of the CAS on users informally: after each update, secretaries came into the library to make photocopies, there was an increase in inter-library lending requests and users often commented informally about the value of the service. To some extent the librarian therefore had a reasonably good insight whether the CAS was meeting with its expectations. In a changing environment faced by increasing pressure to justify the existence of libraries and to adapt to changing environments (Pugh 2007), more end-users believing that the Internet is the ultimate resource and a younger (Net Generation) increasingly fascinated by Web 2.0 technology (Gibbons 2007), a “gut-feeling” about the usefulness of the CAS is no longer sufficient.

Figures 1 to 7 include screen dumps from the CAS.



Home > Professionals > Bibliotheek

Bibliotheek

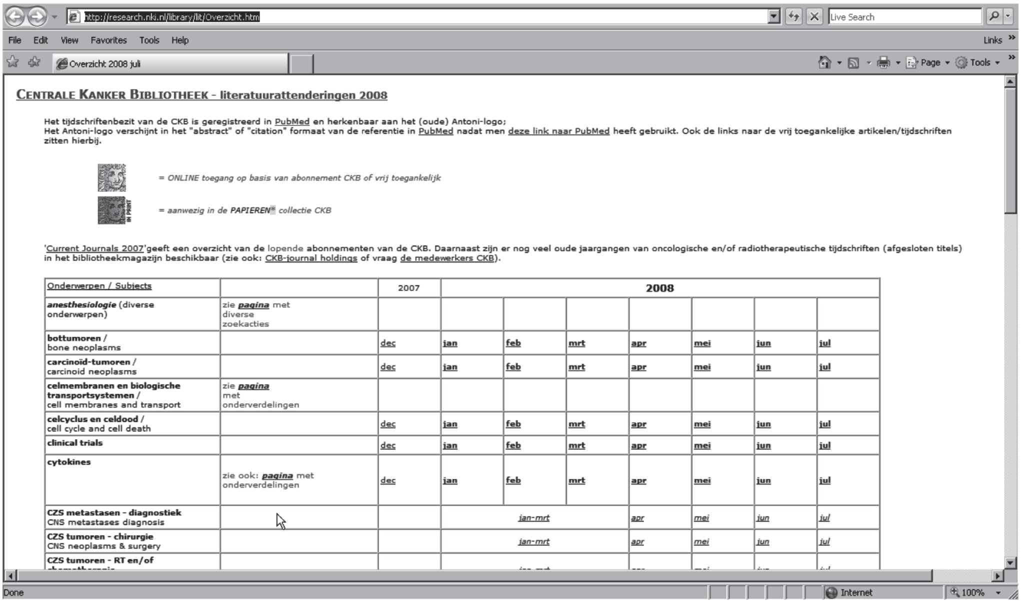
Vakliteratuur voor onderzoekers, artsen en verpleegkundigen
De Centrale Kanker Bibliotheek (CKB) is de medisch-wetenschappelijke bibliotheek van het NKI-AVL. De bibliotheekcollectie is afgestemd op de informatie die de onderzoekers, artsen en verpleegkundigen nodig hebben om de ontwikkelingen in hun vakgebied bij te houden.

Nationaal en internationaal
Naast dienstverlening binnen het NKI-AVL is de CKB ook actief op nationaal en internationaal niveau, via de verschillende samenwerkingsverbanden van medische en wetenschappelijke bibliotheken. Binnen Nederland doet de CKB mee met de centrale catalogus van ziekenhuisbibliotheken (CCZ) en met het landelijke systeem voor interbibliothecair leenverkeer (IBL). De CKB neemt deel aan het internationale leenverkeer en heeft voor het aanvragen van fotokopieën uit tijdschriften die niet (meer) in Nederland aanwezig zijn, contacten met de Duitse bibliotheken en de British Library.

Literatuurbestanden van de CKB
De collectie bestaat uit boeken, rapporten, tijdschriften en in toenemende mate uit elektronische bestanden (op CD-ROM en online). Hiervan verschijnt twee- tot driemaal per jaar een aanwinstenlijst. Daarnaast vervaardigt de bibliotheek overzichten van de NKI-AVL-publicaties o.a. in de online database PubMed. Daar vindt u een groot aantal literatuurattenderingen en een lijstje van veelgeraadpleegde websites. PubMed wordt gebruikt om tijdschriftartikelen op onderwerp te vinden. De bezitsgegevens van de CKB (elektronische en papieren collectie) zijn hierin geregistreerd. De catalogus en de overige bestanden en informatiepagina's van de bibliotheek zijn alleen via NKI-AVL's intranet toegankelijk.

Niet voor patiënten

Figure 1: Welcome screen of the Central Cancer Library



CENTRALE KANKER BIBLIOTHEEK - literatuurattenderingen 2008

Het tijdschriftenbezit van de CKB is geregistreerd in PubMed en herkenbaar aan het (oude) Antoni-logo;
Het Antoni-logo verschijnt in het "abstract" of "citation" formaat van de referentie in PubMed nadat men deze link naar PubMed heeft gebruikt. Ook de links naar de vrij toegankelijke artikelen/tijdschriften zitten hierbij.

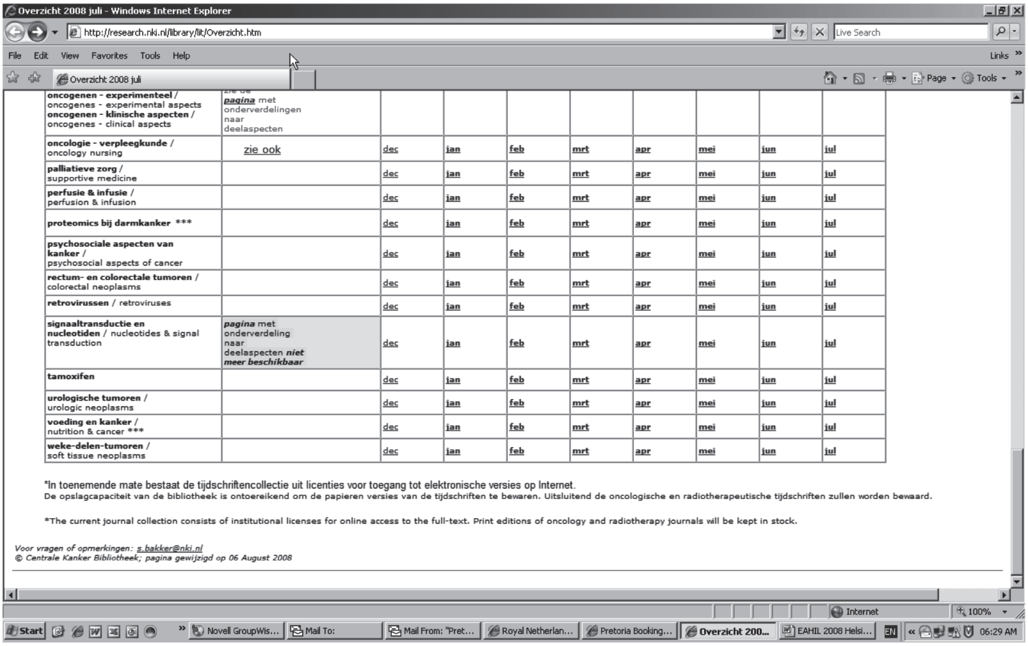
= *ONLINE toegang op basis van abonnement CKB of vrij toegankelijk*

= *aanwezig in de **PAPIEREN*** collectie CKB*

'Current Journals 2007'geeft een overzicht van de lopende abonnementen van de CKB. Daarnaast zijn er nog veel oude jaargangen van oncologische en/of radiotherapeutische tijdschriften (afgesloten titels) in het bibliotheekmagazijn beschikbaar (zie ook: CKB-journal holdings of vraag de medewerkers CKB).

Onderwerpen / Subjects		2007	2008						
anesthesiologie (diverse onderwerpen)	zie ***pagina*** met diverse zoekacties								
bottumoren / bone neoplasms		dec	jan	feb	mrt	apr	mei	jun	jul
carcinoïd-tumoren / carcinoid neoplasms		dec	jan	feb	mrt	apr	mei	jun	jul
celmembranen en biologische transportsystemen / cell membranes and transport	zie ***pagina*** met onderverdelingen								
celcyclus en celdood / cell cycle and cell death		dec	jan	feb	mrt	apr	mei	jun	jul
clinical trials		dec	jan	feb	mrt	apr	mei	jun	jul
cytokines	zie ook: ***pagina*** met onderverdelingen	dec	jan	feb	mrt	apr	mei	jun	jul
CZS metastasen - diagnostiek CNS metastases diagnosis			*jan-mrt*			*apr*	*mei*	*jun*	*jul*
CZS tumoren - chirurgie CNS neoplasms & surgery			*jan-mrt*			*apr*	*mei*	*jun*	*jul*
CZS tumoren - RT en/of									

Figure 2: Welcome screen of the CAS offered by the Central Cancer Library (a variety of oncology related topics are covered with links to each month for the latest addition of references)



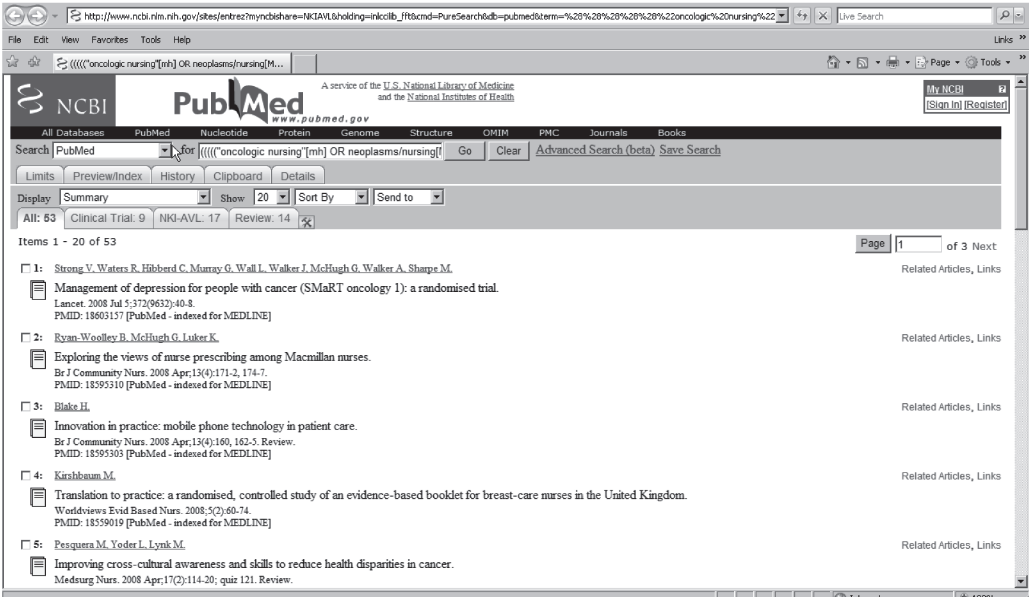
oncogenen - experimenteel / oncogenes - experimental aspects **oncogenen - klinische aspecten** / oncogenes - clinical aspects	zie de *pagina* met onderverdelingen naar deelaspecten								
oncologie - verpleegkunde / oncology nursing	zie ook	dec	jan	feb	mrt	apr	mei	jun	jul
palliatieve zorg / supportive medicine		dec	jan	feb	mrt	apr	mei	jun	jul
perfusie & infusie / perfusion & infusion		dec	jan	feb	mrt	apr	mei	jun	jul
proteomics bij darmkanker ***		dec	jan	feb	mrt	apr	mei	jun	jul
psychosociale aspecten van kanker / psychosocial aspects of cancer		dec	jan	feb	mrt	apr	mei	jun	jul
rectum- en colorectale tumoren / colorectal neoplasms		dec	jan	feb	mrt	apr	mei	jun	jul
retrovirussen / retroviruses		dec	jan	feb	mrt	apr	mei	jun	jul
signaaltransductie en nucleotiden / nucleotides & signal transduction	*pagina* met onderverdeling naar deelaspecten ***niet meer beschikbaar***	dec	jan	feb	mrt	apr	mei	jun	jul
tamoxifen		dec	jan	feb	mrt	apr	mei	jun	jul
urologische tumoren / urologic neoplasms		dec	jan	feb	mrt	apr	mei	jun	jul
voeding en kanker / nutrition & cancer ***		dec	jan	feb	mrt	apr	mei	jun	jul
weke-delen-tumoren / soft tissue neoplasms		dec	jan	feb	mrt	apr	mei	jun	jul

*In toenemende mate bestaat de tijdschriftencollectie uit licenties voor toegang tot elektronische versies op Internet.
De opslagcapaciteit van de bibliotheek is ontoereikend om de papieren versies van de tijdschriften te bewaren. Uitsluitend de oncologische en radiotherapeutische tijdschriften zullen worden bewaard.

*The current journal collection consists of institutional licenses for online access to the full-text. Print editions of oncology and radiotherapy journals will be kept in stock.

Voor vragen of opmerkingen: s.bakker@nki.nl
© Centrale Kanker Bibliotheek; pagina gewijzigd op 06 August 2008

Figure 3: Oncology nursing and alphabetically related topics with links for each month



Search PubMed for ((((("oncologic nursing"[mh] OR neoplasms/nursing[

Display Summary Show 20

All: 53 | Clinical Trial: 9 | NKI-AVL: 17 | Review: 14

Items 1 - 20 of 53

Page 1 of 3

☐ 1: Strong V, Waters R, Hibberd C, Murray G, Wall L, Walker J, McHugh G, Walker A, Sharpe M. — Related Articles, Links
Management of depression for people with cancer (SMaRT oncology 1): a randomised trial.
Lancet. 2008 Jul 5;372(9632):40-8.
PMID: 18603157 [PubMed - indexed for MEDLINE]

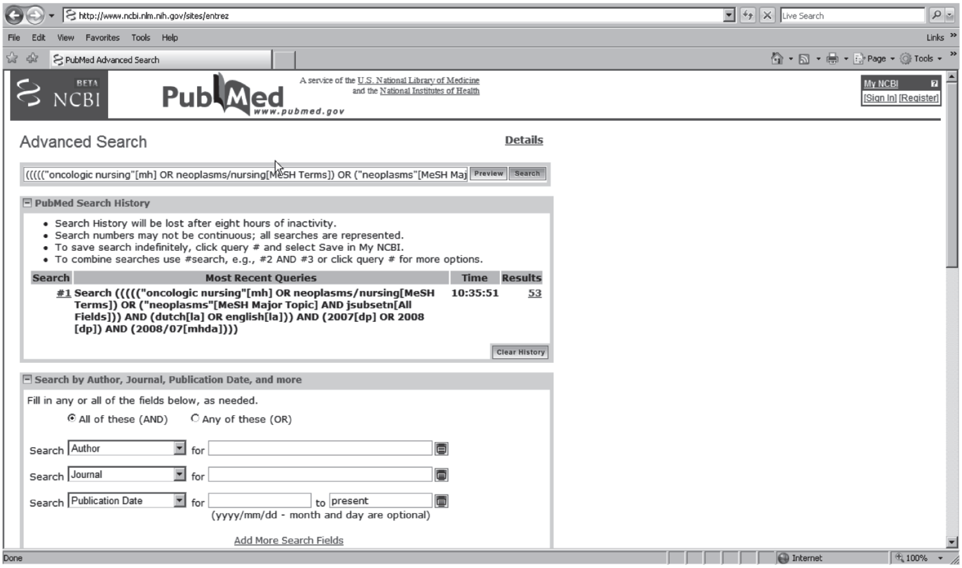
☐ 2: Ryan-Woolley B, McHugh G, Luker K. — Related Articles, Links
Exploring the views of nurse prescribing among Macmillan nurses.
Br J Community Nurs. 2008 Apr;13(4):171-2, 174-7.
PMID: 18595310 [PubMed - indexed for MEDLINE]

☐ 3: Blake H. — Related Articles, Links
Innovation in practice: mobile phone technology in patient care.
Br J Community Nurs. 2008 Apr;13(4):160, 162-5. Review.
PMID: 18595303 [PubMed - indexed for MEDLINE]

☐ 4: Kirshbaum M. — Related Articles, Links
Translation to practice: a randomised, controlled study of an evidence-based booklet for breast-care nurses in the United Kingdom.
Worldviews Evid Based Nurs. 2008;5(2):60-74.
PMID: 18559019 [PubMed - indexed for MEDLINE]

☐ 5: Pesquera M, Yoder L, Lynk M. — Related Articles, Links
Improving cross-cultural awareness and skills to reduce health disparities in cancer.
Medsurg Nurs. 2008 Apr;17(2):114-20; quiz 121. Review.

Figure 4: Screen appearing when selecting a link to a specific month for oncology nursing (eg July 2008)



Advanced Search

(((((("oncologic nursing"[mh] OR neoplasms/nursing[MeSH Terms]) OR ("neoplasms"[MeSH Maj

PubMed Search History

- Search History will be lost after eight hours of inactivity.
- Search numbers may not be continuous; all searches are represented.
- To save search indefinitely, click query # and select Save in My NCBI.
- To combine searches use #search, e.g., #2 AND #3 or click query # for more options.

Search	Most Recent Queries	Time	Results
#1	Search ((((("oncologic nursing"[mh] OR neoplasms/nursing[MeSH Terms]) OR ("neoplasms"[MeSH Major Topic] AND jsubsetn[All Fields])) AND (dutch[la] OR english[la])) AND (2007[dp] OR 2008 [dp]) AND (2008/07[mhda])))	10:35:51	53

Search by Author, Journal, Publication Date, and more

Fill in any or all of the fields below, as needed.

● All of these (AND) ○ Any of these (OR)

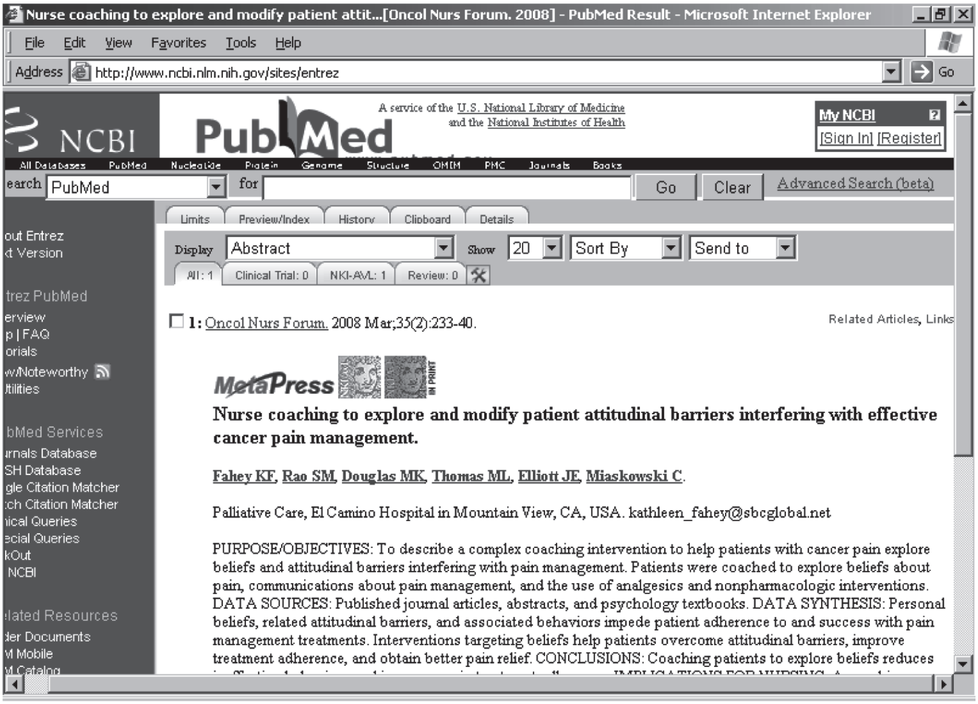
Search Author for

Search Journal for

Search Publication Date for to present

(yyyy/mm/dd - month and day are optional)

Figure 5: **Screen for the advanced search options for oncology nursing including the search strategy that has been saved and is run against the PubMed database every month**



☐ 1: Oncol Nurs Forum. 2008 Mar;35(2):233-40.

Nurse coaching to explore and modify patient attitudinal barriers interfering with effective cancer pain management.

Fahey KF, Rao SM, Douglas MK, Thomas ML, Elliott JE, Miaskowski C.

Palliative Care, El Camino Hospital in Mountain View, CA, USA. kathleen_fahey@sbcglobal.net

PURPOSE/OBJECTIVES: To describe a complex coaching intervention to help patients with cancer pain explore beliefs and attitudinal barriers interfering with pain management. Patients were coached to explore beliefs about pain, communications about pain management, and the use of analgesics and nonpharmacologic interventions. DATA SOURCES: Published journal articles, abstracts, and psychology textbooks. DATA SYNTHESIS: Personal beliefs, related attitudinal barriers, and associated behaviors impede patient adherence to and success with pain management treatments. Interventions targeting beliefs help patients overcome attitudinal barriers, improve treatment adherence, and obtain better pain relief. CONCLUSIONS: Coaching patients to explore beliefs reduces

Figure 6: **Reference to a relevant article retrieved by the search strategy saved for oncology nurses; the coloured logo of Antoni indicates there is e-access for the NKI-AVL, the blue logo indicates the print journal is available in the library**

CENTRALE KANKER BIBLIOTHEEK
Het Nederlands Kanker Instituut
Antoni van Leeuwenhoek ziekenhuis
Plesmanlaan 121 - 1066 CX Amsterdam
tel.: (020) 512 2595 / 2596 - fax: (020) 512 2599 –
e-mail: **ckb-aanvragen@nic.surfnet.nl**

NKI-AVL

Psychosociale aspecten van kanker

Mei 2008

aanwezig in CKB

Andersson I, Hjermstad M, Stockelberg D, Persson LO.
Health related quality of life in stem cell transplantation: clinical and psychometric validation of the questionnaire module, High Dose Chemotherapy (HDC-19).
Acta Oncol **2008;** 47 (2): 275-285.
ISSN: 0284-186X (Print)

Browall MM, Ahlberg KM, Persson LO, Karlsson PO, Danielson EB.
The impact of age on Health-Related Quality of Life (HRQoL) and symptoms among postmenopausal

Mayor S.
Cancer centre provides space for patients to "explore their thoughts".
BMJ **2008;** 336 (7651): 978
ISSN: 1468-5833 (Electronic)

Thomas R, Williams M, Marshall C, Walker L.
Switching to letrozole or exemestane improves hot flushes, mood and quality of life in tamoxifen intolerant women.
Br J Cancer **2008;** 98 (9): 1494-1499.
ISSN: 1532-1827 (Electronic)

McKernan M, McMillan DC, Anderson JR, Angerson WJ,

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Figure 7: Word document with the CAS on psychosocial aspects of cancer

2.2 BACKGROUND ON THE SOUTH AFRICAN CONTEXT

Currently very little is known about the information needs and information behaviour of oncology nurses in South Africa, and there are also not a central library service catering for their needs. From an earlier exploratory study by Fourie and Claasen-Veldsman (2007b) it seems as if there is limited access to CAS, as well as limited encouragement for South African nurses to use these. From their study it also appears that although nurses expressed interest in CAS there is limited awareness of CAS, and seemingly no pressure to stay abreast of developments through the subject literature. Reasons that have been offered include that they mostly do not have such a strong academic culture, and that their work environment may differ from European countries, the UK, USA, etc.

In South Africa there are eleven official languages of which Zulu (an indigenous language) is spoken by the largest percentage of the population. English and Afrikaans are, however, the languages mostly used in official government documentation. Afrikaans actually developed from the Dutch in the late 1700s–1800s and therefore Afrikaans speaking people can be expected to have a basic grasp of some Dutch (there are, however, also remarkable difference between the two languages). We therefore assumed that the interface language and the instructions for use of the CAS offered by the Central Cancer Library would not be too much of a problem for the South African participants.

3 CLARIFICATION OF TERMINOLOGY

Although the term current awareness service (CAS) is used by the Central Cancer Library, as well as in this paper, the nature of the service (ie based on a search strategy run against every update of the database), brings it very close to a specific type of CAS, namely selective dissemination of information (SDI). According to Soergel (1985:62-63) "… an SDI search request (also called current awareness search request, recurring search request, or standing search request) has to do with a continuing need and requires that a search be done at regular intervals – for example, once every month". The concept of SDI services is also explored in detail by Connor (1967).

In earlier publications Fourie (1999:382) and Fourie (2001:277) defined a CAS as "a selection of one or more systems that provide notification of the existence of new entities added to the system's database or of which the system took note (eg documents, web sites, events such as conferences, discussion groups, editions of newsletters). CAS automatically notify users or allow users to check periodically for updates. The entities can be specified according to users' subject interests or according to the type of entity (eg books or newsletters)". This definition allows for SDI as a type of CAS. In a book aimed at promoting the use of CAS amongst librarians Fourie (2006) argues for the term "alerting services" in the context of a variety of traditional and Internet-based CAS to support library and information professionals in grasping new opportunities. For purposes of this paper, the term CAS as a broader concept for SDI will be used, since it is currently the preferred term for the Central Cancer Library and allows for other types of CAS e.g. the use of newsletters, tables of content services, discussion lists, weblogs, RSS feeds, etc.

4 PURPOSE OF THE EXPLORATORY PROJECT

There are a number of reasons for evaluation eg as discussed by Powell (2006), Wallace and Van Fleet (2001), and Weiss (1998) which were noted in planning the exploratory project. These include accounting for how limited resources (eg staff time in setting up search profiles and maintaining a service) are used, enhancing visibility of the library service, being able to describe the impact of a service, increasing efficiency, avoiding errors (eg in search strategies), supporting planning activities, supporting decision-making eg to culminate or continue programs, testing new ideas, providing feedback to staff, and highlighting goals. A problem with evaluation of services outside the spectrum of research for academic post-graduate qualifications is that it can be very time and labour intensive and therefore is often neglected. To ensure ongoing improvement of library services based on user feedback, ways therefore need to be found to do research that can be justified from theoretical frameworks, but are manageable from the point of view of LIS practitioners, and to find ways to ensure ongoing research allowing time for reflection and feedback from external sources (e.g. the valuable feedback offered by referees of this article which would certainly contribute to uplifting the next round of research).

For the exploratory project the purpose was to focus on the following:

- Verifying interest in CAS (for the users of the Central Cancer Library as well as the South African participants): this could give an indication of whether we should expand the survey as well as the need for continuing/expanding the service (the latter especially applies to the South African participants).
- Exploring information needs: this could indicate new search strategies that could be added, deleting strategies that are no longer serving a purpose (in the past strategies have been deleted based on too broad aspects resulting in too many relevant references per month, eg CAS on the role of growth factors in cancer).
- Exploring opportunities for marketing CAS: by gaining insight into the information needs of participants, their reasons for using CAS and the factors inhibiting their use, strategies for marketing CAS might be identified.
- Refining data collection techniques: although many methods for data collection in service evaluation are discussed in the literature (eg questionnaires, interviews, transaction log analysis and observation) an exploratory study can help to identify methods particularly suitable for the target group.
- Expanding the evaluation to other user groups (eg oncology surgeons, neurologists and medical oncologists in the Netherlands or oncology social workers or other oncology healthcare workers in South Africa).

Although all protocol for scientific/academic research was headed, it was never the intention of the exploratory project to generalise findings in terms of eg the impact of demographic data such as age, gender, etc. These, however, might be considered for follow-up projects. The exploratory project also did not attempt to collect data on the actual use of information following subscription to the CAS, archiving of search results, or use of any other services (eg reported by Fourie and Claasen-Veldsman 2007a). Although such data would add much value to the study, it might require too much time from participants to complete questionnaires providing for the additional data, and would therefore rather be left for a separate, later study. Furthermore the study was biased towards a LIS practitioner's point of view and the justification and improvement of an existing service, and finding ways to involve users in improving such as service. (In true academic and theory context it would eg have been the ideal situation to first do extensive studies on users needs, a situation analysis, etc and then to develop a service to meet with this. In the context of this article we are, however, working from an existing service with the intention to improve it in smaller increments that are manageable to busy LIS practitioners, and would encourage ongoing attempts of evaluation which may lead to a "culture of evaluation" in library and information services.)

5 GUIDELINES FOR EVALUATION

In preparation of the study, guidelines for evaluation projects offered by amongst others Bawden (1990), Childers (1989), Hernon and McClure (1990), Lancaster (1977, 1979, 1993), Powel (2006), Wallace and Fleet (2001) and Weiss (1998) were noted. The culture and value of evaluation in the LIS context, as discussed by Imholz and Arms (2007) were also noted. Such guidelines include the importance for evaluation to

- take place in the real world.
- have a purpose that is goal orientated.
- focus on determining the quality of a product(s) or service(s).
- go beyond measurement.
- not be any larger than necessary.
- provide useful systematically collected data.
- employ an outside evaluator/consultant when possible.
- not be any fancier than necessary.
- target multiple audiences and purposes.
- be more than descriptive.
- not be sporadic but be ongoing and provide a means for ongoing monitoring.
- be used to diagnose and to make changes.

Apart from their academic context, these guidelines fitted well with our more approach to find a way of evaluation manageable to LIS practitioners.

In the context of the exploratory nature of the project, we accepted the need for ongoing evaluation building on new insights and knowledge and reflecting the dynamic environment faced by library and information services. We also accepted the importance of gradually contributing to the theory of evaluation of services in library and information services.

6 PREPARATION FOR THE EXPLORATORY STUDY

Following a cursory study of the literature on CAS (eg Kemp 1979; Behrens 1989; Rowley 1994, 1998; Hamilton 1995; Brunskill 1997; Bandemer & Tannery 1998; Fourie 1999, 2001; Hubbard & Setser 2001; Schlembach 2001; Shultz & De Groote 2003; Degnan, Merryfield & Hultgren 2004; Barn 2006; Hossain 2008), evaluation projects in LIS context (eg Hernon & McClure 1990; Lancaster 1993), and the few reports on similar projects (eg Radhakrishna & Baradol 1998; Glover 2001; Fernandez 2002), the planning was started. This related to the purpose of the exploratory project as explained in Section 2.

The advice by Gorman and Clayton (2005:xv) was also noted in the planning and execution of the project: "Research is a serious business, but we need to keep it in perspective and to realise that, for most of our colleagues, it is not of ultimate significance. Rather, we have a mission to show information professionals that research is something that is inherent in our work, that can be done in a spirit of simplicity and modesty, and that it can make a significant difference to how well we provide that service that is the essence of the information professions". Considering this advice, the exploratory project would not work from a hypotheses and strong statistical evidence.

6.1 SELECTION OF PARTICIPANTS AND THEIR RESPONSES

According to Soergel (1985:93): "A sample survey is sufficient to obtain the general picture, but each potential user must be studied to determine specific needs". (For generalisation of findings a wider, representative sample would, however be necessary.)

Considering the purpose of the project, and the fact that we had to rely on the goodwill of busy practitioners to participate, sample identification and selection was purposive and based on convenience and willingness of people to participate. More rigorous sampling would certainly add to the validity of the data. Considering the purpose of the exploratory project as explained in section 4, we decided on sampling that will be manageable and that will offer results in accordance which can be interpreted and applied according to the purposes, and that will pave the way for further research.

Following this point of view, a pilot study approach was selected for participants from The Netherlands with the intention to request all current subscribers to the CAS who specialise in oncology nursing and psychosocial aspects of cancer to participate in the project. Purposive, convenience sampling was selected for the South African component of the exploratory project. The requirement for recruiting South African participants was that it should be easy for the South African researcher to approach the participants. Although more people were approached to participate in the exploratory project, this paper can only report on the responses of 28 participants: 6 from The Netherlands and 22 from South Africa.

In The Netherlands all participants were from the Netherlands Cancer Institute and users of the Central Cancer Library. Requests to participate were sent to 38 users including nurse practitioners, oncology nurse specialists, and psychosocial oriented researchers. Only 6 responded. Reasons assumed for the low response include lack of time, the number of public holidays in The Netherlands at the time of the survey (May – June 2008), as well as the fact that the survey felt within the school holiday.

In South Africa it was more difficult to approach participants since we had to rely on the goodwill of the oncologists and the nursing managers to allow their staff to participate. In most cases we (after initial permission for participation in the project was given) had to work through senior nurses or the receptionist for the oncologists. Follow-up had to be done in a very diplomatic way not to put pressure on them to complete the questionnaire and to maintain goodwill. In South Africa the following institutions were approached:

- Private medical oncology clinic A: (7 responses; the oncologists and many of the staff members are known to the South African author).
- Private hospital A – oncology ward: (15 responses; the unit manager and many of the staff members are known to the South African author).
- Academic hospital oncology nurses: (waiting for response; the South African author paid a personal visit to the oncologists who is in contact with these nurses and who would approach them for participation).
- Private medical oncology clinic B: (too busy; the leading oncologist for the clinic was contacted telephonically with a follow-up e-mail explanation of the nature of the project. They referred the questionnaires to the hospital staff of Private hospital B).
- Private hospital B – oncology ward: (waiting for response; since they received the questionnaires via the oncologists for private medical oncology clinic B, they did not have sufficient time to complete the questionnaire).
- Private oncology practice: (although the participant) showed interest, no response was received).

For the South African group, it is not known how many people where actually approached for participation, since we had to work through others (eg oncologists, an oncology social worker, head nurse, hospital unit manager, and a receptionist).

Since the exploratory project highlighted the value of data collected (as will be shown in this paper), the lack of response will be followed up, and the survey further expanded. For participants from the Central Cancer Library (The Netherlands) who are the real users of the CAS, focus group interviews will also be used in future. Although focus groups are more time consuming for both the participants as well as researchers, they can often offer very rich information. Fourie and Claasen-Veldsman (2007b) report on the use of focus group interviews with South African oncology nurses, and based on their experience in the South African context, individual interviews will be used for further data collection in a follow-up survey in the South African context.

6.2 QUESTIONNAIRE FOR DATA COLLECTION

Considering textbooks on research methods such as Gorman and Clayton (2005), questionnaires seemed the most promising method for data collection for the exploratory project. According to Powell (2006:107): "Quality is an elusive concept for which there is no commonly accepted definition, but the assessment of service quality did get a boost from earlier research…". Considering this statement, as well as reports on the value of CAS (eg Kemp 1979; Fourie 2001; Fourie & Claasen-Veldsman 2007b), the exploratory study therefore focused on the following:

- Demographic detail to put the participants in context. These included country, type of institution, gender, age, qualifications in oncology, mother tongue and language proficiency (for South African respondents only; South Africa has 11 official languages and English is often only the second or third language), as well as years of experience in oncology nursing.
- Interest in CAS. These included questions on tasks that may require the use of CAS (eg as derived from earlier work by Fourie & Claasen-Veldsman 2007a, b).
- Use of the CAS. These included questions on access to CAS, factors encouraging use of CAS as well as barriers to using CAS.
- Satisfaction with use of the CAS offered by the Central Cancer Library. These included questions on the scope of journal titles covered, ease of use of the CAS, currency of the service, relevance of information for tasks, support for gaining access to the full-text; support in using the service; explanation of the service; understanding of the service; quality of the literature retrieved; suitability of the scientific level of information retrieved (eg too difficult) or information being too superficial.

A copy of the questionnaire (English version) is provided in appendix A. For convenience of the participants, the questionnaire was translated into Dutch (for benefit of the participants from The Netherlands) and Afrikaans (for benefit of participants from South Africa who could select from either the Afrikaans or English version).

An electronic questionnaire was compiled. Using the webservice of Formdesk (http://www.formdesk.nl), a company specialising in Internet forms for questionnaires, surveys or registration and application forms), the questionnaire as in appendix A was copied into a web-form. The Formdesk software facilitates both open and closed questions and multiple-choice answers (eg radio buttons, only one answer to give) as well as all-that-apply answers (tick boxes). Respondents could stay anonymous or fill in their name and e-mail address to receive a summary of the results of the questionnaire. The web-questionnaire is password protected; with the invitation to participate the password was provided. The electronic questionnaire was used with participants from The Netherlands. Only one of the participants from The Netherlands submitted a paper version of the questionnaire. In South Africa, a Word document was sent to one participant (who did not respond). Others indicated that they preferred printed copies. Making the questionnaire available in electronic format, is, however, an easier option since it can be available at anytime for users with Internet access and the software also offers options for the compilation of reports. The answers to the questionnaires were received as e-mail messages with in addition all answers in a comma-delimited file for easy data processing (compilations, statistics etc).

In addition to the questionnaire all participants had to sign a consent form. For South African participants a separate document explaining the rationale for the project and use of the CAS was provided.

6.3 ANALYSIS AND INTERPRETATION OF DATA

According to Weiss (1998:116): “The aim of analysis is to convert a mass of raw data into a coherent account. Whether the data are quantitative or qualitative, the task is to sort, arrange, and process them and make sense of their configuration.” For an exploratory project preliminary conclusions need to be drawn. Although limited, such data can impact on decisions to improve a service, and to steer further research.

6.3.1 DEMOGRAPHIC DETAIL

Six participants were from The Netherlands (Amsterdam) and 22 from South Africa (Pretoria). Two participants were male, 25 were female and 1 participant did not indicate the gender. From the 28 participants 9 had qualifications in oncology nursing (4 were from The Netherlands and 5 from South Africa). One participant from South Africa indicated qualifications in palliative nursing, while 1 participant did not respond to the question on qualifications. Considering the big difference between the South African participants and participants from The Netherlands, the data at this stage is not used for real comparison. (The low response from The Netherlands to complete questionnaires, also lead to a decision to use focus groups in future.) The question on mother tongue and proficiency in languages (i.e. English, Afrikaans and Dutch) was only asked for South African respondents because it was expected that there might be a chance that insufficient skills in English or Dutch might inhibit their use of the CAS. For 15 South

Africans their mother tongue is Afrikaans, 1 English, 1 Northern Sotho, 1 Tsonga, and 4 have Tshwane as mother tongue (the last 3 are all vernacular [African] languages). Twenty-one respondents indicated a good understanding of English (1 respondent did not complete the question), 15 indicated a good understanding of Afrikaans and 3 indicated a good understanding of Dutch.

Seven participants work in a private medical centre, 15 in a private hospital (oncology ward; South Africa) and 6 in an oncology hospital (The Netherlands). From earlier reports it seems as if the country's healthcare culture and environment may have an impact on the tasks and responsibilities of nurses as well as pressure on them to use literature and/or CAS (Fourie & Claasen-Veldsman 2007b). This is certainly an aspect that will be pursued in more depth in follow-up studies.

Table 1: Age

20 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	Older than 50
0	1	4	7	5	6	5
0%	4%	14%	25%	18%	21%	18%

Table 2: Experience in oncology nursing

Less than 1 year	1 – 2	3 – 5	6 – 10	11 – 15	16 – 20	21 – 25	More than 25 years
6	2	2	8	2	6	2	0
21%	7%	7%	30%	7%	21%	7%	0%

6.3.2 TASKS REQUIRING USE OF CAS

A number of tasks which may require the use of CAS were listed in the questionnaire. Participants were requested to tick all appropriate tasks. They could also add tasks to the list. The list was based on the authors' experience in offering CAS, previous studies (eg Fourie & Claasen-Veldsman 2007b) and reports from the literature of oncology nursing (eg Baker & Fitch 1998; Browne, Robinson & Richardson 2002; Christensen 2002; Rutledge & Kuebler 2005; Ganz, Casillas & Hahn 2008).

Table 3: Tasks requiring use of CAS

Tasks requiring use of CAS (as listed in the questionnaire)	**The Netherlands**	**%**	**South Africa**	**%**	**Overall %**
None	**0**/6	**0%**	**2**/22	**9%**	**7%**
Patient education	**3**/6	**50%**	**19**/22	**86%**	**79%**
Administration of treatment (e.g. chemotherapy)	**1**/6	**17%**	**16**/22	**73%**	**61%**
Nursing interventions	**2**/6	**33%**	**11**/22	**50%**	**46%**
Dealing with burnout and emotional issues	**1**/6	**17%**	**14**/22	**64%**	**54%**
Clinical practice (nurse practitioners)	**3**/6	**50%**	**5**/22	**23%**	**29%**
Presentations / clinical cases	**2**/6	**33%**	**10**/22	**45%**	**43%**
Publications	**2**/6	**33%**	**8**/22	**36%**	**36%**
Innovations in nursing practice	**4**/6	**67%**	**6**/22	**27%**	**36%**
Understanding treatment and side effects	**1**/6	**17%**	**18**/22	**82%**	**68%**
Managing side effects	**2**/6	**33%**	**16**/22	**73%**	**64%**
Support to caregivers	**2**/6	**33%**	**15**/22	**68%**	**61%**
Emotional support	**1**/6	**17%**	**17**/22	**77%**	**64%**
Quality management	**2**/6	**33%**	**12**/22	**55%**	**50%**
Leadership role / supervision	**2**/6	**33%**	**7**/22 (1 indicated supervision)	**32%**	**32%**
Nursing research	**2**/6	**33%**	**9**/22	**41%**	**39%**
Teacher in oncology nursing education	**1**/6	**17%**	**5** /22	**23%**	**21%**
Innovations in medical care	**1**/6	**17%**	**5**/22	**23%**	**21%**

In The Netherlands changes in clinical practice and patient education is especially associated with the need to use CAS. In South Africa patient education, emotional support, managing the side effects of treatment, understanding treatment and side effects and the administration of treatment is especially associated with the need to use CAS. When combining perceptions on tasks requiring the use of CAS, patient education ranks highest. Support to caregivers and dealing with burnout and emotional issues also ranks high for South African participants.

6.3.3 Actual Use Of CAS

Apart from problems of access, South African participants did not have sufficient time to use the CAS (as explained the process of getting permission for them to participate, working through intermediaries to explain the purpose of the project as well as to distribute the questionnaire, took more time than expected).

For the Central Cancer Library, the following was reported: 2 participants were using the service for less than 2 years, 2 participants were using the service for less than 5 years and 2 were using the service for more than 5 years.

6.3.3 Access To CAS

From reports in the subject literature, it seems as if access to the Internet may be a problem for healthcare professionals (eg Tannery et al 2007). From the data collected, it certainly seems to be a major problem for the South African oncology nurses.

Table 4: Access to CAS

Access	The Netherlands	%	South Africa	%	Overall %
Individual access at work	**5**/6	**83%**	**1**/22	**5%**	**21%**
Shared access at work	**1**/6	**17%**	**4**/22 (1 participant indicated after hours shared access)	**18%**	**18%**
Home	**1**/6	**17%**	**6**/22	**27%**	**25%**
Elsewhere (eg Internet café's)	**0**/6	**0%**	**0**/6	**0%**	**0%**
None	**0**/6	**0%**	**11**/22	**50%**	**39%**

In The Netherlands all but one respondent had individual Internet access at work. In contrast Internet access at work seems to be a serious problem for the South African respondents; only one respondent reported individual access to the Internet at work, while 11 respondents reported having no access to the Internet.

6.3.4 FACTORS ENCOURAGING THE USE OF CAS

Seven South African respondents did not complete this question.

Table 5: Factors encouraging the use of CAS

Factors encouraging the use of CAS as listed on the questionnaire	The Netherlands	%	South Africa	%	Overall %
Need to offer a good service to patients	**1**/6	**17%**	**14**/22	**64%**	**54%**
Encouragement by management	**0**/6	**0%**	**3**/22	**14%**	**11%**
Professional interest	**5**/6	**83%**	**8**/22	**36%**	**46%**
Specific patients' questions	**2**/6	**33%**	**8**/22	**36%**	**36%**
Discussions with colleagues (nurses)	**3**/6	**50%**	**7**/22	**32%**	**36%**
Teaching	**2**/6	**33%**	**7**/22	**32%**	**32%**
Presentations	**2**/6	**33%**	**4**/22	**18%**	**21%**
Publications	**3**/6	**50%**	**3**/22	**14%**	**21%**
Evidence-based nursing	**4**/6	**67%**	**5**/22	**23%**	**32%**
Discussions with medical staff	**1**/6	**17%**	**6**/22	**27%**	**25%**
Chances of promotion	**0**/6	**0%**	**1**/22	**5%**	**4%**

For participants from The Netherlands it seems as if professional interest and evidence-based nursing are the main stimulants to promote the use of CAS. In contrast the highest stimulant for South African participants to use CAS seems to be the need to offer a good service to patients. Overall the need to offer a good service to patients, as well as professional interest seems to be important motivators for using CAS. In The Netherlands discussions with colleagues and publications also rate high.

Participants from The Netherlands also listed a number of additional reasons for using the CAS, including the following:

- Research about informed consent in general.
- Research about informed consent in paediatrics.
- Nursing research.
- Patient logistics.

- To ensure that their literature is up to date and knowing what happens in the world (this response seems a bit odd since this reflects the very purpose why the CAS is offered).
- Research about use of resected human tissues in medical research.

Such reasons can be considered to expand search profiles if necessary.

6.3.5 BARRIERS TO USING THE CAS

In an earlier study by Fourie and Claasen-Veldsman (2007b) a number of barriers to the use of CAS available via the Internet/WWW was noted e.g. lack of time, lack of access, and lack of computer and Internet skills (these barriers are also mentioned by Tannery et al 2007). In general literature findings seldomly provide a direct answer to practical issues and practitioners often do not believe that the medical literature can be useful in general practice (Ely, Burch & Vinson 1992; Gorman, Ash & Wykoff 1994). Problems with the use of the Internet by healthcare professionals were also noted by Estabrooks et al 2004 and Cullen 2002. Considering these publications, some potential barriers were listed on the questionnaire. Participants were asked to select all applicable barriers, and to add additional barriers if applicable.

Table 6: Barriers to using CAS

Barriers to using CAS as listed on the questionnaire	**The Netherlands**	**%**	**South Africa**	**%**	**Overall %**
Lack of access	**0**/6	**0%**	**13**/22	**59%**	**46%**
Inconvenient access (e.g. lack of privacy)	**1**/6	**17%**	**0**/22	**0%**	**4%**
Lack of time	**5**/6	**83%**	**9**/22	**41%**	**50%**
Lack of interest	**0**/6	**0%**	**0**/22	**0%**	**0%**
Lack of computer skills	**0**/6	**0%**	**8**/22	**36%**	**29%**
Lack of skills in using the current awareness service	**0**/6	**0%**	**8**/22	**36%**	**29%**
Language (Dutch of full-text publications)	**0**/6	**0%**	**2**/22	**9%**	**7%**
Lack of encouragement to use the service	**1**/6	**17%**	**4**/22	**18%**	**18%**
Lack of motivation	**0**/6	**0%**	**3**/22	**14%**	**11%**
Not understanding the value of the service (e.g. linking it to daily tasks)	**0**/6	**0%**	**2**/22	**9%**	**7%**
Difficulty in obtaining the full-text documents	**1**/6	**17%**	**1**/22	**5%**	**7%**
Lack of skills in using the Internet	**0**/6	**0%**	**6**/22	**27%**	**21%**
Unaware / did not know about	**0**/6	**0%**	**6**/22	**27%**	**21%**
Language (English of full-text publications)	**0**/6	**0%**	**0**/22	**0%**	**0%**

For participants from The Netherlands lack of time is a major barrier to the use of the CAS, while for South African participants both lack of time and lack of Internet access are major barriers. Lack of computer skills and lack of skills in using CAS also feature high as barriers for South African participants.

6.3.7 SATISFACTION WITH SERVICE

Since only 6 out of 28 respondents actually commented on the CAS offered by The Central Cancer Library, this data cannot be used to come to any conclusion yet. It, however, gives a very useful indication of what can be learned from the questionnaire, and where questions need to be refined. A 5-point Lickert Scale was used to collect data on users' satisfaction with the CAS. Participants were encouraged to add comments for their choices.

Table 7: Satisfaction with service

Aspects of the CAS	**Levels of satisfaction**						**Comments from participants**
	0	**1**	**2**	**3**	**4**	**5**	
Variety of journal titles				2	4		Very specific focus on cancer; information on nursing and care in general would also be useful.
Ease of using service			1		4	1	Cumbersome to trace links for journals; link to abstract would be useful.
Timeliness					5	1	
Relevance of information to task				1	3	2	
Support to access full-text			1		2	3	
Support in using service				1	1	4	You must know that it exists, or you need to be told by a colleague.
Explanation of what the service is about		1		1	3	1	
Understanding the use of the CAS					4	2	
Quality of literature					4	2	
Scientific level of the literature (too difficult)	2	3			1		
Quality of the literature (too superficial)	5	1					

In general it seems as if participants are fairly satisfied with the variety of journals covered by the CAS and very satisfied with the ease of using the CAS, the timeliness of the service, the relevance of the information retrieved, support to access full-text, and support in using the service. Understanding the use of the CAS, and the quality of the literature also rated high. The latter is in contrast with the low ratings for information being too difficult or too superficial. It seems as if these two options were not clear to participants, and will need to be followed up in focus group interviews. One of the six respondents in particular was not happy with the ease of using the service, support in accessing the full-text and explanations of what the service is about. Data on satisfaction with the service will be supplemented by follow-up to the study.

6.4 INTERPRETATION OF DATA

Although working with limited data as portrayed in section 6.3, the exploratory survey offered an indication of the tasks associated with CAS, as well as the reasons for CAS, Internet access and the barriers to using CAS. Indications of tasks as well as the reasons for using CAS can be explored to refine and expand search strategies. In the South African context Internet access seems to be an important problem that needs to be addressed by the management of settings for oncology nurses – if they consider the use of CAS important for oncology nurses. Although the feedback gave an indication on the use of the CAS, the feedback on the quality of the CAS must be expanded before coming to final conclusions. In continuing with the project a closer look will also be taken of theoretical frameworks with regard to library and information services eg as explained in Taylor’s work (1982, 1984) on value-added service, Kuhlthau’s (2004) on seeking meaning in information seeking and Hanson (2008) on research in digital library services.

7 RECOMMENDATIONS

The exploratory survey offered valuable information on the use of CAS, and paved the way for expanding the survey on the quality of the service. In particular we need to follow up on the reasons for non-response, and add suggested topics to the search profiles to ensure that all information needs are covered. Based on the comment on the ease of use of the service, a link will be provided from the library website for suggesting additional topics. Access to full-text articles will be improved by adding links to request the full-text or at least to access the abstract.

Marketing efforts in bringing the CAS to users’ attention need to be improved. This could include an explanation of the value of CAS and linking CAS to daily tasks (this seems especially important in order to draw the interest of South African oncology nurses). Sporadic e-mails to employees of the Central Cancer Institute may also be used as a reminder of the service and new topics added to the search profiles.

Due to the ease of setting up an electronic questionnaire and the value of information learned from the survey, it will be expanded to other user groups of the Central Cancer Library. Since it is important to keep the questionnaire brief, additional surveys will be used to collect data on the actual use of information, archiving of information and the use of other CAS (eg discussion lists, blogs, RSS feeds and table of contents services [TOCs]).

Participants will be informed about changes made to the CAS and the impact of their input. This is considered important to maintain the goodwill of users and to ensure them about the value of their input. For the South African context participants were informed via their managers that they can access the CAS via the library website and monitor the topic(s) of their interest on a monthly basis.

Although the questionnaires provided useful information, it is recommended that a combination of questionnaires, interviews and focus group interviews be used for further data collection.

8 CONCLUSION

The project showed that even small scale projects can offer valuable information for the improvement of library services. It can also renew enthusiasm to deepen understanding of user needs, and stimulation to revisit guidelines and solutions offered by the subject literature. It also showed the value of academic and practitioner cooperation in such projects, and the need to connect practice and research. True value will, however, only come by continuing with the project and expanding data collection, as well as by deepening the search for context and meaning. Following up on cultural issues and difference between the two countries and linking to theoretical frameworks especially seems to be important (also mentioned by a referee). In addition ways need to be found to enlarge sampling and find ways to support more rigorous analysis of both quantitative and qualitative data.

The authors intend to continue with the project. Following submission of the article, focus group interviews were held in September 2008 at The Netherlands Institute. On the South African side the main challenge seems to be to promote the CAS offered by the Central Cancer Library, and to gain interest in participation in the project. A very large oncology medical centre has, however, shown interest in the project. Interviews with them were conducted in February 2009.

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Appendix A

QUESTIONNAIRE

EVALUATION OF A CURRENT AWARENESS SERVICE OFFERED BY THE CENTRAL CANCER LIBRARY OF THE NETHERLANDS CANCER INSTITUTE

Department of Information Science, University of Pretoria & Centrale Kanker Bibliotheek of the Netherlands Cancer Institute (Antoni van Leeuwenhoek Ziekenhuis)

The purpose of the questionnaire is to determine interest in the use of the current awareness service, as well as satisfaction with the service. All information will be treated as confidential. Names of institutions taking part in the study will only be mentioned with their consent.

Your time and support is much appreciated.

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Current awareness services under evaluation:

http://research.nki.nl/library/lit/Overzicht.htm

http://research.nki.nl/library/lit/verpl-zoek-PM-plus.htm

http://research.nki.nl/library/lit/ONCOL-VERPL-LITT.htm

http://research.nki.nl/library/lit/ONCOL-VERPL-BEROEP.htm

http://research.nki.nl/library/lit/ONCOL-SYMPT-LITT.htm

All above links accessible on the Internet (last checked on April 24th 2008)

Date	

(1) PERSONAL DETAIL & WORK ENVIRONMENT

Please mark the appropriate option

Country	**South Africa**	**The Netherlands**

What is your first language / mother tongue? ....

A good understanding of	**English**	**Afrikaans**	**Dutch**

Age	**20 – 25**	**26 – 30**	**31 – 35**	**36 – 40**	**41 – 45**	**46 – 50**	**Older than 50**

Gender	**Female**	**Male**

Qualifications in oncology nursing	**Yes**	**No**

Years of experience in oncology nursing	**Less than 1 year**	**1-2**	**3-5**	**6-10**	**11-15**	**16 -20**	**21-25**	**More than 25 years**

Work environment	**Private medical centre**	**Private hospital**	**Academic hospital**	**General hospital**	**Oncology hospital**	**Other (please specify)**

For which of your tasks do you need to stay abreast of the latest information published in professional journals? ***Please mark all applicable options*.**

None		**Understanding treatment and side effects**	
Patient education		**Managing side effects**	
Administration of treatment (e.g. chemotherapy)		**Support to caregivers**	
Nursing interventions		**Emotional support**	
Dealing with burnout and emotional issues		**Quality management**	
Clinical practice (nurse practitioners)		**Leadership role / supervision**	
Presentations / clinical cases		**Nursing research**	
Publications		**Teacher in oncology nursing education**	
Innovations in nursing practice		**Innovations in medical care**	

Other (please specify):

(2) ACCESSING AND USING THE CURRENT AWARENESS SERVICE

How long have you been using the current awareness service?

Never used	**Less than a month**	**Less than 6 months**	**Less than 1 year**	**Less than 2 years**	**Less than 5 years**	**More than 5 years**

Where do you have access to the Internet and the current awareness service? ***Please mark all applicable options***

Work (individual)	**Work (shared)**	**Home**	**Elsewhere (e.g. Internet café)**	**No access**

Which factors encouraged you to use the current awareness service? ***Please mark all applicable options.***

Chances of promotion		**Teaching**	
To offer a good service to patients		**Presentations**	
Encouragement by management		**Publications**	
Professional interest		**Evidence-based nursing**	
Specific patients' questions		**Discussions with medical staff**	
Discussions with colleagues (nurses)			

Other (please specify):

Which factors made it difficult for you to use the current awareness service? ***Please mark all applicable options.***

Lack of access		**Lack of encouragement to use the service**	
Inconvenient access (e.g. lack of privacy)		**Lack of motivation**	
Lack of time		**Not understanding the value of the service (e.g. linking it to daily tasks)**	
Lack of interest		**Difficulty in obtaining the full-text documents**	
Lack of computer skills		**Lack of skills in using the Internet**	
Lack of skills in using the current awareness service		**Unaware / did not know about**	
Language (Dutch of full-text publications)		**Language (English of full-text publications)**	

Other (please specify):

(3) SATISFACTION WITH THE CURRENT AWARENESS SERVICE

Please rate your satisfaction with various aspects of the service

0 indicates highly unsatisfied
1 indicates very low satisfaction
5 indicates highly satisfied

	Aspects of the service	0	1	2	3	4	5
A	**Variety of journal titles that are covered**						
	Comment:						
B	**Ease of using the service**						
	Comment:						

C	**Timeliness of the information**						
	Comment:						
D	**Relevance of the information to your tasks**						
	Comment:						
E	**Support to access the full-text of the documents**						
	Comment:						
F	**Support in using the service (e.g. from a library)**						
	Comment:						
G	**Explanation of what it is about**						
	Comment:						
H	**Understanding the service**						
	Comment:						
I	**Quality of the literature**						
	Comment:						
J	**Scientific/medical/nursing educational level (e.g. too difficult to understand)**						
	Comment:						
K	**Quality of information (e.g. too superficial information found)**						
	Comment:						

(4) Suggestions on improving the current awareness service

It will be appreciated if you can bring suggestions on improving the current awareness service offered by the Central Cancer Library of The Netherlands Cancer Institute to our attention.

Thank you for your time and participation. It is much appreciated!