

## Gathering Evidence for Routine Decision-making

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*Commentary*

**Gathering Evidence for Routine Decision-making**

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This paper is based on the opening keynote address at the 9<sup>th</sup> International Evidence Based Library and Information Practice Conference, Philadelphia, 18-21 June 2017.

**Introduction**

Discussions about evidence based library and information practice (EBLIP) often focus on the use of research evidence in decision making. However, EBLIP can be an approach to professional practice that is about *being* evidence based, rather than just a one-off event or a restriction to decision-making alone. This involves:

- Questioning our practice
- Gathering or creating the evidence through research and evaluation

- Using information or evidence wisely to: make decisions about our practice; improve our practice; make decisions about our services; help others make decisions about our services (by demonstrating our effectiveness, impact, value, or worth); and using our professional skills to help others make their own evidence-based decisions (Koufogiannakis & Brettle, 2016).

Using examples from the United Kingdom (UK), this paper examines the wider range of evidence that librarians can gather or create to make decisions about their practice and services. These examples also demonstrate how librarians can use this evidence in terms of advocacy, to help others make decisions about their services. In this paper EBLIP is considered holistically; research evidence, local evidence, and

Table 1  
Different Types of Research Evidence<sup>a</sup>

Research	Local	Professional
Quantitative	Statistics	Professional expertise
Qualitative	Assessment/evaluation	Tacit knowledge
Mixed	Documents	Input from colleagues
Secondary	Librarian observation	What other libraries do
	User feedback	Non-research literature
	Anecdotal evidence	
	Organizational realities	

<sup>a</sup>Adapted from (Koufogiannakis & Brettle, 2016).

professional knowledge are all taken into account (Koufogiannakis, 2011). A wide range of different types of evidence may also be used (Table 1).

### Gathering Research Evidence

The Chartered Institute of Library and Information Professionals (CILIP) is keen to support its members in advocacy. High quality research evidence of the value of library and information professionals is therefore needed. To this end CILIP commissioned a systematic scoping review of evidence that collated evidence on the value and impact of professionally trained library, information and knowledge workers (Brettle & Maden, 2016). This evidence is summarised below and can be used by the professional body to advocate on behalf of its members, and by library and information professionals themselves to demonstrate value to their stakeholders.

When trying to demonstrate impact or value, outcomes or outcome measures are often used.

Outcomes are “the consequences of deploying services on the people who encounter them or the communities served” (Markless & Streatfield, 2006). However, for libraries these outcomes or consequences are difficult to capture, because they may be quite intangible or the library may only make a contribution to an outcome rather than a whole consequence. According to Oakleaf “libraries need to define outcomes relevant to their institution and assess the extent to which they are met”. This is easier said than done, but it was the approach taken within this review.

In brief, the review used a comprehensive search to locate research evidence on the value of any type of library, information, or knowledge worker. Only studies that provided evidence of librarians contributing to clear outcomes were included. Evidence was found for the following four sectors: health, academic, public, and school. Each sector favoured particular types of study designs; this included Return on Investment studies (public libraries), correlational designs (school and academic

libraries), critical incident technique (school and health), surveys (school and health), and mixed methods, quasi experiments, and randomised controlled trials (RCTs) (academic and health). Although some designs are suited to particular sectors, such as the Return on Investment (ROI) for public libraries, all sectors have much to learn from each other. For example, academic libraries could make better use of more rigorous designs such as RCTs to evaluate information literacy, and other methods could be used alongside correlational designs to strengthen the evidence found.

The review concluded that library and information professionals contribute to a wide range of outcomes in their sectors. These contributions are summarised in Table 2.

### Creating the Evidence

One of the recommendations from the above scoping review (Brettell & Maden, 2016) recommended that health libraries should improve standards for reporting impact studies. Within the UK, the Knowledge for Health Quality and Impact Group have established a project across all English hospital library

Table 2  
Contributions of Librarians<sup>b</sup>

<b>Health librarians contribute to...</b>	<b>Academic librarians contribute to...</b>	<b>Public librarians contribute to...</b>	<b>School librarians contribute to...</b>
Improving the quality of patient care	Better research, researchers, and research achievement	Helping people to feel a sense of belonging in their community	Improving student achievement
Improving clinical decision-making	Better grades or degrees	Improving attitudes to reading	Improving reading skills
Improving patient centred care	A good return on investment for the university	A good return on investment	Facilitating student learning
Aiding risk management and safety	Improved retention	Helping people improve education and employment prospects	Positive pupil engagement
Helping to demonstrate efficiency and cost effectiveness		Helping people improve their health	
Health service development and delivery			
Assisting health professionals to pursue Continuing Professional Development			

<sup>b</sup>(Brettell & Maden, 2016)

services that seeks to do this. All libraries working within the English National Health Service (NHS) are part of the Knowledge for Healthcare Framework, which sets service standards and monitors them regularly using an NHS Library Quality Assurance Framework (LQAF)

(<http://www.libraryservices.nhs.uk/forlibrarystaff/lqaf/lqaf.html>).

In relation to demonstrating impact, the framework requires “evidence that a variety of methods have been used to systematically gather information about the impact of library services and that the information has been used to demonstrate the impact of services”. Libraries use a wide range of methods to do this, and guidance has been developed to help them provide high quality evidence (Weightman et al., 2009). A survey showed that this guidance is not widely used and that most libraries develop their own questionnaires. This means that there is little rigour within each questionnaire, and that an opportunity has been missed to compile results across the whole English hospital library service using the same tools. To address these issues a toolkit has been developed that provides access to guidance on measuring impact, as well as a suite of simple, generic tools that librarians can routinely use to measure impact and disseminate evidence about their services

(<http://kfh.libraryservices.nhs.uk/value-and-impact-toolkit/>). These tools use an outcomes approach to collecting evidence.

A pilot of one of the tools (a simple generic questionnaire) provided evidence of impact that could be used by a range of stakeholders. For example, responses to one question provide evidence of how the library is being used (what services), which is likely to be of use to library managers. The highest uses of the library were literature search services, study space, article or book supply, and training. In contrast, use of current awareness services was low. This evidence can help a manager decide where best to direct resources within the service. In relation

to how the information from the library was used, the pilot showed that information from the library is being used for direct patient care (40%), to provide help to patients and families (27%), for organizational development (15%), and for legal and ethical questions (9%). This shows that the library clearly contributes in a wide number of ways to its parent organization. This type of evidence could be crucial to keeping the library open in times of financial constraint and budgetary cuts.

An interview template is also provided as part of the toolkit, to enable libraries to collect evidence of more detailed outcomes and to explain how some of the contributions are really made by libraries. This evidence can be disseminated using a case study template, and case studies are being collated at a national level (<http://kfh.libraryservices.nhs.uk/value-and-impact-toolkit/kfh-impact-tools/impact-case-studies/>). These can be used in a range of ways to demonstrate the value and impact of libraries.

### **Evidence for Advocacy**

The case studies described above are being used as part of a high level social media campaign to demonstrate the value and impact of health librarians. The campaign is called #amilliondecisions and it uses Twitter to promote the evidence provided by health librarians to support healthcare decision-making. One example highlighted how evidence from health librarians contributed to a change in practice that reduced “Do Not Attends” by 2% at clinics and reduced clinic waiting times by two weeks (<http://kfh.libraryservices.nhs.uk/wp-content/uploads/2016/08/DNA.jpg>).

At the University of Salford, UK, staff are currently taking part in a project to improve skills in analyzing data from social media. Using Tableau software, staff tracked the #amilliondecisions to provide evidence of who tweeted the most, what tweets had the most impact, as well as the overall activity of the

hashtag. Figure 1 clearly shows peaks and troughs in activity, including when all tweets

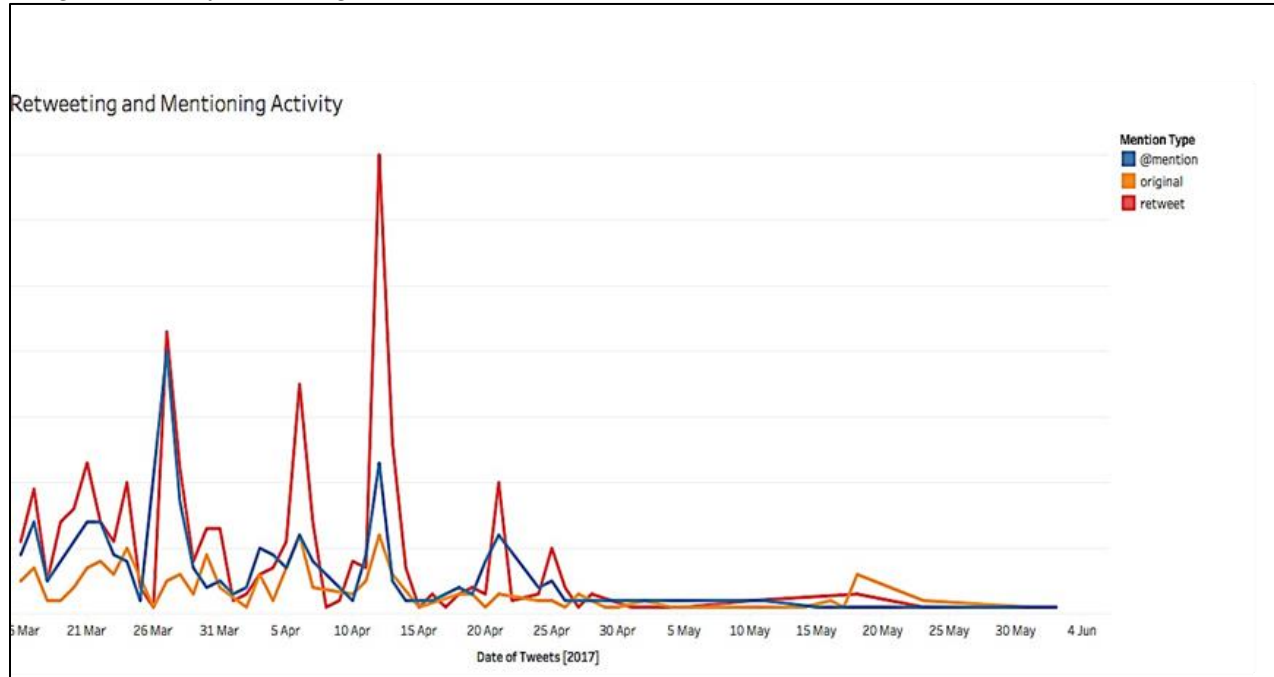


Figure 1  
Evidence on the value of social media campaign

had to be stopped due to the UK general election campaign. This is a simple means of collecting evidence about a campaign that can be used by those running the campaign to see its value and where best to target their resources.

## Conclusion

Librarians make a wide range of contributions to the organisations they serve, but it is often difficult to articulate these and demonstrate their impact and value. Using evidence about the outcomes to which libraries or librarians contribute is one way forward. This paper highlights the different types of evidence that librarians can gather or use to demonstrate their impact or value; this may be research evidence or evidence that has been generated locally through evaluation. Within the U.K. health library sector a number of initiatives are taking place to help libraries collect impact data that

can be used on a local or national level to demonstrate impact to a wide range of stakeholders. By doing this, U.K. health libraries are becoming evidence based. Although these examples are UK based and within the health sector, this approach can be easily adapted by libraries within other sectors.

## References

- Brettle, A., & Maden, M. (2016). *What evidence is there to support the employment of trained and professionally registered library, information and knowledge workers? A systematic scoping review of the evidence*. London: CILIP.  
[https://archive.cilip.org.uk/sites/default/files/media/document/2017/value\\_of\\_trained\\_lik\\_workers\\_final\\_211215\\_0.pdf](https://archive.cilip.org.uk/sites/default/files/media/document/2017/value_of_trained_lik_workers_final_211215_0.pdf)
- Koufogiannakis, D., & Brettle, A. (eds.). (2016). *Being evidence based in library and*

*information practice*. London: Facet Publishing.

Koufogiannakis, D. (2011). Considering the place of practice-based evidence within evidence based library and information practice (EBLIP). *Library and Information Research*, 35(111), 41-58.  
<http://www.lirjournal.org.uk/lir/ojs/index.php/lir/article/view/486/527>

Markless, S., & Streatfield, D. (2006). *Evaluating the impact of your library*. London: Facet Publishing.

Oakleaf, M. (2010). *The value of academic libraries: A comprehensive research review and report* (0004-8623). Chicago, IL: Association of College and Research Libraries.  
[http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/value/val\\_report.pdf](http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/value/val_report.pdf)

Weightman, A., Urquhart, C., Spink, S., Thomas, R., and on behalf of the National Library for Health Library Services Development Group. (2009). The value and impact of information provided through library services for patient care: Developing guidance for best practice. *Health Information & Libraries Journal*, 26(1), 63-71.  
<http://doi.org/10.1111/j.1471-1842.2008.00782.x>