Library liabilities in the time of corona: three hospital libraries' experiences at the heart of the pandemic in Sweden

Ingrid Anderson (a), Helena Grahn (b) and Anja Vikingson (c)
(a) Karolinska University Hospital, Stockholm, Sweden
(b) Södersjukhuset, Stockholm, Sweden
(c) Danderyd Hospital, Stockholm, Sweden

Abstract
On March 10th, 2020 the Public Health Agency of Sweden raised the risk level for the spread of the coronavirus in Sweden to "very high". The capital Stockholm quickly emerged as the center for the spread and hospitals in the Stockholm Region switched to crisis management. This is the story of how the libraries at Stockholm's three major hospitals handled their coronavirus journey during spring 2020: what actions were taken to uphold services and what lessons were learned.

Key words: *libraries, hospital; communication; interprofessional relations; access to information; pandemics.*

Background

Within the Stockholm Region, there are four hospital libraries jointly providing information services to all healthcare staff in the Region. The libraries are situated at the three major hospitals in Stockholm:

The Karolinska University Hospital (two sites), Södersjukhuset and Danderyd Hospital (*Table 1*).

The libraries all have separate managements, but cooperate closely. The hospital libraries serve healthcare staff, clinical researchers, students, patients and their families with both medical literature and recreational reading. They share Library Management Systems (LMS), cooperate regarding teaching and support, and purchase and make available all scientific e-resources for the regional healthcare staff through a joint website (1) (*Figure 1*).

Upholding liabilities during library lockdown

Decision to close
On March 10th, 2020 the Public Health Agency of Sweden raised the risk level for the spread of the coronavirus in Sweden to "very high" (2). On March 12th the Stockholm Regional Council recommended banning visitors at Stockholm hospitals and geriatric healthcare centers (3). Subsequently, on March 13th hospital managements and library managers decided to close all libraries from Monday the 16th of March. On grounds of limiting the spread of infection, all services for students, patients and their families would shut down, all physical book lending and ordering stop, and physical teaching and support be cancelled. Overnight we became libraries without physical visitors and our sole focus and user group became the healthcare staff and researchers of the Region. They would from now on be served through telephone, e-mail and video meetings and using our e-resources only (*Figure 2*).

Since the library staff were used to cooperating between libraries and working groups for LMS, e-media and website already existed, discussions on workaround solutions to maintain services and fulfill our mission and liabilities towards our users set off straight away. "That healthcare staff have continual access to the literature and scientific information they need is vital. That is why we exist!" one library staff member emphasized. Ideas were discussed between

Karolinska University Hospital (Karolinska)	Södersjukhuset (SÖS)	Danderyd University Hospital (DS)
• 16,000 employees at two sites: Solna (north), Huddinge (south) • 10 library employees: 2 libraries with 1 library manager	• 4,800 employees • 5 library employees including manager	• 4,000 employees • 6 library employees including manager

Table. 1. *Stockholm's three major hospitals and their libraries*

Fig. 1. *The hospital libraries' joint website for healthcare staff of the Stockholm Region (visiting cards).*

Fig. 2. *A closed sign outside Södersjukhuset's Hospital Library.*

library staff through e-mails and brought to library managers for decision-making. Library managers at the hospitals encourage cooperation between the libraries and staff taking responsibility and initiating solutions. Henceforth, the top-down decision to close the libraries spurred several bottom-up liability solutions.

Liability solution 1: medical book service
Three days after the libraries' closure we made it possible for healthcare staff to order printed medical books from the collection by e-mailing or calling us and have them sent to their workplace or left at the hospital reception desks for collection. Nevertheless, if the

lockdown proved to be long-lasting, we realized we would need a better solution, for both users and library staff. Therefore, eight days after closing we launched a new patron category through our library management system making it possible for healthcare staff and students doing internship at the hospitals to order and queue for books as usual. Information on changes in services was spread through automatic e-mail replies through the LMS, on intranets and websites, and a new routines manual for library staff was produced. Despite different work situations at the libraries, with some having no staff present, books to all healthcare staff in the Region, regardless of location, were supplied by the remaining libraries.

Problems encountered consisted of healthcare staff not knowing their internal work addresses, and, because of COVID-19, several had changed locations and were hard to reach, and book packages being too bulky or too many for the internal post slots, resulting in undelivered books and disappointed staff. At the libraries, the new routine triggered a substantial increase in book handling and packaging.

Liability solution 2: e-resources

Our webpage for healthcare staff in the Region was now our only library branch. The working group for our website modified the front page and continually informed users on changes in services. On March 19th the group started discussing setting up a special COVID-19 page with links to accessible research. The keyword agreed on was *usability*, supplying a usable selection of reliable resources to clinicians and researchers. Inspiration and ideas were taken from similar projects at other medical libraries and from the discussion forum run by *Eira*, the library consortium for Swedish hospital and healthcare libraries. Eira had immediately set up a COVID-19 page with tips and available e-resources (4). The newly written Eira-report *Vägen till vetenskapen/Pathways to Science* (5) was also consulted to better understand how healthcare staff seek information in practice. Planning was carried out through e-mail since some of the staff were working from home. As we have our own library technician, set up and design of the COVID-19 page was swiftly done and colleagues supplied feedback. Our COVID-19 page was launched on April 6th. Statistics show that during the first month our COVID-19 page had 900 page views and had become our 5th most used subpage (*Figure 3*).

Marketing the COVID-19 page and e-resources was done through e-mails to key contacts at hospitals and in primary care using the internal regional email directory. We linked to the page on our library subpages on the hospitals' intranets and webpages. The Stockholm Regional Council healthcare webpage, *Vårdgivarguiden*, was contacted and immediately linked to our COVID-19 pages among their COVID-19 resources (6). One unexpected difficulty was getting the link added to the hospitals' own intranet COVID-19 pages. At one of the three hospitals, hospital
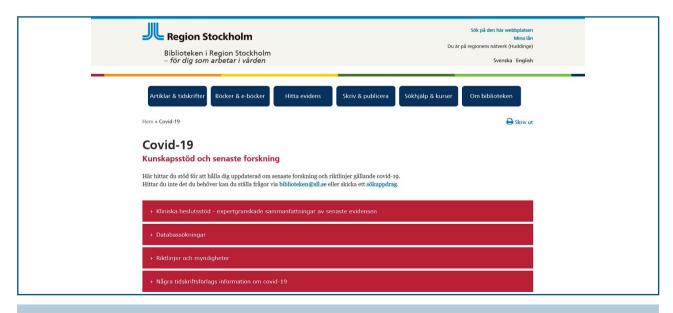

Fig. 3. *The special COVID-19 page on biblioteken.sll.se.*

management was instantly positive and swiftly included the link on their COVID-19 page. At another hospital, despite positive feedback and extensive correspondence, the library's link was not added to the hospital's internal COVID-19 page until the beginning of June, and then only on a subpage called "External links". At the third hospital, the hospital's internal COVID-19 page was reserved strictly for information from the hospital management. After one month the library could publish a short press release about the COVID-19 page in the news section on the hospital intranet.

Liability solution 3: teaching, support and mediated searches
Despite offering alternative solutions, almost all the planned teaching sessions during the spring were cancelled. Some of the planned lectures were turned into digital sessions, but technical problems, lack of experience of digital teaching and tools, as well as the need for swift replanning, generally led to shorter sessions than usual.
Producing tutorials on information seeking through short films had been discussed before and was again introduced as an idea early on during the lockdown. A project was started producing scripts to video tutorials for guides to our website and frequently used databases. However, we realized this project needed more manpower than we currently had available. Instead, new PDF search guides for databases were produced and published on our website, a job also easily carried out by colleagues working from home.
We immediately noted a decrease in support requests despite us offering digital meeting solutions. Even support for reference management programs, a relatively large proportion of our physical support sessions normally, decreased substantially. To a large extent this was probably a consequence of reorganizations at the hospitals and clinical needs being prioritized over research, as well as increased workload and lack of experience with the digital tools at hand. Most support cases were handled through e-mail and the few support and teaching sessions carried out through video meetings all entailed technical problems. In contrast, services like bibliometric verification and statistics were not affected at all, as users were used to solely digital support for such matters and final report dates set.
During the first week of closure we announced on our website that mediated searches for COVID-19 would

be prioritized. We did get requests for COVID-19 searches, but statistics show that search requests decreased by 43% for March and 47% for April compared to last year. One reason might be the sudden work overload and reorganizations at the hospitals. However, the scale and complexity of the requests increased during this period. The libraries cooperated on the received COVID-19 searches and both national and international search forums and library websites were helpful in searching this new field (4, 7, 8).

Liability solution 4: recreational services
The recreational service for both staff and patients and their families was completely shut down, and no contact with wards was allowed. To uphold some service, the free-to-use bookshelves outside the libraries were kept extra well stocked. Social media channels were used to communicate with users and promote e.g. e-book recommendations, poems of comfort, writing tips including a notebook patients could collect outside the library, a digital book circle reading of "The Plague" by Albert Camus, as well as displaying what the library staff were doing during the coronavirus lockdown. At one library a project of repainting the return boxes placed around the hospital was carried out.

Lessons learned and wishes for the future

While still in the middle of the pandemic, but with some restrictions lifted and our libraries reopened, we reflect on how to be better prepared for the next crisis.
The uncertainty of a pandemic inevitably makes all forms of planning difficult. Time and effort put into making new routines can be altered a few hours later due to new orders. One thing we have learned is that in times of crisis and with crisis management in place at hospitals, information might be more centrally managed and normal communication pathways sidelined. Hospital managements were reorganized into more hierarchical structures and decisions were therefore made on a different structural level than before. To us, this meant our regular ways of communicating at the hospitals no longer worked. Internal communication took more time and effort than usual.
The spontaneous daily contact with users – clinicians and researchers as well as students and patients – was lost during the lockdown. Different user groups have different digital behaviors, habits and needs. Even

though all our digital channels were used, e-mails and physical information sheets sent out to inform users of changes, communicating with and reaching all our users was a challenge during the lockdown, both due to the massive inflow of questions and the changed communication pathways. We conclude that to be even more present digitally and at the same time more out-reaching to find our users outside of the normal pathways and the physical library, is important. Having a communication plan including crisis scenarios would be useful.

The Stockholm hospital libraries are all small units used to short decision-making paths and meetings face to face, therefore switching to digital meetings only, both within and between the libraries, was a new experience. We were all used to attend such digital meetings but not organizing them ourselves. Several platforms were available and colleagues working from home, as well as library users, each had their preferences and options, which meant we all quickly had to access and learn several different platforms. The importance of continuing to write agendas and protocols for digital meetings was another lesson learned. One library was in the process of hiring new staff during the spring and this was carried out through digital interviews, a new experience as well (*Figure 4*).

Additionally, we learned the benefits and pitfalls of going digital with teaching and support. Our experiences of providing support and teaching sessions through digital platforms were limited and we furthermore noted that healthcare staff were similarly lacking in user experience. Being well acquainted with digital communication platforms and tools can save time and be as effective, but requires practice, technical preparedness, adequate pedagogical approaches and distinct routines in their own rights,

Fig. 4. *The "New normal" way of working with colleagues. The three authors meeting online.*

for both healthcare and library staff.

Contrary to what one might think, the workload at the locked down hospital libraries did not decrease during the crisis. Correspondence with our users increased and was intense through e-mail, and new routines and less staff at hand furthermore prompted the workload. The Public Health Agency early on recommended all Stockholmers to work from home if possible and most library staff did, some due to symptoms or belonging to a risk group. However, technical issues such as having desktop or laptop computers, the accessibility of work files and programs and Wi-Fi strength affected the practicalities of working from home. As healthcare libraries, one of our main liabilities is certifying that our users have remote access to the scientific material they need to work evidence-based and conduct their research. However, concurrently ensuring remote access to files and tools for library staff, to be able to uphold this liability towards our users, was something we had not foreseen fully. The pandemic taught us that we need to be as flexibly equipped and remote focused concerning our own tools.

How to best assist our clinicians and researchers in finding relevant and useful scientific information on the coronavirus was our major focus during this crisis. Non peer-reviewed and preprint articles – material we normally do not promote – were not included on our COVID-19 page and rarely searched for in mediated searches. Should we have reasoned differently to maintain our liability towards healthcare staff? We followed discussions on withdrawn articles and preprints but would have wished to be better acquainted with the field. Further discussions on whether we should comment or in other ways draw healthcare staffs' attention to the special circumstances for this type of material are needed.

During the lockdown, some library facilities were quickly reused for crisis management meetings, making protective equipment (PPE) and even as storage room, a practical and logical solution in a time of crisis. However, one risk with having the facilities closed or services reduced might be hospital management failing to recognize the library's significance during the pandemic. We thus conclude that, during a crisis, being continually visible to hospital management with what the library's role, needs and liabilities towards healthcare staff are is crucial, in order to not lose ground.

Along our coronavirus journey, we discovered that the three hospital libraries, despite being used to cooperating intensely, had found different solutions to the same problems concerning everything from cleaning routines to workplace attendance. This is partly an effect of belonging to different hospital organizations and of our varying physical and technical equipment and circumstances. Working at different hospitals, each with its own management, we are separate and will always act differently. However, as closely collaborating libraries cooperatively supporting all healthcare staff within the Stockholm Region, we need to focus on what we can plan and achieve together. Coordinating even more decisions will make us more efficient and will perhaps also cause less stress among library staff. In preparing for future crises, a joint contingency plan would be desirable and is achievable. Such a plan would make decision-making easier, quicker and more comparable.

No one had foreseen a crisis of this scale and its effect on the libraries. In consequence, learning from this experience is vital. We conclude that the healthcare libraries of Stockholm need to continue to cooperate and coordinate to find ways of making decisions for all libraries, and thereby being even better prepared and successful in upholding our liabilities towards our users during the next crisis.

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