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EVIDENCE BASED LIBRARIANSHIP

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ABSTRACT
Evidence-based librarianship (EBL) is a complementary mechanism that helps librarian in problem solving and decision making process. This concept certainly gives additional value to library in many aspects of librarianship activities and services. EBL supports librarian to apply evidence in their daily practices since the concept is moderately flexible and appropriate in many areas in library. The aim of this paper is to identify librarian's attitude in towards evidence based librarianship (EBL). The librarian response towards the level of evidence used by the librarian and source of evidence used by them is moderate.

Keywords: *Evidence-based Practices, Evidence-based Librarianship (EBL), Evidence-based Library and Information Practices (EBLIP), Academic Libraries, Library Management*

INTRODUCTION
The evidence-based movement has emerged in the past few years in response to changes in the health care arena. Signalling this new orientation, many diverse disciplines and specialties have begun to attach the term evidence-based to their titles: cardiology, pediatrics, surgery, nursing, gastroenterology, diagnostic radiology, disease management, pathology, midwifery, complementary or alternative medicine, and health policy. The two principal evidence-based movement journals, ACP Journal Club and Evidence-Based Medicine, are quickly gaining recognition as core journals in clinical medicine. Other specialties have also formed their own journals.
The movement originated as evidence-based medicine (EBM) and recently has been eclipsed somewhat by a much broader movement, referred to as evidence based health care (EBHC). EBM still retains considerable methodological rigor whereas EBHC seems to offer greater flexibility and adaptability to disciplines outside clinical medicine. At this stage, EBM has been more clearly and comprehensively articulated by its advocates than has EBHC. The new book Narrative Based Medicine suggests that there may even be the formation of at least one splinter movement. After a decade of intense activity and increased acceptance as a framework for decision making, both the EBM and EBHC movements represent a major directional change rather than another passing fad in the healthcare arena.
The proliferation of so many evidence-based special-ties appears to bode well for health sciences librarians. After all, librarians have positioned themselves as the experts at searching for the evidence needed for each of these elements in the larger EBHC movement. Health sciences librarians apparently even played a role in attempts to implement aspects of EBM during the 1920s. The EBHC movement nevertheless expects each area in health care to supply the necessary evidence to support its ongoing activities and operations. Cardiologists must have the evidence at hand to support their decisions to employ procedures, such as a cauterization. Librarians similarly are called upon with increasing frequency to provide the requested evidence to continue provision of their collections, operations, or services. No wonder, then, that MLA President J. Michael Homan has identified the need to ''foster evidence-based librarianship'' as a major goal. Evidence-based librarianship (EBL) adapts its core characteristics from the EBM and EBHC movements. EBM, in particular, offers some of the most powerful research designs available, such as randomized controlled trials and a decision-making framework that have been largely untapped by health sciences librarians. In clinical medicine, these research methods are intended to establish causal relationships while minimizing systematic or human biases. Until recently, health sciences librarianship has been largely influenced by research designs developed in the social, behavioural, and management sciences. Theoretical approaches developed in humanities disciplines, such as history or philosophy, have also influenced the field. EBL now seeks to adapt rigorously tested research designs from the health sciences, particularly clinical medicine. To adapt core characteristics from EBM does not imply that EBL imitates EBM, or even EBHC, blindly. EBM focuses upon a disease-based model of decision making, whereas EBHC has a different type of appeal to health sciences librarians due to its flexibility in choice of methods and its similar service models. EBL incorporates the decision-making framework, the basic process, and many of the same research methods as EBM as a means to improve library practices. EBL employs the best available evidence based upon library science research to arrive at sound decisions about solving practical problems in librarianship. EBL also enables health sciences librarians to practice the broad goal of continual, lifelong, self-directed learning while improving their practices. Unique circumstances in librarianship lead to a few intentional variations from the standard EBM approaches. This article describes how the core characteristics of EBM and EBHC can be adapted to EBL. The author makes no claim to offer the definitive

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statement of what EBL should mean. This proposed framework remains largely speculative at this stage in its development. Only a continuous dialogue within the profession will produce such a consensus. The concept of EBL preceded coinage of the actual term ‘‘evidence-based librarianship’’ by several years, just as the concept of EBM proceeded the published term ‘‘evidence-based medicine’’. In other words, both EBL and EBM are dynamic and evolving approaches to integrating research into practice. This article offers a conceptual framework to stimulate a dialogue; EBM and EBHC core characteristics and approaches are briefly reviewed and then followed by illustrations of how these approaches apply to health sciences librarianship. Because most health sciences librarians are already familiar with many of the core characteristics of EBM and EBHC, this article will avoid detailed explanations of either EBM or EBHC. The author has made sufficient references to original EBM and EBHC documents to lead the curious reader to in-depth explanations of these core characteristics.

DEFINITION

“Evidence-based librarianship seeks to reintegrate the ‘‘science’’ back into library science. Davidoff writes: Science is cognitive, involving accurate observation and clear description, hypothesis generation, data gathering and inter-predation, and the creation of theory. But science is also a state of mind: sceptical, open, balanced, respectful of evidence, thorough, always on the alert for bias.

Library science cannot be conceived of as a remote, ivory tower endeavour. Librarians operate their libraries in the real world context of providing services and collections through managing budgets and other re-sources. Thus, EBL constitutes an *applied* rather than theoretical science. EBL merges scientific research with the pressing need to solve practical problems. And, like the scientific method, EBL provides a framework for self-correction as new information becomes available that suggests new directions or methods.”

A PRELIMINARY CONCEPTUAL FRAMEWORK FOR EVIDENCE-BASED LIBRARIANSHIP (EBL)

The author proposes the following seven-part conceptual framework of EBL:

1. EBL seeks to improve library practice by utilizing the best-available evidence combined with a pragmatic perspective developed from working experiences in librarianship;
2. EBL applies the best-available evidence, whether based upon either quantitative or qualitative research methods;
3. EBL encourages the pursuit of increasingly rigorous research strategies to support decisions affecting library practice;
4. EBL values research in all its diverse forms and encourages its communication, preferably through peer reviewed or other forms of authoritative dissemination
5. EBL represents a global approach to information seeking and knowledge development, involving research but not restricted to research alone;
6. EBL supports the adoption of practice guidelines and standards developed by expert committees based upon the best-available evidence, but *not* as an endorsement of adhering to rigid protocols; and
7. In the absence of compelling reasons to pursue another course, EBL adheres to the hierarchy (or levels) in for using the best-available evidence, lending priority to higher levels of evidence from the research.

The remaining sections of this article will further clarify the meanings of this seven-part conceptual framework of EBL.

EBL LEVELS OF EVIDENCE

1. Systematic Reviews
2. Randomized Control Trials
3. Controlled Comparison Studies
4. Cohort Design Studies
5. Descriptive Survey
6. Decision Analysis
7. Case Studies
8. Qualitative Research

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1. SYSTEMATIC REVIEW

Systematic reviews are a type of literature review that uses systematic methods to collect secondary data, critically appraise research studies, and synthesize studies. Systematic reviews formulate research questions that are broad or narrow in scope, and identify and synthesize studies that directly relate to the systematic review question. They are designed to provide a complete, exhaustive summary of current evidence relevant to a research question. Systematic reviews of randomized controlled trials are key to the practice of evidence-based medicine,[2] and a review of existing studies is often quicker and cheaper than embarking on a new study.

2. RANDOMIZED CONTROL TRIALS

A randomized controlled trial (or randomized control trial; RCT) is a type of scientific (often medical) experiment which aims to reduce bias when testing a new treatment. The people participating in the trial are randomly allocated to either the group receiving the treatment under investigation or to a group receiving standard treatment (or placebo treatment) as the control.

3. CONTROLLED COMPARISON STUDIES

Cross-cultural studies are the third form of cross-cultural comparisons. The first is comparison of case studies; the second is controlled comparison among variants

4. COHORT DESIGN STUDIES

A study that tracks over time defined population (the Cohort). This group may or may not be exposed to factors hypothesized to influence the probability of the occurrence of a particular disease or other outcomes. Cohort as defined populations which, as a whole are followed in an attempt to determine disguising subgroup characteristics

5. DESCRIPTIVE SURVEY

Descriptive research methods are pretty much as they sound — they describe situations. They do not make accurate predictions, and they do not determine cause and effect. There are three main types of descriptive methods: observational methods, case-study methods and survey methods.

6. DECISION ANALYSIS

Decision analysis refers to a systematic, quantitative and interactive approach to addressing and evaluating important choices confronted by organisations in the private and public sector. Decision analysis is interdisciplinary and draws on theories from the fields of psychology, economics, and management science.

7. CASE STUDIES

In the social sciences and life sciences, a case study is a research method involving an up-close, in-depth, and detailed examination of a subject of study (the case), as well as its related contextual conditions. Case studies can be produced by following a formal research method.

8. QUALITATIVE RESEARCH

Qualitative Research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research

IMPLEMENTING THE NINE LEVELS OF EBL EVIDENCE

Most librarians can appreciate the need to adhere to the levels of evidence due to the demonstrated relative strengths of each method. These comparative evaluations of the risks of different research methods in introducing human or systematic bias and the relative strength of each in determining causal relationships are familiar to past students in research courses. Thus, there has been little debate about this issue. It may seem discouraging; however, that librarianship does not offer a better representation of the more rigorous methods at the higher levels of evidence. There are three points to keep in mind on this issue. First, the Canadian Task Force on the Periodic Health Examination noted, in 1979, the ‘‘lack of strong experimental evidence for or against most of the measures that we have considered.’’ The task force further noted that ‘‘Even evidence from cohort studies and case-control studies was infrequently found’’. Secondly, there are still many current health care practices that lack sufficient evidence to justify their continuation with enough confidence, although that number has been shrinking as the result of the EBM movement. In some specialties—such as ear, nose, and throat surgery; anaesthesiology; burns management; surgery; or emergency medicine researchers have concluded that an insufficient evidence base exists in those specialties for a variety of reasons. Yet, some of these researchers suggest that their respective evidence bases can be improved in spite of the current situation. Finally, librarianship may now have a plausible strategic framework through EBL to catch up quickly to the rigorous levels of EBM.

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CONCLUSION

Every day health sciences librarians, like their colleagues in other health care specialties, make numerous decisions. These decisions range from the critical to the mundane. Upon reflection, readers may be reminded of some of these decisions: With what vendor should the library contract large sums of money for book, journal, or database services? Which staff-training program should the library employ? What library resources or services should be emphasized? What are the essential factors in deciding between print and electronic media? To what journals should the library subscribe? Which books should be bought? What tools

Best answer reference questions? EBL offers a possible framework for making these decisions under conditions of uncertainty by providing a system for evaluating different forms of research evidence. By employing these methods that are familiar to many colleagues in other areas of health care, librarians also increase understanding about their unique challenges and invite collaboration from outside librarianship. The roads to EBM and EBHC in other areas of health care were full of obstacles, conceptual dead ends, and setbacks. By adapting the evolved core characteristics of EBM and EBHC that seem most applicable to librarians' circumstances, EBL can advance the mission of librarianship faster and more effectively. The foundations of EBL proceeded the actual term, and health sciences librarians already are using most of the levels of evidence as outlined in this article. As EBL continues to evolve, librarians undoubtedly will find an increasing number of research projects conducted at the higher levels of evidence that are capable of facilitating practical decisions. Research studies are essential ingredients in making critical decisions. Although EBL provides a framework for focused thinking about decisions, it still requires librarians to think about their decisions. As Dauten states: ''just because we increase the speed of information, doesn't mean we can increase the speed of decisions, Pondering, reflecting and ruminating are undervalued skills.''

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