Evaluating library resources for accreditation: results of a study

By Kathryn Hammell Carpenter, M.S.
Bibliographer for the Health Sciences and Associate Professor

University Library (M/C 234), Box 8198
University of Illinois at Chicago
Chicago, Illinois 60680

When the nursing collection at the University of Illinois Library of the Health Sciences was evaluated in 1990 for an accreditation self-study for the National League for Nursing, the evaluation was broadened to study resources, faculty participation in selecting them, and completeness of holdings. To evaluate holdings, lists were checked and conspectus and comparative statistical data were analyzed. Organization and collection development were also described, to document faculty input. User services and on-site and remote access were briefly reviewed to document how resources were made available. The results demonstrated that the library provided an acceptable level of support for nursing studies at the University of Illinois at Chicago.

INTRODUCTION

The goals of collection evaluation are to determine strengths, identify gaps, and measure coverage in comparison with other libraries. Many techniques are available to satisfy these purposes [1]. When an evaluation is conducted to support an institutional bid for reaccreditation, the focus must be broadened beyond collections. Traditional emphasis must be expanded from counting holdings to issues of access to the collection and resources outside it. The methodology applied and data collected in the collection evaluation allow librarians to answer the question "How complete is the collection?" When the evaluation of library resources is more broadly defined, the librarian can also answer the question "What information is relevant to work in this discipline and how does the library make it available?"

The need to broaden a collection evaluation that was originally motivated by an accreditation self-study is even more pressing when the library resources to be evaluated support nursing studies and the accrediting agency is the National League for Nursing (NLN). The league's standard for the library, Criterion 8, reads: "Comprehensive and current library and other learning resources, developed with input from nursing faculty, are available" [2]. This statement highlights the concerns that must be addressed in the evaluation: documentation of the library's current and retrospective information resources, description of the use of consultation in compiling library resources, and the availability of services to provide access to those resources. The hypothesis to be tested in an evaluation has evolved from "The library's collection supports research and instruction" to "The library provides access to information sources selected in consultation with nursing faculty."

Library resources in support of nursing at the Library of the Health Sciences (LHS) at the University of Illinois at Chicago (UIC) were evaluated in 1990 as part of the self-study for renewal of NLN accreditation. The library began providing support for nursing when the first programs of pediatric and psychiatric nursing instruction were offered in the 1940s. Its role was expanded when the School of Nursing was formed in 1951 and reorganized as the College of Nursing in 1959. The college offers programs of study at the baccalaureate, master's, and doctoral levels for 3,378 full-time and 157 part-time students [3]. Courses of study include general nursing, medical surgical nursing, psychiatric nursing, maternal and child nursing, and public health nursing. In 1986, the World Health Organization (WHO) designated the College of Nursing a WHO Collaborating Centre for International Nursing Development in Primary Health Care. Graduate study is also provided in Peoria (medical surgical and public health nursing) and Urbana-Champaign (adult health nursing). The library has provided services to support regional programs in medicine and nursing offered in Peoria since
1972 and in Urbana-Champaign since 1975. A site in Rockford also supports medicine, but it was excluded because no programs in nursing were offered there at the time this study was conducted [4].

RESEARCH DESIGN

The hypothesis of the UIC study was that LHS had effective collection development processes, including nursing faculty involvement in collection decisions to obtain appropriate information resources for nursing studies; further, that these and other important materials were readily available for use. The UIC evaluation took a case-study approach, and used a variety of techniques to evaluate the library’s success in providing support for nursing studies [5]. To address the expectations of NLN reviewers and their counterparts on the UIC faculty, measures were selected to document the components that fulfill NLN’s criterion for library resources. Library holdings were evaluated by checking lists, by assessing existing collection strength and current collecting intensity via conspectus results, and by reviewing comparative statistics to document comprehensive and current holdings in nursing. The organization and process of collection development, with emphasis on liaison efforts, was described to document faculty input. Systems and services for on-site and remote access were reviewed to document resource availability.

THE NURSING COLLECTION: SCOPE AND COVERAGE

To assess whether the library acquires adequate resources to support nursing studies, the goals for collection building stated in the collection development policy were reviewed. As Hall noted, “the data obtained from collection measurements can only be interpreted in terms of collection purposes” [6]. The scope of nursing literature may be defined in broad terms, modeled on the statement on treatment of subject found in the Collection Development Manual of the National Library of Medicine [7] or the library collection development policy statement [8]. Evaluating a library’s resources begins with a description of the collection’s scope (the range of subjects to be collected) and its coverage (the extent to which each subject is acquired) [9]. The librarian’s concepts of scope and coverage may not be familiar to nursing professionals, but when both ideas were explained clearly in the evaluation, they led to results of considerable interest to users concerned with comprehensive and current library resources. The scope of the nursing collection at LHS (Chicago) was extensive: to collect the scholarly and educational literature in all subjects that present aspects of nursing. Growing faculty interest in women’s health care, international cooperation, home health care, AIDS, gerontology, and substance abuse made these subjects a significant part of the collecting program for nursing. The collections at the remote site libraries in Peoria and Urbana were considerably more limited. Collections there reflected the curriculum and research interests of remote site faculty, which focused on several specialty areas. In Peoria, the collection emphasized medical surgical and public health nursing, with special interest in pediatric nursing, home health care, and most recently, oncology nursing. In Urbana, the emphasis was on adult health care nursing, chronic illness and long-term care, home health care administration, rehabilitation, and most recently, nurse practitioner services (at the undergraduate level).

Coverage (the extent to which subjects are acquired) is often described in terms of collecting levels. Many libraries have adopted the levels identified by the Association for Research Libraries (ARL) in 1985: comprehensive, research, instructional, reference, and basic [10]. Collecting levels are an effective way to measure completeness in the nursing collection. These levels describe the collection concretely, in terms of what users do with it, such as conduct research or instruct students. They are detailed, and the criteria are applied separately to each subject. They apply to both the existing collection and the current collecting activity. The levels are formulated in terms that apply directly to the customary academic library mission: supporting teaching and research [11].

Coverage for nursing at LHS (Chicago) meant collecting English-language books and journal literature in Western European languages at the research level defined by ARL—for example, major published source materials required for dissertations and independent research, topical indexes, the proceedings of conferences and symposia, periodicals, microforms, vital and health statistics, and technical reports, in addition to standard reference tools [12]. LHS (Chicago) also collected international, national, state, and local government publications not already received through the depository program (the library was a partial depository for documents from the U.S. Department of Health and Human Services). Historical, rare, manuscript, and archival materials were also collected. Excluded were external theses and dissertations, machine-readable data files, newspapers, most newsletters, spiral-bound books, and materials for patients. As noted, research-level materials in Peoria and Urbana reflected the particular research interests of the local nursing faculty rather than nursing literature as a whole.

Collecting at a research level does not necessarily guarantee that materials directed solely toward students will be obtained, despite widespread acceptance that the higher collecting levels encompass the lower ones. At UIC, the library emphasized instruc-
tional-level holdings at the Chicago, Peoria, and Urbana sites. To some degree, these materials overlapped with the research-level collections, because they contain materials appropriate for graduate-level instruction and independent study within nursing and medical curricula. But nonresearch materials such as examination guides and digests and outlines of clinical nursing subjects were also obtained specifically for student use. The library also collected audiovisual materials that support the curricula in Chicago, Peoria, and Urbana, but much more selectively.

COLLECTION MEASUREMENTS

Lists of books, periodicals, and audiovisuals were checked to assess the completeness of the current and retrospective collections. In addition, nursing-related information from the Greater Midwest Regional Medical Library Network (GMRLN) RLG Conspectus Project and comparative statistics published in the Annual Statistics of Medical School Libraries in the United States and Canada were examined [13]. In considering a library’s collection, the nursing professional must be concerned with measures of both comprehensiveness and currency. Though the term “comprehensiveness” raises specific expectations in librarians that nursing professionals may not share, the measures selected to document existing collection strength and current collecting intensity can also be used to document comprehensiveness and currency.

Lists checked

In evaluating library resources at UIC, the author examined the lists cited in the Appendix. The use of lists has several advantages: Lists are usually readily available, backed by the authority and competence of expert librarians and subject specialists, easy to search, and regularly updated. The compiler and user of holdings data must keep in mind that, although a high percentage of hits may appear to document successful collection development, the Guide to the Evaluation of Library Collections points out that there are no general standards for interpreting the results of list checking [14].

The results of the review of monographs are displayed in Table 1. The six “Books of the Year” lists were considered as a group. An average of 85.10% of the titles were held by LHS (Chicago), ranging from 76.47% of the titles on the 1976 list to 95.74% on the 1988 list. The Peoria library held an average of 62.35% of the titles on all lists, ranging from 55.26% on the 1973 list to 68.00% on the 1982 and 1985 lists. Urbana held 68.63% of the titles, ranging from 44.74% on the 1973 list to 94.00% on the 1982 list. Only 5.10% of the titles were not held by any site.

Similar results were obtained when the remaining lists were searched. Of the titles included in “Top Schools’ Top Texts,” 78.52% were held in Chicago, 51.68% in Peoria, and 67.78% in Urbana. The Chicago site held 96.21% of the titles listed in “Building a Better Bookshelf”; Peoria held 60.76% and Urbana 75.95%. Of the titles included in the “Selected List of Nursing Books and Journals,” 90.16% were held in Chicago, 53.02% in Peoria, and 71.75% in Urbana. The Chicago library held 81.88% of the book titles listed in the Core Collection in Nursing and Allied Health Sciences; Peoria held 45.94% and Urbana 53.44%.

The lists chosen for examination were “core,” “best,” or “select” lists, so they did not reveal the collections’ depth in any particular subject. They did indicate a consistent practice over time of acquiring the most important monograph titles in all nursing subjects. Few titles on these lists were absent from the LHS book collection. For the Peoria and Urbana libraries, the data indicated a similar commitment to having on site the most important graduate-level monograph titles in nursing. With the help of the library’s responsiveness to user needs, the richness of the collections in Chicago, and the support of timely deliv-

Table 1
Nursing monograph titles held at LHS sites according to recommended list searched (APPENDIX)

<table>
<thead>
<tr>
<th>List</th>
<th>Chicago site</th>
<th>Peoria site</th>
<th>Urbana site</th>
<th>Not held</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Books of the Year” 1973 (n = 38)</td>
<td>32 (84.21%)</td>
<td>21 (55.26%)</td>
<td>17 (44.74%)</td>
<td>2 (5.26%)</td>
</tr>
<tr>
<td>“Books of the Year” 1976 (n = 51)</td>
<td>39 (76.47%)</td>
<td>34 (66.67%)</td>
<td>25 (49.02%)</td>
<td>6 (11.76%)</td>
</tr>
<tr>
<td>“Books of the Year” 1979 (n = 44)</td>
<td>38 (88.36%)</td>
<td>27 (61.36%)</td>
<td>36 (81.82%)</td>
<td>2 (4.54%)</td>
</tr>
<tr>
<td>“Books of the Year” 1982 (n = 50)</td>
<td>40 (80.00%)</td>
<td>34 (88.00%)</td>
<td>47 (94.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>“Books of the Year” 1983 (n = 25)</td>
<td>23 (92.00%)</td>
<td>17 (68.00%)</td>
<td>20 (80.00%)</td>
<td>1 (4.00%)</td>
</tr>
<tr>
<td>“Books of the Year” 1988 (n = 47)</td>
<td>45 (95.74%)</td>
<td>26 (55.32%)</td>
<td>30 (68.83%)</td>
<td>2 (4.26%)</td>
</tr>
<tr>
<td>Total “Books” lists (n = 255)</td>
<td>217 (85.10%)</td>
<td>159 (62.35%)</td>
<td>175 (68.63%)</td>
<td>13 (5.10%)</td>
</tr>
<tr>
<td>“Top Schools’ Top Texts” (n = 149)</td>
<td>117 (78.52%)</td>
<td>77 (51.88%)</td>
<td>101 (67.78%)</td>
<td>22 (14.76%)</td>
</tr>
<tr>
<td>“Building a Better Bookshelf” (n = 79)</td>
<td>76 (96.21%)</td>
<td>48 (60.76%)</td>
<td>70 (75.95%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>“Selected List of Nursing Books and Journals” 1988 (n = 315)</td>
<td>284 (90.16%)</td>
<td>167 (53.02%)</td>
<td>226 (71.75%)</td>
<td>12 (3.81%)</td>
</tr>
<tr>
<td>Core Collection in Nursing and Allied Health Sciences (n = 320)</td>
<td>262 (81.88%)</td>
<td>147 (45.94%)</td>
<td>171 (53.44%)</td>
<td>40 (12.50%)</td>
</tr>
</tbody>
</table>

Evaluating library resources
Carpenter

Table 2
Nursing serial titles held at LHS sites according to recommended list searched (Appendix)

<table>
<thead>
<tr>
<th>List</th>
<th>Chicago site</th>
<th>Peoria site</th>
<th>Urbana site</th>
<th>Not held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td>International Nursing Index 1989 (n = 658)</td>
<td>387 (58.81%)</td>
<td>165 (25.08%)</td>
<td>177 (26.90%)</td>
<td>245 (37.23%)</td>
</tr>
<tr>
<td>Core Collection in Nursing and Allied Health Sciences (n = 119)</td>
<td>110 (92.44%)</td>
<td>70 (58.82%)</td>
<td>71 (59.66%)</td>
<td>9 (7.56%)</td>
</tr>
</tbody>
</table>

ery services, these sites found it possible to support regional nursing programs.

A comparison of the journals listed in International Nursing Index and Core Collection in Nursing and Allied Health Sciences reveals apparently contradictory results (Table 2). Of the 119 titles listed in the Core Collection list, LHS (Chicago) subscribed to 110 titles (92.44%). Peoria held subscriptions to 70 titles (58.82%) and Urbana 71 titles (59.66%). These results were similar to those obtained in the comparison of "select" books to the monograph collections at each of the sites. These holdings demonstrated a commitment to maintaining on-site subscriptions to the most significant nursing titles. A review of the journals indexed in International Nursing Index seemed to indicate weakness rather than strength. Of the 658 titles listed, LHS (Chicago) held current subscriptions to 387 (58.81%). Peoria held current subscriptions to 165 titles (25.08%), and Urbana held subscriptions to 177 (26.90%). Two hundred and forty-five titles (37.23%) were not held by any site.

An examination of the titles in International Nursing Index revealed why many were not included in the library's collection. The index's scope is broad; it includes dental journals and specialized titles on hospitals, health policy, and economics, as well as medical titles. The index includes newsletters, which LHS generally does not acquire, and state nursing journals, which are often news-oriented and so not acquired. The index also includes a large number of nursing journals from countries other than the United States and Great Britain, for which subscription funds are not available. Most of the titles not held were published in non-European languages, usually Russian or Japanese. If the Cumulative Index to Nursing and Allied Health Literature had been used instead of the International Nursing Index, as it was in an earlier evaluation of the nursing collection at another institution, the percentage of titles held might have been significantly higher [15].

The results of comparing the audiovisual collection to the lists searched was dramatically different (Table 3). Fewer than 4% of the titles were held by LHS at any site. In part, this disparity reflects the lists selected for review, because the Core Collection list included a number of titles directed toward the health consumer rather than the practitioner. Had any of these titles been requested for classroom use at UIC, they would have been purchased. If such materials are not actually needed, their absence does not seriously diminish the instructional program at the College of Nursing. The poor outcome was also evidence of the impact that rising book and journal prices have had on UIC collection development. The results indicate that UIC provided comprehensive and current resources in monograph and periodical, but not audiovisual, formats, in support of nursing studies.

Assessment data
Collection assessment, or conspectus, data are also useful in documenting comprehensiveness and availability. In a collection assessment, the collection as a whole is analyzed both in terms of its existing strengths (the retrospective holdings) and current collecting intensity (the current year's acquisitions). Collection assessment data are studied to document a collection's comprehensiveness and currency.

Conspectus data on the existing monograph collection were measured by examining the appropriate call number ranges of the LHS card catalog shelf list. The current collecting intensity was based on a count

Table 3
Nursing audiovisual titles held at LHS sites according to recommended list searched (Appendix)

<table>
<thead>
<tr>
<th>List</th>
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<th>Not held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td>&quot;AJN Media Festival awards&quot; (n = 42)</td>
<td>1 (2.38%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
<td>41 (97.62%)</td>
</tr>
<tr>
<td>Core Collection in Nursing and Allied Health Sciences (n = 338)</td>
<td>5 (1.48%)</td>
<td>7 (2.07%)</td>
<td>2 (0.59%)</td>
<td>326 (96.45%)</td>
</tr>
</tbody>
</table>
of titles acquired in 1986, identified by a review of cataloging worksheets for the year. Dewey call numbers assigned to titles acquired before 1971 were mapped to the appropriate National Library of Medicine/Library of Congress (NLM/LC) classification numbers. Holdings for inactive journals were verified in the Illinois Health and Science Libraries Serials Holding List [16]. A list of current journals was obtained from PHILSOM, the online serials system used at UIC before NOTIS was adopted. Their subject content was verified against the Index Medicus titles. The prospectus worksheets supplied by GMRMLN included for comparison purposes counts of current and retrospective monograph titles held by NLM.

The subjects examined in this assessment included: “NURSING”; “CARDIOVASCULAR DISEASES-NURSING”; “COMMUNITY HEALTH NURSING”; “EDUCATION, NURSING”; “GERIATRIC NURSING”; “HISTORY OF NURSING”; “NURSE PRACTITIONERS”; “NURSING, PRACTICAL”; “OBSTETRICAL NURSING”; “PHILOSOPHY, NURSING”; “PSYCHIATRIC NURSING”; “PUBLIC HEALTH NURSING”; “SURGICAL NURSING”; and “UR-LOGIC NURSING.” Considering all categories, LHS (all sites) held 4,558 retrospective monographs, compared with 9,581 reported by NLM; it held 233 current monographs, in comparison with 275 reported by NLM. One hundred and fifty-three periodicals with retrospective holdings were counted and 129 currently received titles. Comparative data on serials for NLM were not available, nor were audiovisuals evaluated [17]. The assessment data supported the conclusion that a research-level collection was available to the nursing faculty.

Comparative statistics

Absolute numbers, especially when compared with figures for similar institutions, provide further insight into a collection. Statistics about such factors as the size of the collection, growth rate, and amount expended for library materials provide graphic indicators of relative emphasis. Statistical data can be easily recorded, easily studied if sufficiently detailed records have been kept, and easily understood if clearly defined. But they also may be inaccurate, incomplete, not comparable with other libraries, difficult to interpret, and expensive to compile on demand [18]. The commonly held assumption that more equals better is a potential bias in the interpretation of statistical data. As Eakin pointed out, evaluations based on quantitative measurements are subject to the assumption that there is a positive relationship between the size of a collection and its ability to meet the needs of the user community [19]. An institution’s ability to provide access can be inferred only in a general way from absolute numbers.

LHS (Chicago) held 475,333 print volumes in 1989-1990, with 10,551 volumes added during that year. The library subscribed to 3,064 current periodicals, almost 130 of them devoted primarily to nursing. There were 161,894 monographs in the Chicago collection in 1989-1990; 4,394 new titles were added that year. These figures revealed a large collection, one that had the resources required to support nursing programs. When these figures are ranked with those of other libraries reporting data to the Association of Academic Health Science Library Directors, LHS (Chicago) was the seventh-largest library, but it added only the thirteenth-highest number of print volumes in 1989-1990. The collections in Peoria and Urbana were considerably smaller. The Peoria library held 59,641 volumes and 712 current periodical subscriptions in 1989-1990; these largely, though not entirely, duplicated titles held in Chicago. In contrast, the Peoria audiovisual collection, which contained approximately 2,000 titles and 87,000 media pieces, was quite strong, and included both computer-assisted instructional programs and videodisks to support instruction. The Urbana library held 37,112 volumes and 650 current periodical subscriptions in 1989-1990. With 625,909 volumes, the library as a whole was third-largest in North America. In 1989-1990, LHS added 17,595 volumes, the second-highest number of volumes [20].

Budget data

Although they are not strictly statistical data, budget figures are useful in documenting collecting, particularly when comparative data are available. The total amount allocated to nursing materials each year and the amounts suballocated to major formats give a general indication of the collection growth that can reasonably be supported. At UIC, the materials budget for health sciences was divided into three subject guidelines or divisions that incorporated allocations for all formats: clinical sciences, basic sciences, and general materials. No finer subject allocations were made. According to the data compiled in the Annual Statistics of Medical School Libraries in the United States and Canada, the 1989-1990 budget of $769,948.00 for collection development was only the twenty-third-highest among the libraries surveyed [21]. Although the collection development budget for LHS (all sites) ranks third-highest, most of the additional spending supported duplicate purchases in the remote sites. In addition, the discrepancy between a rank of eighth-largest in volumes held and twenty-third-largest in dollars spent indicated a decline in support that will eventually be observable as the strength of the collections decreases.

When assessing the purchasing power of the budget, it is essential to note the impact that inflationary
price increases and currency fluctuations have had on library collections. The periodicals price index reported annually in Library Journal is a standard source for documenting increases in the price of domestic periodicals. An analysis of data showed that the price of U.S. periodicals in the category “Medicine” (which includes nursing) increased more than 400% from 1977 to 1990 [22]. Devaluation of the dollar also contributed to the rapid rise in the price of foreign titles. While the cost for nursing journals has traditionally been lower than for clinical medicine or basic sciences journals, Brandon and Hill reported that the average cost for a sample of periodical titles rose from $21.21 in 1979 to $50.30 in 1989, an increase of 137% in ten years [23]. The LHS budget for health sciences was underfunded to the extent that many relevant new periodicals were not acquired and duplicate copies of heavily used texts were not routinely obtained. Duplicate titles of significant periodicals such as American Journal of Nursing, Nursing Outlook, Nursing Clinics of North America, Nursing, Nursing Times, and Nursing Mirror were cancelled so that unique titles could be retained. In addition, the audiovisual collection, which was primarily instructional in scope, was not maintained, with the exception of titles requested by library users. That these circumstances prevail in most health sciences libraries does not diminish their impact on nursing programs at UIC.

COLLECTION DEVELOPMENT PROCESS

How collection development is organized, the role that faculty members play in collection building, the policies for allocation of funds, and the criteria for selection are factors to consider in an evaluation of library resources. They directly affect collection building and influence the strength of the library's resources.

Organization of collection development

There are several different approaches to the organization of collection development functions. Centralized models that use subject specialists and decentralized models that rely on selectors with dual assignments have both their proponents. Eakin has noted that it is only relatively recently that collection development has been made a separate position in health sciences libraries, distinct from acquisitions or reference. But she pointed out that a separate position may be justified when budgets are shrinking, prices are rising, and publishing output is increasing; under these circumstances, collection development decisions require more careful consideration [24].

The collection development program was centralized for the University of Illinois at Chicago in 1988. The bibliographer for the health sciences became one of several bibliographers with broad subject responsibilities reporting to a principal bibliographer (department head) who in turn reported to an assistant university librarian responsible for collections and information services. To enhance collection development at the two remote sites, the librarians there served as liaisons to the health sciences bibliographer, who also consulted with LHS department heads and administrators in Chicago. Centralization of health sciences collection development to this degree is unusual, but in many ways advantageous to the LHS mission. Guiding the centralization of collection development were certain assumptions: that the items at the various sites of the UIC library constitute a single collection, that the use of the collection by the library's primary clientele is interdisciplinary, and that effective collection development need not be geographically based. Although many people would accept these propositions, few would risk the political consequences of implementing them. By organizing a single collection development unit, the library ensured consistency, or at least a calculated diversity, in collection development policies, allocation of funds, and degree of duplication. The organizational structure identified a single contact person for users and an authoritative voice in health sciences collection decisions. Flexibility in the allocation of funds to meet special needs across formats, subjects, and sites was also a beneficial outcome of this particular organizational structure.

Liaison efforts

Because of nursing professionals' interest in collection development and their input to collection decisions, it was important to document the extent of the liaison program. Prior to the reorganization of collection development at UIC, liaison work was carried out as time permitted; it was not the focus of any one position. Since 1988, the health sciences bibliographer has attempted to make contact with College of Nursing administrators and individual faculty at each site. In Peoria and Urbana, the library advisory committee was also consulted. Nursing faculty members were encouraged to suggest titles for purchase and to discuss the library resources needed to support their scholarly interests. Most monographs and audiovisuals they requested were purchased. Their requests were given priority and the requesters were notified when the titles were available for circulation. Periodical requests were also encouraged, but many of the requested titles were not obtained because of funding limitations. In Peoria and Urbana, requests were forwarded to the bibliographer by on-site librarians. At those sites, most periodical requests were made by faculty; requested titles were ranked by the library committees, which included representatives...
from the College of Nursing. The advice of the committee figured strongly in the selection of new titles. A cumulative list of unfulfilled periodical requests was maintained to document need and help set selection priorities. In addition to encouraging and responding to requests for purchases, the bibliographer conducted demonstrations of the online catalog and electronic mailboxes and conferred with faculty on the preparation of grant proposals, organization of research institutes, expansion of instructional programs, and compilation of data for reaccreditation self-studies.

Fund allocation

The allocation and management of funds, another strategy for effective collection development, was included in the evaluation at UIC. The price escalation and the proliferation of periodicals made periodical purchases a good indication of the scope and coverage of the collection. At UIC, the library’s allocation strategy was to maintain the subscription list while preserving the monograph collection. This approach had a significant impact on the quality of the collection over time, as the policy’s practical effect was to allocate two thirds of the materials budget to serials and one third to monograph purchases. The increase in periodical prices has meant that the subscription list must be cut. In cutting it, the bibliographer has considered scope and content, duplication at other UIC sites, price and rate of price increase, impact factor, and number of circulations for titles at LHS (Chicago). In Peoria and Urbana, in-house use data have also been compiled to support retention decisions. A review of the subscriptions cancelled for 1986–1990 revealed no nursing titles, except for the duplicate copies.

Selection criteria

The most significant collection development strategy in nursing is selection criteria. Criteria cited in the UIC evaluation were similar to the criteria observed at other institutions: relevance to academic programs, audience, format, quality, price, language, and related characteristics [25]. The criteria for selection ensured the titles’ potential usefulness in supporting the teaching, research, and service needs of the nursing faculty. The library’s criteria were applied to collection building via automatic acquisitions through an approval plan for monographs adopted for Chicago in the late 1970s and in effect since 1989 for Peoria and Urbana. The approval program, based on subject and publisher profiles, automatically obtained for review the health sciences books of more than forty publishers. Although the Peoria and Urbana plans were much more selective in subjects and publishers than the Chicago plan, they acquired the most important titles on a timely basis. In conjunction with careful management of the subscription list, the approval plan aided LHS in building a strong collection. The presence of a strong monograph collection, somewhat of a rarity in health science libraries, was an outcome to herald.

The library’s selection criteria were also applied to weeding and the acceptance of gifts. LHS traditionally followed the strategy of serving the university and larger community of health professionals as an archival collection. All superseded editions of significant titles were retained; previous editions were added if offered as gifts. When a title was duplicated, the copy in better condition was retained. Titles were withdrawn only when they were lost, stolen, or damaged beyond repair. Such gaps were selectively filled if the old title was still in print and no new edition had been published. Nursing titles were often replaced; they constituted a high proportion of the damaged materials, an indicator of the heavy use that portion of the collection receives. When the final copy of a title with enduring scholarly value was withdrawn from the remote libraries, it was transferred to Chicago rather than discarded. Gifts of significant retrospective collections were encouraged, and gifts of current imprints were processed promptly to avoid duplication.

The selection criteria were also extended to acquisitions from gifts or grants. Seeking outside funding was an important collection development strategy to improve the depth of subject collections. At UIC, a notable award to the College of Nursing in Urbana enabled the library to purchase a significant number of titles on all aspects of adult lifestyles and health concerns. Since the completion of the study, additional funds to support purchases on nursing administration for LHS (Chicago) and oncology nursing for LHS (Peoria) have been received.

AVAILABILITY AND ACCESS

Access to resources on-site

A collection’s value resides not only in its scope and depth of materials, but in its accessibility. As noted, the NLN standard emphasizes availability of the nursing literature. Access to literature can be evaluated by the way that holdings are identified, the availability of holdings data of related libraries, and the ease of getting nursing periodicals. Availability of resources can be judged by the level of information, circulation, interlibrary loan, and delivery services provided. There is already a breadth of literature on bibliographic control and user services, so this section will provide a brief summary only. At UIC, the most significant resource in identifying holdings was the library’s online public access catalog, LUIS, which was supplemented by the statewide online circula-
tion system, LCS. With LUIS, library users could learn about titles that were in the pre-order search process, on order, or in the cataloging process. At UIC, if a title was in process, the user could complete a form available at the circulation desk to request that the item be cataloged within seventy-two hours. If the request was submitted for a title on order, the new item would be cataloged immediately upon receipt. Remote users could specify a pickup site. LUIS was available off-site and during hours when the library building was closed. Remote access was a feature of the larger academic data network (ADN), which permitted downloading and printing personal bibliographies and corresponding with library units via electronic mail. Electronic mail influences availability when it is used to carry out library business from a user's office. The UIC library has created a series of electronic mailboxes known collectively as LIBMAIL that enable users to request articles on interlibrary loan (ILL-ARTICLE), renew books (LIB-CIRC), or ask reference questions (LHSREF, LHSREFIX, etc.). A separate mailbox for requesting purchases (LIB-BOOK) was also available. In addition to printed indexes, access to the nursing literature via MEDLINE was accomplished at UIC through CD-ROM and mediated searching. In Peoria and Urbana, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) was available. Since the evaluation, it has also been ordered for Chicago.

Access to remote resources

At UIC, ADN users had access to the holdings of other institutions via BITNET or INTERNET connections. Access to the holdings of other libraries becomes more meaningful when the materials are available rapidly. Under contract to the Illinois State Library, the University of Illinois at Urbana-Champaign operated a statewide delivery system for the transfer of library materials among Library Computer System (LCS) participants. Transfer time within Illinois was usually not more than three working days. Urgent interlibrary loan requests were faxed, as were the replies.

User services

The UIC library provided customary services such as circulation and interlibrary loan to nursing faculty and students via OCLC or DOCLINE. In addition InfoQuic, an on-demand, fee-based service that provides photocopies from the general academic campus one mile away, was launched in 1990. UIC operated shuttle buses every ten minutes, but for faculty who were reluctant to leave their work, InfoQuic provided twenty-four-hour turnaround on requests. Information services librarians created a number of educational pathways for training end users in searching and compiling personal bibliographies. One service that had tremendous impact on access was the multisite periodical exchange program. After one week at the receiving site, current issues of periodicals were charged to another site for browsing for one week and then returned to the original site. Though the program was initially implemented to ease the impact of journal cancellations in the sciences and basic health sciences in Chicago, it had a positive impact on access to nursing titles when it was extended to Peoria.

CONCLUSION

Evaluating the availability and openness of nursing materials in addition to their completeness broadens the scope of the self-study to an evaluation of library resources, a more complicated and formidable subject. In such a study, the methods available to librarians for measuring collections, such as scope, coverage, level, criteria, and allocation, must be applied in such a way as to make the results of interest and value to users, who are more concerned with the realities of using library resources than with isolated measures of a collection's strength. One such reality, a better understanding for users of the extent of materials and variety of services available, is an anticipated outcome of evaluating library resources for accreditation reviews. This is an outcome that was observed in the evaluation of library resources that support nursing studies at UIC.

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APPENDIX

For this study, the author examined the following monograph sources:

For periodicals, the following sources were examined:

For audiovisuals, the following sources were examined: