

## **Survival of the Fittest: The Future of Hospital Librarians**

Presentation by Ruth Holst at the ARISHL Meeting

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I want to thank you for inviting me to participate in your 50<sup>th</sup> anniversary celebration. I'm deeply honored because I know that there are many exceptional hospital librarians you could have chosen for this presentation. I almost said no because I felt that I am better qualified to talk about past trends in hospital librarianship than to perform the star-gazing required to talk about the future. But I am enthusiastic about the future of hospital libraries and librarians and wanted to share my enthusiasm with you. Besides, when you're talking about the future, there's no definitive evidence to contradict what you're saying, so my opinion is just as valid as yours. And that's what you will hear today – my perspective on why I think hospital libraries should not only survive, but be a vital component of health care delivery in this country.

You may be interested to know that 1953 was a significant year in the history of hospital library standards. In 1953, the Hospital Libraries Division of the American Library Association (ALA) issued *Hospital Libraries: Objectives and Standards*, based on standards developed by E. K. Jones in 1937. Also, the Joint Commission on Accreditation of Hospitals (JCAH), now the Joint Commission on Accreditation of Healthcare Organizations, published its first set of standards in 1953, which included standards for the medical library.

Hospital librarianship is the segment of health science librarianship that has experienced first-hand the extraordinary changes in health care delivery that have taken place in this country since World War II. Many of the most significant developments in health science librarianship of the past 50 years involved librarians who worked in hospitals and other health care delivery settings: circuit rider librarians, LATCH (Literature Attached To the Chart) services, clinical medical librarians, health science library consortium formation and development, hands-on training for database searching, just-in-time document delivery to support patient care, and more recently, support for evidence-based medicine and a renewed interest in the role of the librarian on the health care team, referred to in an editorial by Davidoff and Florence as an “informationist.”

I don't think I can comment on the future without looking at the past. I will begin by providing some background on the growth of hospitals after World War II and will share my views about the growth and development of hospital library services beginning in the late 1960s.

### **The Growth of Hospital Libraries**

The period immediately following World War II was one of expansion for the hospital industry. The Hospital Survey and Construction Act of 1946, better known as the Hill Burton Act, provided funds for hospital construction in return for a specified level of uncompensated care and began the proliferation of hospital beds that still exists. Between 1947 and 1965, health care delivery was characterized by technological advances,

increases in hospital beds, shortages of physicians, increasing demand for service, and increasing costs. Private health insurance emerged as a major mechanism for improving health care access for middle- and high-income families. This expansion of hospital service occurred at about the same time as increased funding for research and development generated large volumes of literature in the areas of medicine and biological sciences. Problems of bibliographic control led to an increased emphasis on indexing. The Current List of Medical Literature, the Index Medicus and the Index to Current Hospital Literature, later known as the Hospital Literature Index, all began publication after 1940. The Joint Commission on Accreditation of Hospitals was established in the early 1950s to combine the efforts of several professional associations into a single hospital accreditation program. All of these factors worked in some way to establish an environment that stimulated the growth of hospital libraries.

By 1962, when the American Hospital Association conducted its first significant national study of hospital libraries, there were an estimated 3,192 hospitals that had professional libraries. However, only a small percentage of these libraries were managed by librarians with professional degrees. Funding for the health professions, in general, was stimulated by a number of legislative efforts in the 1960s. But, the legislation that had the greatest impact on hospital librarians was the Medical Library Assistance Act of 1965, which funded training for medical librarians, resource grants to libraries, support for library construction and renovation, and the Regional Medical Library Program, now known as the National Network of Libraries of Medicine.

While more than 3000 hospitals had libraries in the early 1960s, the growth in the number of hospital librarians didn't really take place until the late 1960s and early 1970s. Most large teaching hospital realized the need for professional library services in the 1950s and 60s, but the majority of community hospitals did not. In Wisconsin, the state with which I am most familiar, the majority of hospitals hired their first professional librarian in the 1970s. The growth in the number of hospital librarians, coupled with the leadership efforts of the Regional Medical Library Programs, also led to the formation and development of hospital library consortia during the decade of the 70s.

The expansion of hospital library services, beginning in the late 1960s, can largely be attributed to the growth in professional librarians working in those hospitals. My personal view is that the success of the hospital library has often been linked to the personal characteristics of the librarians in those hospitals. The levels of service and the decision to emphasize service versus collection building has often been a matter of personal preferences on the part of the librarian.

### **Access Not Acquisition**

Traditionally, the primary role or function of the hospital library has been to provide a centralized collection of reference materials to support patient care and continuing education. One of the things that distinguishes hospital libraries from medical school libraries is the emphasis on building a smaller, more concise reference level collection that can be supplemented by access to resources from larger medical school and other

academic library collections in the state or region. While the focus for academic libraries has been “acquisition and collection building” the focus of hospital libraries has been “access.” Selecting the best resources to meet the needs of the hospital staff is an art form and it requires the librarian to exercise a degree of “quality filtering.” It’s easier to make book selections when you have \$100,000 to spend than when you only have \$10,000.

### **A Sense of Service**

Another distinguishing feature of hospital libraries has been the emphasis on user-centered service. In 1980, Jana Bradley produced a slide-tape program with an accompanying booklet called “A Sense of Service: A Librarian’s Guide to Service-Oriented Actions.” It emphasized the customer service role of the health sciences librarian in primary access libraries. Jana believed there was a need to produce a promotional tool to illustrate the value of this relatively new type of library professional who was working very close to the where the action was. Hospital librarians have always offered very personalized services to their clients because they have been able to build relationships with their clientele over a period of years. They are often called upon to find the answer to a question, not just a list of citations to the literature. This ability to hone in on the real question being asked and to provide an answer to a highly technical question is a skill that generally cannot be taught in a library school. Rather it develops over a period of years as the librarian delves into the medical literature and becomes skilled at performing the reference interview, manipulating bibliographic databases, and scanning literature directly. It requires a high degree of intelligence and the ability of the librarian to understand what he or she is reading and to speak the language of the medical staff and other health professionals.

An important underpinning of this sense of service is the sense of urgency that surrounds many of the reference requests received by the hospital librarians. Knowing that a patient’s life may be affected by the results of a literature search provides a strong motivation for the librarian. Likewise, the rewards are greater when you know you are working for an organization with a mission to cure the sick and improve the health of the community. A favorite buzz phrase used in hospitals today is “mission critical.” If something is mission-critical, it receives a higher priority within the institution. It is also more likely to get funded. I contend that much of the work of hospital librarians is mission-critical in the sense that the information provided is used to make diagnostic and therapeutic decisions for patient care, or it provides the basis for planning a new program or building a curriculum for the continuing education of the staff. Librarians understand this and are motivated to provide the best service possible for this reason.

Hospital librarians also get to know their customers personally through repeated interactions and this connectedness to the client base often leads to anticipating the needs of the customer. The ability to anticipate the needs of the customer is an important component of the reference process in many hospitals. The librarian’s personal knowledge of the user’s preferences means that the librarian knows in advance whether the user wants a single article or a list of ten articles or a comprehensive bibliography. He

or she knows how to contact the user and knows in what format the results are expected. Personal knowledge allows the librarian to ask questions or offer suggestions in a way that is acceptable to the user.

### **Extending the Skills of the Librarian**

The librarian who builds relationships within the hospital ultimately acquires a reputation for being a team player and for having a valuable set of skills. The librarian becomes an important commodity – someone so useful to the organization that administrators want to apply the librarian’s knowledge and skills to activities in other areas of the hospital. This often leads to the librarian being invited to participate in planning committees, problem-solving work groups or cross-functional process improvement teams outside the library.

The logical outcome of the “librarian as commodity” scenario is that the librarian is asked to take on roles outside the traditional library function. The most obvious add-ons have been the audiovisual services department and the hospital’s archival function. A significant number of librarians manage these functions. More recently, many hospital librarians have become involved in managing some component of the medical staff continuing education function. This may range from maintaining the database of continuing education points for members of the medical staff to being a member of the medical education committee to coordinating the program planning for onsite educational events. Performance improvement and/or process improvement is another area in which librarians have been able to use their unique knowledge and skills. The use of knowledge-based information resources is a natural fit with the performance improvement process and the librarian’s skills in project management can also be brought to bear as the organization sets up cross-functional teams to work on the improvement of processes throughout the hospital.

Librarians have been asked to take on a variety of responsibilities outside the walls of the library. I know of a librarian in Michigan who managed the biomedical engineering department in addition to the library and audiovisual functions. In my own case, I worked for so many years at the same hospital that I ultimately became the manager of Coordinated Care. In that role I worked with teams of nurses, doctors and other health professionals that created clinical pathways for high volume diagnoses and surgical procedures common to the hospital. While I certainly was not qualified to suggest clinical content for the pathways, I was able to provide administrative support for the teams in addition to supplying the knowledge-based information that was so vital to the development of the clinical pathways. As a neutral outsider to this process, I was also able to proofread the pathways in development and suggest better ways to express things clearly and eliminate unclear abbreviations and acronyms.

### **The Library as Place**

Absent from my commentary thus far is any discussion of the library as a physical facility. Along with providing reference services and acquiring resources to build the library collection, the librarian is responsible for organizing the library’s resources and

making them easily accessible to users. The greatest challenge in many hospitals is the limited space allotted to the library facility. Many librarians have had to make trade-offs between space for collections versus space for people to study. More recently the trade-offs have been between collections and computer workstations. As more resources become available electronically, most libraries have been able to allot more space for computers to access the Internet or local area networks. The rapid pace of technological change has left hospital librarians with a whole new set of concerns, including online catalog development, web page design, firewalls, bandwidth, videostreaming, and on and on.

Hospital librarians are often asked by their administrators when the library will become totally electronic – in other words, when can we give the space to another department. This not uncommon attitude that the “virtual library” is not only feasible but that it’s right around the corner has led to much recent discussion of the value of the library as a place. Frieda Weiss recently presented her Janet Doe lecture on “The Library as a Place” at the 2003 Annual meeting of the Medical Library Association. The National Library of Medicine is planning a symposium on this topic in November as part of the planning process for their new building project. The hospital library has traditionally been a place where itinerant staff, such as medical students, residents, and affiliated medical staff members could spend their time between patient visits, consultations, and meetings. Indeed, in some hospitals the library and the medical staff lounge are adjacent to each other for this reason. The library also serves as a quiet place for nurses and other health professionals to get away from busy and frequently noisy work environment of a typical nursing station.

### **Charting the Future**

So, what will it take to survive as a hospital librarian into the twenty-first century? Does all this discussion of personalized service and convincing the administration that the library isn’t ready to go “virtual” mean that there is no room for shy librarians in the hospital setting? Many of you have no doubt read some of the literature on solo librarianship that has developed over the last couple decades. Working in a one-person library (or a one-professional library) can be very challenging and may not be the right work environment for the timid. I don’t plan to go into depth on what it takes to be a solo librarian, but it seems to me that many of the personal skills and characteristics recommended in the literature of solo librarianship do apply to successful hospital librarians.

At this point, I would like to examine some of the trends that are currently having an impact on hospital librarians. Each of these trends presents perceived opportunities and threats. As you will see, I had some difficulty identifying the threats and opportunities associated with the last trend. Perhaps some of you may want to offer suggestions to complete the grid or suggest additional trends that are having an impact on the hospital library or are likely to have an impact in the future.

## Trends that Affect the Hospital Library

TREND	OPPORTUNITIES	THREATS
1. The Internet & search engines make vast resources readily available for free	<ul style="list-style-type: none"> <li>• Need for someone to organize resources</li> <li>• Need for quality filtering</li> <li>• Need to educate users about how to find the best information</li> </ul>	<ul style="list-style-type: none"> <li>• Competition from Google for locating ready reference information</li> <li>• Many good knowledge-based information resources are free, e.g. government pubs, professional assn guidelines</li> <li>• Administrators think everything is available free on the Internet</li> </ul>
2. Electronic publishing replaces and/or co-exists with print publishing	<ul style="list-style-type: none"> <li>• More books and journals for less money in aggregate products</li> <li>• Access to statewide packages of databases and e-resources</li> <li>• Library can combine paid publications with free publications into single source</li> <li>• Role of library to fulfill archival function</li> <li>• Increased ease of electronic document delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Price escalation threatens meager budgets</li> <li>• Administrators will use statewide licensing agreements as excuse to take budget dollars away from library</li> <li>• Loss of specialization for individual libraries – more homogeneity of collections</li> <li>• Publisher licensing agreements prohibiting fair use</li> </ul>
3. Continued increase in hospital mergers, consolidations, & closures	<ul style="list-style-type: none"> <li>• Centralization of library services more cost-effective</li> <li>• Remaining libraries are stronger</li> <li>• “Library as place” becomes important to personnel who travel to multiple sites</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidation of multiple libraries into one leads to job cut-backs</li> <li>• More difficult to provide personalized library service</li> </ul>
4. Open-source publishing begins to replace commercial publishing.	<ul style="list-style-type: none"> <li>• Library could play role in facilitating access</li> </ul>	

## Conclusions

So, what will it take to survive as a hospital librarian?

Here are my personal conclusions about the future of hospital libraries and librarians. When I finish with my list, I will open up the discussion and provide all of you with an opportunity to share your opinions and predictions about the future.

1. The functions of the hospital library will continue to exist in some form because it will continue to provide services that are “mission critical.” Hospital librarians will need to be very vocal and assertive in promoting this concept to administrators.
2. The hospital library will no longer need to provide an onsite, ready reference collection for quick access by hospital employees and the medical staff. At the very least, the library will be able to provide this type of information through a web portal. One of the things for which the Internet has been most useful is to locate directory information, definitions, drug information, and other ready reference resources. There will always be some proprietary information that is not free on the Internet, but I predict that even proprietary information will be available on a “pay for use” basis soon.
3. A library of print textbooks will still be necessary. The printed textbook will NOT be replaced entirely by electronic versions. Electronic access to the information contained in medical and other health science texts is a very handy way to find an answer to a specific question. As handheld devices increase in usability and storage capacity, much textbook information will be accessible at the bedside or in outpatient settings. But, when a health professional or student wants to sit down and study a subject in depth, reading from a book will continue to be preferable to reading from a computer screen for the foreseeable future.
4. The selection and acquisition skills of a librarian will continue to be needed within the hospital setting. As long as there are proprietary resources of value, someone will need to select the best resources, negotiate the license agreement, and let the users know how to access them.
5. The organizational skills of a librarian will still be needed in the hospital setting but will be used to organize different types of resources. Organizing the library collections will more likely be done through a web portal. Free resources can be blended with paid resources to provide a single access point for users.
6. There will continue to be a need for librarians with advanced searching skills to act as intermediaries for busy health professionals. Evidence-based practice demands that someone get the evidence into the hands of the practitioner. Librarians will continue to be better searchers and able to do searching more economically.
7. The teaching role of librarians will continue to expand. Knowledge-based resources will grow in number and format. Someone will be needed to teach employees and staff how and where to find these resources. The complexities of database searching and a variety of filtering techniques will need to be taught by someone.

8. Hospitals will need a place to carry out library functions even if all the resources are electronic. The person who selects, acquires, and organizes the resources will need a place to work. Itinerant staff will need a place to dock their laptops or sync their wireless handheld devices. Students will need a place to study. Project teams will need a place to work collaboratively. The National Library of Medicine is planning to have a space called the “collaboratory” in their new building. The functions of the library could be combined with the functions of other departments into a single place, e.g. the education department.
9. The expansion of electronic access will mean that the librarian is not tied to a single space in the hospital. Librarians can become traveling consultants who take their skills and knowledge with them to the point of need. As informationists, they will need to be out and about, using their specialized knowledge to assist with patient care decision-making.
10. The most successful hospital librarians will continue to be those who are strong-willed, self-motivated, articulate, and collaborative individuals. Of course, you could add to that creative, intelligent, tenacious, flexible, open-minded, and a dozen other adjectives.