

Practice-Based Article


Time for SerendipiTEA: A Health Library-Led Cross-Organisational Randomised Coffee Trial

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ABSTRACT

Time for SerendipiTEA was introduced by librarians at Mercy University Hospital (MUH) and Adult Mental Health Services Cork (AMHS/St. Michael's Unit) as a pilot initiative to encourage staff to connect across those services.

Based on the idea of randomised coffee trials (RCTs), the project allowed staff from MUH and St. Michael's Unit to volunteer to be paired with a colleague who they would not normally meet in their day to day lives at work. Pairs were invited to arrange an informal meeting, either in person or virtually, with no set agenda beyond starting a conversation about each other's work and experiences.

Fourteen staff members took part — seven from MUH and seven from St. Michael's Unit — representing a range of departments and roles in medicine, nursing, allied health and administration. Feedback showed that participants valued the chance to meet new colleagues, broaden their understanding of the health service and reflect on their work. One participant described the experience as “energising” and shared that it gave them “a greater appreciation of not only other services but [their] own also”.

Challenges were mainly practical, such as scheduling difficulties for the participants and a low feedback response rate for the organisers. Participants suggested ideas for future iterations, including broader promotion and alternative formats such as group or “speed meeting” sessions.

Overall, the trial provided a positive foundation for future iterations of Time for SerendipiTEA and demonstrated clear potential for building stronger connections between MUH and AMHS staff, using projects like this RCT.

KEYWORDS

randomised coffee trial, rct, library-led initiatives, health librarianship, health library services, knowledge sharing, staff engagement, cross-organisational communication, informal learning, serendipitous conversations

PROBLEM STATEMENT

Staff in MUH and St. Michael's Unit work in separate teams, with little natural overlap in their day-to-day roles. Although both services share the same campus, they are largely distinct, with a liaison service serving the sole point of connection.

This separation can limit collaboration, mutual understanding and the sharing of ideas. The aim of this project was to create a simple way for staff to build relationships and remove the limitations across MUH and AMHS' organisational boundaries.

By rolling out an RCT like *Time for SerendipiTEA*, MUH and AMHS librarians hoped to encourage conversations that might not otherwise happen, supporting both professional collaboration and a stronger sense of community amongst healthcare professionals in Cork.

BACKGROUND

Time for SerendipiTEA was inspired, in part, by Hélène Russell's mini eBook *Serendipitous Conversation*. Russell suggests that 'conversations are the way workers discover what they know, share it with their colleagues, and in the process create new knowledge for the organisation' (Russell, 2015).

In knowledge intensive work environments like MUH and St. Michael's Unit, informal conversations can be as valuable as formal ones. For Russell, they are key for enabling the transfer of tacit knowledge insights and expertise that are difficult to document. Such conversations also help to break down silos and provide networking opportunities across organisational boundaries, creating links that might not exist in day-to-day work (Russell, 2015).

RCTs are one structured approach to encouraging these serendipitous conversations. RCTs pair colleagues at random and invite them to meet for a short, informal chat over tea or coffee. The approach originated at Nesta[1], where it was designed to institutionalise serendipitous conversation and create opportunities for cross-team learning without imposing a formal agenda (Russell, 2015). RCT participants are free to discuss work, share experiences, or simply get to know one another, and there is no requirement to report on the content of the conversation. The simplicity of the model is part of its strength: informal, voluntary meetings give participants time for reflection and knowledge exchange.

Time for SerendipiTEA was also inspired by the adoption of RCTs in healthcare settings abroad, particularly in the UK's National Health Service (NHS). Reported outcomes there also include the breaking down of professional silos, widening of professional networks, encouragement of knowledge-sharing, improvement of morale and support of collaboration across departments (Treadway, 2018).

RCT participants often speak to the potential benefit of meeting colleagues they would not otherwise encounter, gaining fresh perspectives on other teams' work and fostering relationships that can support future collaboration. Nesta, which made RCTs a core part of their organisation many years ago, has staff who reported that RCTs give them an "excuse" to meet, catch up, and build connections with people across the organisation, revealing unexpected synergies between their work and creating a greater comfort for

[1] Nesta is a UK based innovation agency that works for social good. It was set up in 1998 with funding from the UK National Lottery and became an independent charity in 2012. Today, Nesta carries out research, tests new ideas in practice, and works with policymakers to help solve important social challenges.

approaching others regarding potential collaborations (Soto, 2013).

In the context of MUH and St. Michael's Unit specifically, staff from those respective services rarely interact, despite working on the same campus and towards shared patient care goals. This separation limits opportunities for collaboration and mutual understanding. This was a key motivation for piloting an RCT like *Time for SerendipiTEA*.

By creating random pairings for informal meetings, the project aimed to encourage conversations that might not otherwise occur between staff at MUH and St. Michael's Unit, thereby supporting knowledge exchange, and strengthening connections across those two services.

METHODS

The project was jointly led by librarians at MUH and AMHS Cork. Before planning began, advice was sought from healthcare librarians in Ireland and the UK who had previously run similar initiatives. Colleagues from Mid Cheshire Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust generously shared their experiences of implementation and evaluation, which helped to shape this project's approach.

Planning then moved to the design of a promotional poster, which was displayed on notice boards in all areas of MUH and St. Michael's Unit. It was also circulated via staff email lists. The poster included all relevant details and a QR code linking directly to an online registration form. Reminder emails were sent during the sign-up period, emphasising that participation would be informal and flexible.

After the registration period, volunteers were paired using a random generator. As there was an even split between volunteers from MUH and AMHS, it was possible to pair each MUH participant with a colleague from AMHS, and vice versa. This was valuable, as it allowed the project to maximise opportunities for cross-service exchange. Pairs were introduced to each other via email and invited to arrange a meeting at a time and place that suited them. Meetings could take place in person or virtually, depending on preference. No agenda was set, leaving space for participants to steer the conversation in whatever direction they wished. However, suggested discussion topics were circulated as optional starting points.

The project timeline ran over several weeks starting in March 2025. Sign-up was open for two weeks, and meetings were expected to take place during the following month. At the end of this period, an anonymous feedback survey was distributed to all participants. The survey aimed to capture information on participants' experiences and gauge the extent to which this project facilitated the cross-organisational benefits discussed above.

Questions explored practical aspects – such as the ease of arranging the meeting, any barriers encountered, the content and outcomes of discussions, perceived overall effects, key take-aways, suggestions for improvements as well as space for additional statements.

Participants were also asked to indicate how they heard about the project, with a view to evaluating which promotional methods had been most successful.

RESULTS AND EVALUATION

A total of fourteen staff members took part: seven from MUH and seven from St. Michael's Unit. They represented a mix of departments and staff levels in medicine, nursing, allied health and administration.

Survey feedback on the in-person meet-ups was very positive. Participants valued the chance to connect with colleagues from different areas and learn about their work. One participant said, "I really enjoyed it. It pushed me outside my comfort zone. I was very energised after it, it gave me a greater appreciation of not only other services but my own also." Another said that it was "good to meet staff in the health service who work in different areas to myself to broaden my understanding of the inner workings of MUH".

The sessions provided opportunities to discuss both professional and personal experiences, from ongoing projects to unique challenges. Many participants highlighted that the meetings gave them insights into how other services operate. As one noted, the RCT helped them gain "an awareness of [their colleague's] area of work" and understand how it could be valuable to the service users they support. Another noted, "I found it interesting to learn about [their colleague's] role, particularly as it is so different to mine. It gave me insight into an area of the health service that I have not worked with directly."

Time for SerendipITEA as a networking opportunity was listed as a key benefit. Participants appreciated meeting new people and building connections across the organisation, with one feedback respondent listing the opportunity for "meeting new people" as the key benefit they took away from the experience. Overall, participants described the *Time for SerendipITEA* as energising and informative. Many expressed an interest in attending future sessions, "I would love to try it again. With same services or another". Participants valued the informal nature of the conversations, which made it easy to connect without pressure. Some also said they planned to encourage colleagues to sign up for future iterations.

Challenges were mostly practical. A few participants mentioned scheduling difficulties, while others suggested small improvements such as sharing phone numbers or promoting the initiative more widely. One participant proposed a group format or "speed meeting" style event as an alternative for future rounds.

The main limitation of the evaluation was the survey response rate, which was lower than hoped at 36%. This meant not all experiences were captured. For future rounds, additional reminders and clearer communication about the importance of feedback will be needed.

Despite these challenges, the first run of *Time for SerendipITEA* showed that there is real interest in and value from initiatives like it. This initiative also had a positive impact on the MUH and AMHS libraries. By leading this project, the services gained greater visibility and reminded staff of the support available. In healthcare settings, factors such as staff turnover due to rotations, limited reliance on email, and the fact that library premises are often away from main thoroughfares can mean that many staff are not fully aware of the services offered by their library. This project helped to draw attention to the MUH and AMHS libraries and broadened staff understanding of the library's role in a healthcare setting, extending beyond book loans and study spaces. The experience provided a foundation to build on, with clear lessons for how to improve it in future.

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