Relevance of health libraries in the digital age

In this digital age library clients have clear ideas about what they expect from an online environment. In her forward looking article, Nikki Jovicic urges health libraries to allow change to be driven by client expectation or risk diminishing their relevance.

The digital age has modified librarianship and is continuing to shape the libraries of the future. Health libraries, traditionally client focused, are well placed to survive the challenge of change. The effects of the digital age have contributed a well defined list of expectations from library clients. Health libraries should take these expectations into consideration when designing both physical and virtual library spaces. By designing these places from the user in, libraries will succeed in creating spaces which are relevant to their clients [1]. Relevance also needs to be established between the library and its biggest client, the organisation. The health librarian should collaborate and forge relationships while aligning the library’s goals with the core business of the parent organisation. As special libraries, health libraries are continually validating their existence [2] and by forming a relevant relationship with clients, and consequently their parent organisation, client satisfaction will be their justification.

Health libraries are part of the special library division in librarianship. Special library services are slightly different from other libraries, as they align themselves to the needs and direction of their parent organisation [3]. They are in the business of health, not libraries, and their core responsibility is to provide the parent organisation, and its staff, with evidence-based information to support patient care and education [4]. With the rise in Internet activity since the 1990’s, libraries have increasingly relied on electronic resources to form part of their collection. This move away from the ownership of physical resources and towards access to electronic information is referred to as the digital age [5]. The online space providing access to the collection of electronic resources is called the ‘digital library’. In most cases libraries are a combination of physical items, electronic resources and personal service, which Bearman refers to as a ‘hybrid library’ (p. 223) [6].

Health libraries are traditionally client focused; however they must be aware that the expectations of these clients are changing [7]. More often clients are familiar with being surrounded by, even immersed in, technology [8] and are able to manipulate that technology to suit their needs [8]. They expect to interact with and contribute to information in the online environment. The Horizon Report 2009 highlights the personal web as one of six new technologies to watch over the next two to three years. The personal web “represents a collection of technologies that confer the ability to reorganise, configure and manage online content rather than just viewing it” (p. 19) [9]. Bearman believes that users like to manipulate the information supplied to them by creating a ‘just-for-me’ experience personally catering for their own information requirements. He suggests that “users are dissatisfied because the digital library does not enable them to express themselves creatively rather than because it failed to find what they were seeking” (p. 13) [10]. Health libraries need to take these features into consideration when designing their future online places by providing areas for library clients to contribute to the information and not just be a passive audience [10]. By becoming relevant to their users, health libraries are justifying their future.

The requirements discussed above are features of Library 2.0, Web 2.0 adapted for the library environment. Web 2.0 is the second generation of Internet tools that allow for the type of interaction and collaboration expected by today’s library clients, as discussed above. Connor states that “Web 2.0 technologies have the potential to transform medical library practice in ways more profound than the changes caused by the first-generation Internet” (p. 6) [8]. These tools are currently widely used, and are predicted to become more important to the Internet of the future. Future health libraries should concentrate on addressing the gap between what the user wants and what is available to them (p. 305) [10]. They should be looking at utilising Web 2.0 tools to provide interaction, resulting in a site wide sense of online communities of practice. This can be seen in a content management tool such as Libguides, utilised by a growing number of research libraries to form online subject communities that offer the chance for clients to interact, post information, chat, and rank resources by sharing their knowledge [11]. This growing pressure to become more user focused is partly due to the fact that “digital libraries share a technological and social space with the public Web and their success will necessarily be measured against it” (p.15) [8]. Based on this premise, pressure for the existence of these features will only increase as the Web develops further into the ‘IS’ web, relying on knowledge sharing, collaboration and connections. Health libraries need to be aware of these future trends and incorporate them into their online spaces to establish their relevance to clients as digital health libraries of the future.

This same focus on user needs is required for the creation of the physical spaces for the health library of the future. The library will

Continues on p6..
Relevance of health libraries in the digital age continues from p5 ...

become less storage space and more place for interaction as the focus of the library moves from ownership to access [13]. Health library space needs to be flexible, fulfilling the need for quiet study as well as the growing trend for group collaboration. Inspiration can be taken from the designs of university learning commons which have recognised the need for a combination of user spaces [13]. Horne and Owen discuss the need to develop “innovative spaces that introduce a contemporary ‘wow’ factor, drawing students into the library and providing a comfortable environment that mirrors how they prefer to study, learn and work together” (p.4) [14]. Ludwig and Starr predict that the library, as a place, will utilise its space in a flexible manner to, possibly, combine their space with other parts of the organisation, to becoming “more reflective of their parent institution’s needs or they will perish” (p. 321) [15]. This will allow less definition to exist between the library and other parts of the organisation, broadening the role and relevance of future health libraries.

As boundaries diminish between the health library and other departments of the organisation, the library will become more visible and involved in non traditional areas of business. The health library’s collection development policy and core goals will identify even more closely with the core business of the parent organisation. Health librarians will become partners in research and members on boards, providing knowledge on systems development, establishing clinical guideline databases and offering advice on information technology [16]. They will extend into areas of leadership within the institution, “not just providing knowledge, but participating in its use in decision making” (p. 47)[17]. Lindberg and Humphreys see health librarians “working as part of health care teams, writing grant proposals, serving on institutional review boards, working as bioinformatics database specialists within science departments, serving as faculty members in evidence-based medicine courses, and being involved in multilingual health-literacy programs and community partnerships” (p. 1069) [4].

The advantages of library participation may not be immediately apparent to the parent organisation and the health library may need to promote their services. Health libraries should be proactive in recognising new communities within the organisation and should be on alert to broaden their horizons by placing themselves in essential roles. By drawing attention to these skills and the benefits that the health library can offer, they are further establishing their relevance to the parent organisation to ensure their active role as the organisation’s future health library.

The future of health libraries lies in their ability to establish a place of relevance, in both the needs of the parent organisation and its staff. The convergence of resources, from physical to electronic has been a catalyst in propelling health libraries into the digital age. Changes are already occurring in how the health library organises its physical and online spaces. Clients have clear ideas about what they expect from an online environment and it is important that change be driven by client expectation, otherwise they will hold a diminishing place of relevance in the client’s digital world. The digitalisation of physical resources in the physical library space will free up more space for client collaboration, however, there still needs to be a place for quiet study. Health libraries of the future will also form different collaborations within the parent organisation. By aligning themselves more closely with the core business of their institution, the health library will become involved in new projects and partnerships that broaden its community. These adaptations will establish the relevance of the health library in assisting the parent organisation to achieve its core business goals.

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