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Evidence Summary

Nigerian Medical Libraries Face Challenges With High Hopes for the Future

A Review of:

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Abstract

Objective – This study examined the field of medical librarianship as it is currently practiced in Nigeria.

Design – Mixed methods: electronic survey and in-person interview.

Setting – The survey was advertised via an email list and a WhatsApp discussion group, both based in Nigeria. The interviews were requested directly by the authors.

Subjects – Librarians working in medical libraries in Nigeria for the survey; library heads for the interviews.

Methods – The survey was created in Google Forms and shared via the Nigerian Library Association's email discussion list and the WhatsApp Group for the Medical Library Association of Nigeria. Question categories included personal and library demographics, library patronage/social media use, library services for users, and librarians' training and challenges. Most questions were closed-ended. Survey data was analyzed in SPSS for response frequencies and percentages. The interviews were conducted in person. Questions covered

topics such as demographics, challenges, and prospects (for medical librarianship in Nigeria). Interview transcriptions underwent thematic content analysis.

Main Results – The majority of the 58 survey respondents (73%) reported seven or more years of medical library experience. There was no consensus on classifications schemes used throughout medical libraries in Nigeria, with 43% using the US National Library of Medicine classification and 32% using the Library of Congress. Social media use also varied, but the majority (approximately 45%) reported using social media less than monthly to promote their libraries or programming.

Monographs were the main collection material reported by roughly 35% of respondents. Journals followed at approximately 24% while only 10% reported electronic resources as the main collection material. The majority of respondents (53%) noted that their library did not offer specialized services. Others (31%) reported “selective dissemination of information, current awareness services, or reference services” (p. 402) as specialized services; 7% reported literature searching. The majority of respondents (70-75%) rated their skill levels in evidence based medicine and systematic reviews as beginner/intermediate. Half of respondents reported that their libraries had not held any training programs or seminars for library users in the six months prior.

Interviews with library heads revealed that they all had high hopes for the future of medical libraries in Nigeria but also noted many challenges. These included a lack of cooperation between libraries, a lack of interlibrary loan services, budget deficiencies, and insufficient access to the internet. This mirrored survey responses, 50% of which noted access to electronic information was a “significant barrier to improved services” (p. 402) along with a lack of training (53%) and low library usage (57%).

Conclusion – Medical libraries in Nigeria face multiple challenges. Budgetary constraints, a lack of library cooperation, and internet

accessibility limit the availability of electronic collections. The authors suggest that library associations in Nigeria focus on education and training opportunities for current and future medical librarians.

Commentary

Boynton and Greenhalgh (2004) was consulted while evaluating the survey portion of this study and Glynn (2006) was consulted while evaluating the interview portion. While both methods were appropriate for this research, the survey dissemination and choice of interview subjects could potentially have introduced bias into the results. As can be the case with any survey sent via email discussion lists or social media, the results are skewed towards the people who choose to answer. It is unclear from the reported results how respondents found the survey (either the email list or the Medical Library Association of Nigeria' WhatsApp Group), though the authors report a 52% response rate based solely on the number of users in the WhatsApp Group. In terms of the interviews, it is not explained why the interviewees were chosen, other than that they were the library heads at Nigeria's first-generation universities. The authors note that four of the five first-generation universities are located in the southern region of Nigeria, which is “educationally more developed than the northern region” (p. 400). To include viewpoints from multiple geographical areas, including those of less developed regions, heads of medical libraries from all over Nigeria should have been contacted.

When evaluating survey questions, Boynton and Greenhalgh (2004, p. 1314) note that closed ended questions may lead to a lack of richness in responses, as users are only allowed to choose from the researcher's choices. In the current survey, the closed-ended questions offered a partial view of the state of medical libraries in Nigeria, but adding the option of a short explanation or further thought could have granted more insight. For example, respondents were asked to “rate users' understanding of the importance of the library and what it stands for” (Appendix A, Question

9) on a scale of very low to very high. This is a very subjective question that would have benefitted from users having had the option to explain why they answered as they did. In some cases, closed-ended questions may have been leading for the respondents, such as the question "Which of the following do you agree is a barrier to your service delivery as a health science librarian? (check all that you agree with)" (Appendix A, Question 18). The respondent is not able to give their own thoughts on barriers to service. Similarly, the interview question on challenges (Appendix B, Section B) included possible challenges to ask about if interviewees did not offer their own ideas. This could have been leading the interviewees to respond in a way they would not have otherwise (though it is not clear whether these prompts were ever used).

An interesting area for future study based on this work involves respondent demographics. Demographic questions, such as type of library worked at, length of employment, and geographical location in Nigeria, were included, but comparisons were not made between these areas. It also would have been interesting to know what role the respondents held at their libraries, as different levels of experience could make a difference in how the status of the field is viewed.

While the authors note that access to electronic resources and the internet are barriers to service, it is not clear whether this is true in all areas of the country or if service barriers differ with location. In terms of electronic resource access and since another major challenge mentioned was a lack of interlibrary loan services, it would be interesting to know what use libraries were making of open access journals, open educational resources, and other freely available resources. However, the fact that respondents also noted insufficient internet access underscores the difficulty in relying on electronic resources, open or otherwise. It is not clear what role budget insufficiencies play in the lack of internet access.

Survey responses did offer several ways that medical libraries can improve in Nigeria, some of which could be of use to libraries everywhere. Professional development and continuing education are among the most important to consider. In Nigeria it is needed to increase librarians' skill sets, particularly in areas of evidence based medicine and systematic reviews, but continued skill building in staff is essential to the continued relevance of libraries in general. Cooperation between libraries, such as the formation of consortiums, can be a safety net in times of financial strain. In the case of Nigerian medical libraries, sharing resources can help to increase access for users. Finally, the survey responses highlight the importance of outreach to users, through programming and social media in order to promote the library and library resources. This is a lesson to remember for all libraries, regardless of where they are in the world.

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