The Effect of Consortium Building on Information Resources in Medical Libraries in Benue State

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Accepted 10 December 2015

The study was designed to ascertain the effect of consortium on information resources in medical libraries in Benue State. User’s opinions from five medical libraries were sampled and three hypotheses were formulated and tested at 0.05 level of significance. The study was guided by six specific objectives and six research questions. The study was hinged on Technology Acceptance Model by Davis 1989 (TAM) theory. The study adopted survey research design. The study was carried out in Benue State using a targeted population of 956 respondents from Benue State Teaching Hospital Medical Library, College of Health Science Medical Library, School of Nursing Medical Library and School of Midwifery Medical Library. The sample for the study was 282 respondents from the five medical libraries, the sample was drawn from the population using proportionate stratified random sampling technique. The instrument for data collection was self-developed questionnaire titled "Influence of Information Consortium Building on Information Resources in Medical Libraries (ICBOIRMLQ). The instrument was validated by the validators. The reliability of the questionnaire was established using cronbach alpha method a reliability coefficient of 0.875 was obtained. Research questions were answered using descriptive statistics of frequency, percentages, mean and standard deviation. The findings of the study revealed that, consortium building are in existence in medical libraries in Benue State, it has moderate influence on medical serial materials in medical libraries in Benue State with a mean of 2.89, it also has very high influence on reference health material in medical libraries in Benue State as well as high influence on HINARI (-resources) in Benue State, the challenges faced in Consorting Building in Medical Libraries in Benue State are inadequacy of existing resources, lack of policies, uncooperative attitude of parent bodies, unstable budgetary allocation and lack of trained personnel for handling new technology, it concluded that all these should not deter medical libraries in participating in consortium building but rather should encouraged them to extend consortium building to other resources that are lacking and recommended among others that medical libraries should be ready to put up strong worded proposal to parent institutions in other to be allowed to participate in consortium building, they should be equally ready to lobby at any slightest meeting to convince the medical institutions management committee to fund and maintain financial allocation to the library, and formulate policy on consortium building to make it easy to convince parent institutions on their medical libraries participating in consortium building.

Keywords: Influence, Consortium, Building, Information, Resources, Medical and Libraries in Benue State

INTRODUCTION

Libraries are collections of printed and non-printed resources carefully selected, acquired and processed by librarians and housed in specially designated building for use. Today, with the internet, internet resources can also form part of library resources which can be accessed anywhere any time. There are six types of libraries performing various functions in Nigerian society. These are national library, public library academic library, school library, special library and private library. The national library is a statutory government establishment responsible for collecting and preserving the printed output of a country. The public library is a library wholly established by public funds whose resources are not restricted to any class of persons in the community but freely available to all. Academic library is a library established to support the academic programmes offered by such institutions. They are found in most tertiary institutions such as universities, polytechnics, colleges of education and other tertiary institutions. School library is established to provide materials that support the school curriculum. These include primary and secondary school libraries. While a special library is a research library that is maintained by corporations, associations, government agencies, individuals or any other group within the society. They provide instant information to users and their collection is specialized in nature to serve specialized body of users and their staff in a particular subject or field. And the private library is that owned and used by an individual, family members, relations, friends, well wishers and private researchers. It is usually located in people’s homes or compound and thus disposed to private use than the general public. Each type of library is unique and performs given roles. Some functions are common to all libraries while others are tailored to meet the special requirements of the owners such as the special libraries. Medical libraries fall under the category of libraries known as special libraries. But 1or the purpose of this study medical library is the focus.

According to Anaeme, (2013), medical libraries are libraries found in medical institutions such as the hospitals, medical centers, clinics, medical schools, private medical industries and medical or health association among others. Anaeme in addition states that, they are specialized institutions established to provide information resources to meet the information needs of health professionals and consumers. The health practitioners they serve are Physicians, Dentists, Pharmacists, nurses(including advance practice registered nurses), midwives, dietitians, therapists, psychologists, chiropractors, clinical officers, phlebotomists, respiratory therapists, occupational therapists, audiologists, speech pathologists, optometrists, emergency medical technicians, paramedics, medical laboratory scientists, medical prosthetic technicians, radiographers, social workers and a variety of other human resources trained to provide some type of health care services. They are commonly grouped into four key fields, Medical (including generalists practitioners and specialists), nursing (including various professional ties) dentistry and health professions including occupational therapy, pharmacy, physical therapy, paramedicine, respiratory therapy, radiographers and many other health specialists (Mnguyo, 2015).

The role of a medical library in a medical institution is the provision of current information to health professionals in a quick and cost effective manner. Walzer, Stott and Sutton in Anunobí (2013) states that they include the provision of balanced perspective on medical issues, provision of alternatives to formal learning in the form of material support for continuing medical education; provision of value services, which improves information delivery; dissemination of health information and promotion of healthy lifestyles: satisfying the health information needs of the community. They also include locating and assisting in the development of relevant information or materials; pairing information outreach with other activities in which the populations already engaged example workshops, conferences, community events and integrating health information into ongoing programs of the target population in the community, thereby empowering members of the health community. Medical libraries require information resources to play these roles.

Information resources are the key to meeting the information needs of users. They are the tools of providing information through information services that meet the information needs of teaching, learning, and provision of health care services and research activities of medical institutions. Information resources are acquired to enable the library fulfill its goals of meeting the information needs of its users (Adomi, 2008). Information resources are information bearing materials is containing information and are found in print forms such as books, journals novels, students projects, technical reports, newspapers, magazines, indexes, abstracts, maps, atlases, handbook, almanacs, yearbooks and directories to name a few. They are otherwise called monographs. The non-print materials (audio-visual materials) are also known as multimedia. Peitz (2004) described them as a combination of two or more media (text graphics studio, video among others).No one of which is identifiable as the predominant constituent of the items, they include microform reader, audio materials (tape recorders, record and record players), realia, models, slides, film strips and recordings, electronic formats such as CD-ROM, E-books/E-journals, Online Databases, facsimile transmission(Fax), web, E-mail service, subject Gateways, search engines, E-Resources such as E-Journals and E-books. Information resources could also be categorized into reference materials, serials, and digital/electronic formats.
Reference materials are information materials meant to be consulted and not read consecutively such as dictionaries, encyclopedias, handbook, bibliographies, indexes, abstracts, reviews, serials, manuals, directory and data book to mention but a few. The ready reference consists of dictionaries, encyclopedia, year book, handbook, directory to mention a few. These are reference sources that supply specific information on terms, background, trends, people, places, location, people, organization, association, facts and activities in the medical field housed in the medical libraries. They are not meant to be read consecutively like any other textbook but to be consulted. The directional materials consist of indexes, abstracts, and bibliographies. They are called leading tools that tell one where information can be found in a source be it print and non-print sources. Serials are ephemeral materials that usually capture current information, trends in different fields. They include journals newspapers, magazines, pamphlets. There is also Health Internetwork Area of Research Initiative (HINARI) a medical online database subscribed to by institutions in developing countries for free. Medical library house all these resources related to medical or health issues in order to play their role effectively. These information resources form the core collections of any information system such as the medical library known as medical information resources. Medical information resources therefore are responsible in meeting the teaching, learning and research needs of the medical community. Medical libraries provide a good number of services based on these information resources ranging from traditional ones like reference service, information services, loan services, Current Awareness Services (CAS), photocopying services, bindery services, indexing and abstracting services to modern electronic Selective Dissemination of Information (SDI) service among others. These services enable users of the library to make judicious use of the collections in pursuing their studies and professional duties as medics. However, no single library can be said to be self-sufficient, hence the need to venture into consortium building to boost its collections. Consortium Building is a resource sharing method whereby libraries with common interest pool their materials, physical and human resources together in order to meet their clientele needs much more than they could have done when they depend on individual effort. Consortium, networking, alliance, association, cooperation and resource sharing are terms use d interchangeably. The influence of consortium building on information resources is the impact of library's cooperative efforts on information resources which can be far reaching on the participating libraries.

In order to ensure that information resources in medical libraries make up for its inadequacy the need to go into consortium building becomes imperative. Consortium building is also an option because of the enormous responsibility medical library is saddled with. Economic recession today among other economic down turn of developing countries has called for the need of consortium building due to scarce resources. Quite so, there is no hope for regular acquisition of information resources by medical libraries in the nearest future. Consortium building on some of the resources especially on core collection can suffice in this regard such as medical reference materials like encyclopedias, medical dictionaries, manuals, hand books, serials journals, medical influence medical news etc.) and HINARI, a medical Internet database resource may likely influence medical information resources in the library.

Influence is the act or power of producing an effect without apparent exertion of force or direct exercise of command. The influence of consortium building on information resources is the effect that results in participating in a cooperative venture by a group in this case medical library.

The importance of consortium building on medical information resources in a medical library is that it revitalizes and make it stronger and more effective (Ikem and Nwalo, 2001).This is because consortium building injects the concerns libraries with core resources that make their collection balance and more up to date. Consortium building on these information resources enable the presence of variety of library resources for teaching/training, research and provision of health care services. In any resource sharing endeavor, there is need to develop both human and technical systems that will lead to success. Resource sharing is not the only strategy dealing with the current problems facing
libraries, but it is a strategy that holds promise for most libraries. It becomes difficult for medical libraries not to fulfill their mandate. Users’ information needs are met adequately even beyond their expectations. The issue of inadequate core library resources such as encyclopedia, dictionaries, manuals, handbook, and journals to name a few becomes immaterial. It enables each library to develop according to areas of comparative advantage for the benefit of all in the consortium.

Furthermore, all partners receive an acceptable benefit from it rather than working for individual short terms gains. Consortium building gives the medical libraries comparative advantage to purchase information resources such as e-granary digital library and subscribe to the EBSCO. (Elton B. Stephen Co.) data base in group at cheaper rate. It enables all libraries involve to have the capacity to provide access to large amount of quality, relevant and up-to-date information to their readers and researchers whether on internet or not. With it the medical libraries can reposition their libraries to be more effective. There is improved service delivery than if they were acting alone. Information resources acquired are processed immediately and are ready to be delivered quickly. It ensures that medical institutions contribute to national development thereby fulfilling the millennium development goals (Nwaforizu, 2014). Libraries benefit a lot from resource sharing. In the light of these positive influences, influence of consortium building in Nigeria cannot be over emphasized.

In Nigeria, libraries are now actively participating in consortium building. This is more so with the emergence of ICT especially the internet. In 2004 Committee of university librarians of Nigeria University (CULNU) formed the Nigerian University Consortium (NUC). The objectives include promoting resource sharing among members’ libraries available and also ensuring that member institutions contribute meaningfully towards sustaining Nigerian Universities NETWORK (NUNET) is another initiative by the NigerianComm1ssion to encourage universities to network and share information for academic and administrative functions while Nigerian periodical index NPI) of CULNU and Documentation and library Centre for Science and Technology aimed at providing access to our current and to retrospective information on Science and technology to facilitate resource sharing (Okeagu and Okeagu, 2008).Another consortium building that exists in Nigeria is POMLIF a subcommittee of monotechnic and polytechnic libraries in Nigeria (COMPLIN).The main objective of POMLIF is to promote the development of polytechnic and monotechnic libraries through the use of shared Scarce resources. These are initiatives that Medical libraries took a cue from to initiate their own which is National Network of Libraries of Medicine (NNLM).Before now there existed other resource sharing efforts such as interlibrary loan and interlibrary cooperation on information materials among others.

The NNLM is a nationwide program coordinated by the National Library of Medicine (NLM). The mission of the NLM is to advance the progress of medicine and improve the public health, providing health professionals with equal access to biomedical information, improving the public access to information, enabling them to make informal decision about their health and health care. The consortium is the core of NLM's outreach program to reduce health disparities and improve health information literacy. The consortium comprised of academic health science libraries, hospitals, pharmaceuticals and other special biomedical libraries, public libraries, information centers and community based organization. The benefits of consortium members include certificate of recognition, training opportunities, eligibility for project funding, document delivery services and subscription to data bases that will provide the required information resources and even sheer staff that are inadequate.

The presence of consortium building and its benefits has prompted the researcher to investigate on the influence of this consortium on information resources. There is little success in co-operative activity beyond the most rudimentary because of an underlying desire or need for each library sector or even individual library to remain autonomous. This is a powerful reality based on part on the premise that what we have paid for, we own and also control, the corollary is that, if you are not the owners, then do not control the resource. This probably explain why the duo of Okeagu and Okeagu (2008) lamented that in as much as efforts have been made in the past to make resource sharing more efficient, barriers to achieving that efficiency still continues in all resource sharing operations in Nigeria.

In the case of Benue State, Nigeria one wonders what the situation among medical libraries might be considering the benefits that accompany consortium building in making information resources available in quantity, quality and variety. The need to know the situation has therefore call for an empirical study to verify whether the larger picture in Nigeria applies to it or not and if it does, what might be done to address it, hence the study on influence of consortium building on information resources in medical libraries in Benue State.

STATEMENT OF THE PROBLEM

Consortium building boosts availability of information resources in libraries including medical libraries in the face of inadequacy. It gives libraries comparative advantage to purchase information resources such as e-granary digital library, subscribe to HINARI, as well as serials information resource and health reference materials in group at cheaper rate amongst others. It enable all libraries involve in the consortium to have the capacity to provide access to large amount of quay, relevant and up-to-date information to their readers and
researchers whether on internet’ or not. It ensures that medical institutions contribute to national development thereby fulfilling the millennium goals on health matters (Ajuwon, 2015).

However, personal observation of medical libraries in Benue State show that despite the benefits of consortium building its influence seems to be felt much on the information resources of medical libraries such as reference materials, serials and HINARI as it is desired. Many of the libraries appear to be contented with no visible indication of consortium building. It appears as even inter-library loan is also hardly seen among these medical libraries. Many users in these libraries are seen individually attempting to access medical library resources within this location on their own. This is not to mention e-resources (HINARI) that require special arrangements and internetwork connections. The persistence state potent limited information resource for health practitioners in the medical institutions in Benue State. The consequence of this o health care service provision, research and training of health practitioners can be destructive. No wonder the rich and the political leaders have resorted to medical tourism, flight abroad for medical treatment, while health professionals seek medical training in other medical facilities outside the shore of the state. It is on account of this that an empirical study is required to investigate the influence of consortium building on information resources in medical libraries in Benue State.

OBJECTIVE OF THE STUDY

The general objective of this study is to investigate the effect of consortium building on information resources in medical libraries in Benue State. But specifically the study seeks:

1. To identify the types of consortium buildings in medical libraries in Benue State.
2. To determine the effect of consortium building on medical serials in medical libraries in Benue State.
3. To find out the influence of consortium building on reference health materials in medical libraries in Benue State.
4. To ascertain the effect of consortium building on HINARI in medical libraries in Benue State.
5. To determine the extent of consortium building influence on information resources in medical libraries in Benue State University.
6. To identify the challenges militating against consortium building among medical libraries in Benue State.

RESEARCH QUESTIONS

The following research questions will guide this study.

1. What are the types of consortium buildings in medical libraries in Benue State?
2. What is the effect of consortium building on medical serial materials in medical libraries in Benue State?
3. What is the influence of consortium building on reference health materials in medical libraries in Benue State?
4. What is the effect of consortium building on HINARI in medical libraries in Benue State?
5. To what extent does consortium building influence information resources in medical libraries in Benue State University?
6. What are the challenges militating against consortium building among medical libraries in Benue State?

HYPOTHESES

The following hypotheses are formulated and will be tested at 0.05 level of significance.

1. Consortium building does not significantly influence serial materials in medical libraries in Benue State.
2. Consortium building does not significantly influence reference health materials in medical libraries in Benue State.
3. Consortium building does not significantly influence HINARI in medical libraries.

RESEARCH METHODOLOGY

This chapter presents procedures that were used to carry out the study. These include research design, area of the study, population, sample and sampling technique, instrument for data collection, validation of the instrument, reliability of the instrument, method or as collection and method of data analysis technique.

Research Design

The research design that was adopted for this study will be survey research design. A survey research design is concerned with collection of data for the purpose of describing and interpreting existing conditions on practices, beliefs, attitudes and point of views that are held. The survey research design is most appropriate for this study because it seeks to collect data from a large population and interpret the views of the respondents to find out the influence of consortium building on serials, reference health materials HINARI and the challenges of consortium building in medical libraries in Benue State in respect to the research questions posed in the study.

Area of the Study

The study was carried out in Benue State. Benue State is
located in the North Central zone of Nigeria. North central zone is made up of three geo-political zones. North East, North West and North Central. Benue state among others is located in North Central. Benue State consists of three geopolitical zones. They include zone A, zone B and zone C. Zone A is located in the north-eastern part of the state. Zone B is in the north western part of the state. While zone C is located in the southern part of Benue State. The medical libraries identified to be studied are found in zone B. This zone has all the medical libraries with their librarians in the state. These libraries include BSUTH Medical library, BSU College of Health Sciences medical horary. Federal Medical Centre Medical Library, School of Nursing library Makurdi and School of midwifery Makurdi medical libraries. BSUTH Medical library and BSU College of health sciences medical are located along Makurdi-Gboko road, while School of Nursing and school of Midwifery are located opposite Federal High Court Makurdi. The choice of this study in Benue State is so that the influence of consortium building on information resources affects health institutions can be ascertain in relation to health care delivery, research and raining of health care professionals in Benue community, the environs and a whole.

Population of the Study

The population of study consists of Nine hundred and fifty six (956) users from (BSUTHML Users Register, 2018; CHSML Users Register 2018; SNML Users Register 2018 and SMMLUsers Register 2018). A breakdown shows that each medical library will be considered based on the number of registered users. BSUTHML has 150 registered users; College of Health Sciences has 388 registered users. Federal medical center has 180 registered users, School of Nursing Makurdi has 118 users, and School of Midwifery Makurdi 120 registered users.

Sample and Sampling Technique

The sampled for the study comprised of 282 registered library users. This was drawn using Taro Yamane Sample Size Formula (1967) (See Appendix A). Proportionate Stratified random sampling technique will be adopted in selecting the sample. By this method, Benue State University Teaching hospital medical library (BSUTHML) 44 respondent, College of Health Sciences Medical Library (CHSML) 115, Federal Medical Center Medical Library (FMCM),53, School of Nursing Makurdi (SNM), 35 and for School of Midwifery Makurdi (SMM), 35. Total of 282 users was selected from all the sampled medical libraries. Proportionate sampling was use in order to ensure that relative proportion of user in the medical libraries are involved in the study will be exactly its relative contribution in the sample. (See Appendix A PP

Instrument for Data Collection

The instrument for data collection was self-constructed questionnaire. The questionnaire was titled “Influence of Consortium Building on Information Resources in Medical Libraries in Benue State Questionnaire” (ICBOIRMLO) for users. It was divided into five clusters with 48 items. Section A deals with types of consortium building existing in medical libraries with 8 items and is rated categorically on two scale of existing and non-existing with 2 for existing and 1 for Non-Existing. Section B on influence of CB on serial materials with 11 items and rating options of Very High Influence (VHI), High Influence (HI), Low Influence (LI) and No Influence (NI) of 4, 3, 2 and 1. Section C has 8 items seeking information on influence of consortium building of health reference materials and is rated as VHI, HI, LI and NI (4, 3, 2, 1). Section D seeks information on influence of CB on HINARI with 9 items rated as VHI, HI, LI and NI of 4, 3, 2, 1. Also section E seek information on challenges militating against CB in medical libraries in Benue State with 12 items on continuous rating of SA, A, D and SD of4,3,2,1.

Validation of the Instruments

The face and content validity of the instrument was done by three validates, one from Benue State University Teaching hospital medical library, another one from Federal University of Agriculture library Makurdi and finally one from Educational Foundation and General Studies Department Federal University of Agriculture Makurdi. They conducted face and content validity for clarity and exactness of the instrument. This was achieved through the research objectives and questions of the study given to them to assist them in the validation. They pointed out that the suggestions raised in the questionnaire should be addressed, reworked as observed and corrections pointed be effected. After their critical examination and comments, modifications and refining of the instruments was effected. The instrument had 45 items during validation all were retained after validation. The instrument was further reviewed by the supervisor who ascertained their exactness and suitability.

Reliability of the instruments

In order to calculate the reliability of the instrument the questionnaires was administered to 30 respondents of University of Nigeria Teaching Hospital Nsukka in a pilot
study which was not part of the study area but had characteristics that are similar to that of the study sample. Cronbach’s Alpha was used to determine internal consistency of items. Cronbach’s Alpha was used because the items have varying point values that could not be dichotomously scored. The overall reliability estimate of the instruments is 0.875. Based on the value, according to Nworgu (2006) and Pallant (2007) the instrument is reliable.

Method of Data Collection

Data administration and collection was done by the researcher and two research assistants at the areas of study. The research assistant was instructed on how to go about the collection of data by the researcher. The researcher will personally administer questionnaires to users in Benue State University Teaching Hospitals Medical Library and College of Health Sciences Medical Library, Benue State University. While the research assistants will do same in school of Nursing Makurdi (SNM) and School of Midwifery Makurdi (SMM). Data collection in the School of Nursing and Midwifery medical libraries in Makurdi.

Data Analysis Techniques

The descriptive Statistics of percentage, frequency count, mean and standard deviations were used to answer research questions while Chi squares test of significance was used to test hypothesis at 0.05 level of significance. The choice of percentage rating to answer research question I one was because of two category of variables which had two options of Yes and No, while the choice of Mean to answer research questions 2 to 5 was because data collected was on rating scale. Percentage rating of 50 and above was established to be exiting while the ones below 50 was not in exiting. Bench mark of 2.50 was established to have influence any item with a mean rating or 2.30 or above while any item with a mean rating of less than 2.50 was regarded as not having influence. This effect will be classified as thus: 2.50-influence, 2.51-3.0 as moderate influence while 3.0-4.0 as high influence. The decision rule for the rejection or acceptance of hypothesis was based on the set value of 0.05, where the P-value was equal to or greater than the set value of 0.05(P>0.05) the hypothesis was accepted but was rejected when the P-value was less than the set value of 0.05(P<0.05).

RESULTS AND DISCUSSION

This chapter is deals with data presentation, analysis, interpretation and discussion of findings. The results are presented and analyzed based on the research questions raised and hypotheses formulated for the study.

Results

Research Question 1: What types of consortium building exist in medical libraries in Benue state?

Table 1. Frequency and Percentage Counts of types of Consortium building in medical libraries in Benue State.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Item</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>E-book consortium</td>
<td>224</td>
<td>79.5</td>
<td>58</td>
<td>(20.5)</td>
<td>Existing</td>
</tr>
<tr>
<td>2</td>
<td>Interlibrary loan</td>
<td>241</td>
<td>85.3</td>
<td>41</td>
<td>(14.7)</td>
<td>Existing</td>
</tr>
<tr>
<td>3</td>
<td>Open consortia</td>
<td>254</td>
<td>89.9</td>
<td>28</td>
<td>(10.1)</td>
<td>Existing</td>
</tr>
<tr>
<td>4</td>
<td>HINARI Consortium</td>
<td>230</td>
<td>81.7</td>
<td>52</td>
<td>(18.3)</td>
<td>Existing</td>
</tr>
<tr>
<td>5</td>
<td>Close group consortium</td>
<td>255</td>
<td>90.6</td>
<td>27</td>
<td>(9.4)</td>
<td>Existing</td>
</tr>
<tr>
<td>6</td>
<td>Nigeria University Consortium</td>
<td>259</td>
<td>91.7</td>
<td>23</td>
<td>(8.3)</td>
<td>Existing</td>
</tr>
<tr>
<td>7</td>
<td>NUNET</td>
<td>266</td>
<td>94.2</td>
<td>16</td>
<td>(5.8)</td>
<td>Existing</td>
</tr>
<tr>
<td>8</td>
<td>National Network of libraries of medicine</td>
<td>228</td>
<td>80.9</td>
<td>54</td>
<td>(19.1)</td>
<td>Existing</td>
</tr>
</tbody>
</table>

Table 1: reveals that all the 8 items presented are existing in medical Libraries with the overall yes percentage of 86.8 and NO of 13.2 This shows the various types of consortium building in medical libraries in Benue State.
Research Questions 2: What is the effect of consortium building on medical serial materials in medical libraries in Benue State?

Table 2: Mean and Standard Deviation of consortium building on medical serial materials in medical libraries in Benue State.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Serial</th>
<th>( \bar{x} )</th>
<th>SD</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There is availability of serial information resources</td>
<td>2.65</td>
<td>.63</td>
<td>Moderate influence</td>
</tr>
<tr>
<td>2</td>
<td>There is medical serial to meet information needs of users</td>
<td>2.68</td>
<td>.62</td>
<td>High influence</td>
</tr>
<tr>
<td>3</td>
<td>Make possible availability of difficult foreign serial</td>
<td>2.65</td>
<td>.65</td>
<td>High influence</td>
</tr>
<tr>
<td>4</td>
<td>Attract deep discount of serials materials through joint pricing negotiation</td>
<td>2.70</td>
<td>.60</td>
<td>High influence</td>
</tr>
<tr>
<td>5</td>
<td>There is accessibility of medical serials materials</td>
<td>2.76</td>
<td>.54</td>
<td>High influence</td>
</tr>
<tr>
<td>6</td>
<td>Use of medical serials materials anywhere in the word</td>
<td>2.79</td>
<td>.51</td>
<td>High influence</td>
</tr>
<tr>
<td>7</td>
<td>There is presence of serial material in all formats</td>
<td>2.88</td>
<td>.51</td>
<td>High influence</td>
</tr>
<tr>
<td>8</td>
<td>Make research more convenient</td>
<td>2.96</td>
<td>.63</td>
<td>High influence</td>
</tr>
<tr>
<td>9</td>
<td>Reduction of storage cost</td>
<td>3.20</td>
<td>.72</td>
<td>Very High influence</td>
</tr>
<tr>
<td>10</td>
<td>There is effective document delivery systems</td>
<td>3.26</td>
<td>.73</td>
<td>Very High influence</td>
</tr>
<tr>
<td>11</td>
<td>There is availability of enhances search facilities</td>
<td>3.27</td>
<td>.79</td>
<td>Very High influence</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td><strong>2.89</strong></td>
<td><strong>0.63</strong></td>
<td>High influence</td>
</tr>
</tbody>
</table>

Table 2 reveals that all the 11 items have mean ranges from 2.65-3.27 and S.D 0.51-0.79 with ages from 2.65-3.27 and S.D 0.51-0.79 with a grand mean of 2.89 and S.D 0.63, this result indicate that consortium building has high influence medical serial materials in medical libraries in Benue State.
Research Question 3: What is the effect of consortium building on reference health material in medical libraries in Benue State?

Table 3: Mean and Standard Deviation Score consortium building on reference health materials in medical libraries in Benue State.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Constraint</th>
<th>( \bar{x} )</th>
<th>SD</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reduction in cost of medical reference material greatly</td>
<td>3.28</td>
<td>.86</td>
<td>Very High influence</td>
</tr>
<tr>
<td>2</td>
<td>Smaller libraries to have direct access to medical abstracts encyclopedia, manual they otherwise cannot afford</td>
<td>3.13</td>
<td>.97</td>
<td>Very High influence</td>
</tr>
<tr>
<td>3</td>
<td>Medical encyclopedia, abstracts, manual, dictionaries are more abundance</td>
<td>3.13</td>
<td>.93</td>
<td>Very High influence</td>
</tr>
<tr>
<td>4</td>
<td>More medical manuals, abstracts encyclopedia and dictionaries are purchased</td>
<td>2.73</td>
<td>1.08</td>
<td>Very High influence</td>
</tr>
<tr>
<td>5</td>
<td>Resources are diversify</td>
<td>2.42</td>
<td>1.13</td>
<td>Low influence</td>
</tr>
<tr>
<td>6</td>
<td>Leverage negotiation with services providers</td>
<td>2.06</td>
<td>1.04</td>
<td>Low influence</td>
</tr>
<tr>
<td>7</td>
<td>Medical collection is more comprehensive</td>
<td>2.82</td>
<td>1.00</td>
<td>High influence</td>
</tr>
<tr>
<td>8</td>
<td>Mutual support in area related to e-resources</td>
<td>2.83</td>
<td>.93</td>
<td>High influence</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td><strong>3.01</strong></td>
<td><strong>0.83</strong></td>
<td><strong>Very High influence</strong></td>
</tr>
</tbody>
</table>

Table 3 reveals that all the 8 items have mean ranges from 2.57-3.22 and S.D 0.08-1.04 with a grand mean of 3.01 and S.D 0.83, the result shows very high influence of consortium building on reference health material in medical libraries in Benue State.
Research Question 4: What is the effect of consortium building on HINARI in medical libraries in Benue State?

Table 4. Mean and Standard Deviation Score of Consortium building on HINARI resource.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Item</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to wider number of electronic resources at substantially lower cost</td>
<td>2.88</td>
<td>.98</td>
<td>High influence</td>
</tr>
<tr>
<td>2</td>
<td>Optimum utilization of funds</td>
<td>2.87</td>
<td>.98</td>
<td>High influence</td>
</tr>
<tr>
<td>3</td>
<td>Provision of effective library services</td>
<td>2.94</td>
<td>.93</td>
<td>High influence</td>
</tr>
<tr>
<td>4</td>
<td>Reduce cost of technical support</td>
<td>2.99</td>
<td>.89</td>
<td>High influence</td>
</tr>
<tr>
<td>5</td>
<td>Reduce cost of training support</td>
<td>2.94</td>
<td>.89</td>
<td>High influence</td>
</tr>
<tr>
<td>6</td>
<td>Conserve library space</td>
<td>2.92</td>
<td>.93</td>
<td>High influence</td>
</tr>
<tr>
<td>7</td>
<td>Conserve shelves</td>
<td>2.86</td>
<td>1.06</td>
<td>High influence</td>
</tr>
<tr>
<td>8</td>
<td>Conserve cost</td>
<td>2.78</td>
<td>1.04</td>
<td>High influence</td>
</tr>
<tr>
<td>9</td>
<td>Prevent any act of delinquency</td>
<td>3.01</td>
<td>.89</td>
<td>Very High influence</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td><strong>2.91</strong></td>
<td><strong>0.95</strong></td>
<td>High influence</td>
</tr>
</tbody>
</table>

Table 4 reveals the influence of consortium Building on Information Resources such HINARI (-resources) with a cluster means of 2.91 and SD of 0.95. The entire item that answered research questions has a mean that range from 2.78 to 3.01 and SD of 0.89 to 1.06. The result shows high influence of consortium Building on Information Resources such HINARI (-resources) in Benue State.

Research Question 5: What are the challenges militating against consortium building among medical libraries in Benue State?

Table 5. Mean and Standard Deviation Score on challenges militating against consortium building in medical libraries.

<table>
<thead>
<tr>
<th>S/NO</th>
<th>Serial</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inadequacy of existing resources</td>
<td>2.92</td>
<td>.88</td>
<td>Agree</td>
</tr>
<tr>
<td>2</td>
<td>Lack of policies</td>
<td>2.78</td>
<td>.92</td>
<td>Agree</td>
</tr>
<tr>
<td>3</td>
<td>Uncooperative attitude of parent bodies</td>
<td>2.65</td>
<td>.61</td>
<td>Agree</td>
</tr>
<tr>
<td>4</td>
<td>Unstable budgetary allocation</td>
<td>2.53</td>
<td>1.00</td>
<td>Agree</td>
</tr>
</tbody>
</table>
Table 5. Continues

<table>
<thead>
<tr>
<th></th>
<th>Lack of requisite skill in ICT</th>
<th></th>
<th>Unstable power supply</th>
<th></th>
<th>Lack of finance</th>
<th></th>
<th>Unreliable telecommunication networks</th>
<th></th>
<th>Insufficient telecommunication networks</th>
<th></th>
<th>Lack of awareness about consortia benefits</th>
<th></th>
<th>No demand placed on its by users</th>
<th></th>
<th>Lack of trained personnel for handling new technology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.41</td>
<td>1.10</td>
<td>Agree</td>
<td></td>
<td>2.28</td>
<td>1.12</td>
<td>Agree</td>
<td></td>
<td>2.27</td>
<td>.91</td>
<td>Agree</td>
<td></td>
<td>2.26</td>
<td>.87</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>2.27</td>
<td>.91</td>
<td>Agree</td>
<td></td>
<td>2.26</td>
<td>.87</td>
<td>Agree</td>
<td></td>
<td>2.35</td>
<td>.77</td>
<td>Agree</td>
<td></td>
<td>2.40</td>
<td>.81</td>
<td>Agree</td>
</tr>
</tbody>
</table>

**Grand Mean**

|   | 3.47 | .53 | Agree |

Table 5 reveals that the challenges militating against Consortoring Building in Medical Libraries in Benue State had a cluster means of 3.47 and SD of 0.53. The entire item that answered the research questions has a mean that range from 2.41 to 3.19 and SD of 0.77 to 1. shows challenges militating against Consortoring Building in Medical Libraries in Benue State

**Test of Research Hypothesis**

**Hypothesis**

Consortium building does not significantly effect serial materials in medical libraries in Benue State.

**Table 6:** Chi-square table of Consortoring Building on serial material in medical libraries in Benue State

<table>
<thead>
<tr>
<th>Chi-square</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>0.00</td>
</tr>
<tr>
<td>Sig level</td>
<td>0.05</td>
</tr>
<tr>
<td>Decision</td>
<td>Rejected</td>
</tr>
</tbody>
</table>

No valid cases 282

(P<0.05)

Table 6 shows that the P(sic), 0.00 is less than alpha-value or 0.00 is less than alpha-value of 0.05 (P<0.05) at df 16. Therefore the null hypothesis that states that Consortoring building does not sis Consortoring building does not significantly effect serial materials in medical libraries in Benue State is rejected.
Hypothesis 2

Consortium building does not significantly effect reference health material in medical libraries in Benue State

Table 7. Chi-square table of Consortium Building on reference to health material in medical libraries in Benue State

<table>
<thead>
<tr>
<th></th>
<th>Df</th>
<th>P</th>
<th>Sig level</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-square</td>
<td>18</td>
<td>0.00</td>
<td>0.05</td>
<td>Rejected</td>
</tr>
<tr>
<td>No valid cases</td>
<td>282</td>
<td>(P&lt;0.05)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result on table 7 shows that the P-(sig) value, 0.00 is less than alpha-value of 0.05 (P<0.05) at df 18. Therefore the null hypothesis Consortium building does not significantly effect reference health material in medical libraries in Benue State is rejected.

Hypotheses 3

Consortium building does not significantly influence HINARI in medical libraries in Benue State

Table 8. Chi-square table of Consortium reference HINARI in medical libraries in Benue State

<table>
<thead>
<tr>
<th></th>
<th>Df</th>
<th>P</th>
<th>Sig level</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-square</td>
<td>21</td>
<td>0.00</td>
<td>0.05</td>
<td>Rejected</td>
</tr>
<tr>
<td>No valid cases</td>
<td>282</td>
<td>(P&lt;0.05)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result on table 8 shows that the P-(sig) value, 0.00 is less than alpha-value of 0.05 (P<0.05) df=21. Therefore the null hypothesis Consortium building does not significantly influence HINARI in medical libraries in Benue State is rejected.

DISCUSSION OF FINDINGS

Based on the findings of the study, below is the discussion on them:

Research questions one revealed that consortium buildings are in existence in medical libraries in Benue State with a percentage of 86.8% showing the existence of various kinds of consortium building in Benue State.

This study also assert to the opinion of Ossai (2010) who said that consortia vary widely in their type, goal structure, membership and funding.

Research question two revealed that consortium building had influence on serial health material in medical libraries in Benue State with mean of 2.89 and SD of 0.63 and buttress by the research hypothesis will show that p-(sig), 0.00 is less than alpha-value of 0.05(p<0.05) at df 16. This result agree with Ahmad and Suleiman (2012) whose found reveal that consortium enriches the digital government libraries network with information sources.
through a sharing mechanism. The study also agree with the findings of Sheshadri (2011) who reveal that consortium help in resources sharing and networking which include serials as part of the resources that are being share in medical libraries.

Research question three revealed high influence of consortium building on reference material in medical libraries with mean 3.01 and SD 0.8 with a significant value is 0.00<0.05 and df of 18

Show that consortium has influence on reference health material in medical libraries in Benue state. The findings agree with work of Ahmad & Suleiman (2012) that found out that mechanism allowed for consortium to coordinate reference data base subscriptions and act as lobby group when dealing with library vendors.

Research questioned four revealed that there is significant influence of consortium building on HINARI in medical libraries where (p-sig) value=0.00 is less than alpha-value of 0.05(p<0.05) at df=21, the findings of the study agrees with findings of Krieb (2011) who found out information share (i-share) in medical libraries. The study also agree with the findings of Buchhols (2011) who found out consortium building in medical libraries help in resource sharing such inter-lending and document supply. This study negates the findings of Adam & Usman (2013) who found out that there is lowing sharing of resource and information combination technology. The study also agree with the findings of Sheshadri et al (2011) who found out librarian and information science professional in UAE agree with resources sharing in medical libraries.

CONCLUSION

Based on the results of the findings, it was concluded that there is evidence of consortium influence on Medical libraries resources in that it is in existence with moderate serial materials. Very high influence on reference materials and high influence on HINARI especially on online resources although faced with challenges such as inadequacy of existing resources, lack or policies, Uncooperative attitude of parent bodies, unstable budgetary allocation, Lack of trained personnel for handling new technology. This should not deter these medical libraries and should rather encourage them to extend to other resources other than the present ones.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made.

1. Individual libraries should strive to go into consortium in resources that they are lacking in to enable them have adequate resources for their users.

2. Medical library should formulate policies that would encourage them to go Consortium at all times that would be cost effective but boost their collection and ensure effective and efficient service delivery.

3. Medical library should present a strong worded proposal to parent institutions on why they should be allowed to go into consortium in other not to be refused through budget presentation and monthly seminar meeting.

4. Medical libraries should be prepared to lobby to ensure that their budgetary allocation is regular even as they at any slightest opportunity point out the need for it to be so in meetings where the librarian is a member to the medical institutions management team.

5. Medical libraries should encourage the training and retraining of her staff in ICTs so that they can handle new technology to enable them participate in consortium easily and fully.

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