

How to find the right job or, at least, avoid the failure of choosing the wrong one

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Abstract

This paper aims to help medical librarians spot potential friction with a would-be employer. This is achieved by naming the most important aspects to focus on while choosing a new position, in order to avoid disappointment in a new role. It summarises anecdotal evidence based on personal experience.

Key words: *libraries, medical/organization & administration; leadership; professional role; professional competence.*

Introduction

None of us would knowingly choose a post where we would become unhappy, or even frustrated. Yet it occurs far too often that we find ourselves trapped in a job that does not meet our expectations, and does not allow us to realise our potential. How did that happen, we wonder? Where did I go wrong? We medical librarians are a pretty committed lot. Compare an EAHIL conference to any general librarians' congress, and you know what I mean: a medical librarians' event feels more like the gathering of a fraternity; there is a strong spirit of community, and a dedication to research and patient care. Yet the institutions that employ us, may have a rather different character – be they general universities, or healthcare trusts where libraries may come under general management, rather than the clinical side.

I have ended up in posts where the organisation's goals did not chime with mine. One institution was planning to launch a new library, and I was excited to get the opportunity to build up a library from scratch. However, it subsequently turned out they did not have the resources (actually, they had none), nor even the higher-level support they would have needed to install a new service unit. In the interview, all that had sounded very differently. In the end, I became more a fundraiser and campaigner, than a librarian – while the organisation's commit-

ment to the project remained, at best, lukewarm.

In my second experience, another employer was recruiting for a new subject liaison librarian and manager of the medical libraries, but once I had taken up the post it gradually turned out they had a rather different understanding of that role; more a 19th century one. Evidence Based Medicine (EBM) was not even on their radar, and they had just closed the main medical library (though failed to inform me of that step at the interview). I had years of very fundamental arguments, or even fights, and, actually, it was more the students that won them, through petitions and letters. The more successful the medical libraries became over time, building up collections and services from scratch, with new money and posts, the more uneasy other managers in the organisation seemed to become with that fast-moving and ever-growing medical library service.

So, why did I fall into these traps? With hindsight I could, and should, have noticed some issues with those employers before I even applied, or at least during and after the job interview. There were other things that I should have checked more thoroughly. Therefore, I have tried to compile a list of things to look out for when evaluating a potential employer. It is unlikely a post offered to you will be a perfect match, and I know sometimes we are just desperate for a job. Nevertheless, you can avoid disappointment if you carefully assess an institution that has

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offered you a post, and if you then decide rationally what compromises you can live with, and what standards you are not prepared to give up. You should have certain expectations of your working environment. After all, you spend so much of your time and energy there – it has to be worth it!

The organisation

Of course, you should gain a good overview of the organisation before you even apply. Generally, you would expect a library to reflect the overall standing of its central institution; but beware, there may be considerable differences. At universities where medicine is just one amongst many subjects, senior library management tends to be made up of people with a Humanities background, and may show very little understanding for the role and the way of working of a library service that aims to deliver services within an EBM framework. You run the risk of being crushed between the expectations of the medical faculty and university hospital, and the work ethics and processes of a Humanities environment. In hospitals or pharmaceutical firms, the library may have a difficult standing, too – though for different reasons.

I would carefully read the documents an organisation provides as part of the application pack, or that can be found on their website: their self-presentation, the job description and person specification, but also any relevant policies. Generally, Anglo-Saxon institutions place much greater emphasis on the existence, and the standard and currency, of such documents; elsewhere, e.g. in the German-speaking countries, you may search in vain even for basic policy documents, and there may only be a rudimentary job description, with some elements of a person specification rolled in.

Look for an overview of the level and kind of staffing in the part of the service where your post would be. Is the information specialists-to-users ratio within the usual brackets? If not you should at least ask questions about it in the interview – rather than end up with an unreasonable workload.

When reading the documents, ignore the usual statements of the obvious, but watch out carefully for any information regarding the history of the service (which may explain unexpected structures), and future development plans or options. Are there

hints of expansion plans, or downsizing, or any other kinds of restructuring? If so, add this to your list of questions to ask in the interview. If, on the other side, the application pack blurb about the library merely describes the status quo, but gives no indication of development, the library may be quite static, dull and inflexible, and you may be struggling to make any change happen.

A look at statistics can be informative: are they even accessible? Their mere availability could also be an indicator of excellence. How have both library staff counts, and student and academic/clinical staff numbers developed over the last five or ten years? If financial data is available (e.g. from the statistics page of the university's website), how has the library's budget developed? How does it compare to that of similar institutions? If this is a general university library, does the medical library service have a reasonable proportion of staff and funding in relation to the proportion of the university's students and academics (and, possibly, clinicians) it serves? In traditional universities especially on the continent, Medicine still tends to be neglected.

A glance over the organisational chart will add to your picture of the position of medical library services within the overall organisation. It may also bring to light problematic structures and reporting lines. Beware of what they call “matrix structures”, i.e. a top-down structure e.g. by subject area, overlaid with cross-sectional services. Structures of this kind provide endless potential for conflict and can render a whole library ineffective. A particularly tricky field is e-resources: what say do you have about multi-disciplinary e-resource contracts, such as the “big deals”? Will a substantial share of the medical budget simply be taken away to fund the package deals that you would rather get rid of? There may be other departments, too, trying to grab power. In one organisation I worked for, for example, the communications officer was able to prevent the medical library releasing a multi-page guide to systematic searching.

Your would-be line manager

This may be the most crucial point: Will you get on with your line manager? We are not talking about character and personal preferences, but about the professional standing of your line manager and

other important staff members.

We medical librarians have quite high expectations in this respect. In the context of Evidence Based Medicine, we have developed a complex methodology, and built a range of services we offer to researchers, educators, students, and clinicians. As our clients' needs change, we constantly update our knowledge, skills, and tools: change is a constituting feature of our work attitude. Our professional networks stretch beyond institutions, regions, and nations; we collaborate globally. It would not occur to us to identify with the cartoon stereotype of a librarian as timid, excessively conservative characters. However, in a university library – especially a provincial one – at least some of our line managers and colleagues may be just that type. How do you find out before you end up in an organisation that sees your professionalism and open-mindedness as a threat, and tries to make you put up with much lower standards?

Start by collecting details about senior management of the institution where you consider applying. You should find staff profiles and publication lists on the website, and you could complement this information with LinkedIn and bibliographic searches. What academic background do librarian, deputy, and other senior staff have? Is there a reasonable mix of subject backgrounds? What level of qualification do they have? Have they seen a bit of the world, i.e. have they held posts elsewhere – possibly abroad? How much do they publish and present at conferences, and where? Which languages do they speak? Over-simplifying it – if senior staff are mostly, say, historians, have all graduated from the same few universities, and their LIS publications are limited to reports of building refurbishments in some newsletter, then your alarm bells should go off. It is unlikely that, in such an environment, you will be able to keep abreast of developments in your own field, and deliver a state-of-the-art medical library service.

Hints from the organisation's infrastructure

Website and catalogue can help you make a rough assessment of the collection and services offered. An A-Z list of journals and databases allows a quick comparison with other libraries. Watch out for information on e-book bundles; they tell you some-

thing about the budget. Are there course reserves or LibGuides that could show you how the library engages with its users? How easy to navigate, and how informative and up-to-date, is the website? What courses, drop-in clinics, and other user-focused services do they run? How is the systematic searching service for researchers set up – are there search request forms on-line that give you an inkling about the inner workings of that service? If there is a clinical librarian service, that may only have a presence on the hospital's intranet. The social media a library may be using, are often very telling as well – not just the messages they post, but also the feedback from users.

The IT support and the technical platforms a library uses, can be a good indicator of its general openness to change. An Open Source Library Management System or other innovations on the systems side (real innovations – not just things that cost a lot of money) affect all library operations, and show an open mind. On the negative side, beware of thin clients – those little boxes that merely let you run a virtual computer on a remote server, and that have no video or audio capabilities, and won't let you install or update software. When during your tour of the library, you see that your would-be colleagues are limited to thin clients, run for your life. Thin clients very much represent a 1990s attitude towards computing when the computer replaced the typewriter, the fax machine, and the index-card catalogue. Their presence demonstrates that the IT department is not up to much, and that senior management have not understood how important instructional videos, video conferences and all those useful things that you cannot do on a thin client, are for staff to keep up their knowledge, their networks, and their morale.

The interview

Issues that could develop into problems often reveal themselves during the interview. A lack of structure may become evident – how have they organised the interview? Have they taken care to avoid candidates bumping into each other? Do you receive a warm welcome? Does the agenda of events make sense? Have they made an effort to let you meet the team, and invited faculty to your presentation? The most absurd interview I experienced, was when I applied

for the librarian's post at a major medical school in Germany. I was not sure at all if I wanted to move there, so I made it plain in my application that I stand for Anglo-Saxon-style EBM library services, and was only interested in the post if they would task me with building up this kind of services to support teaching, research and clinical practice. Well, they did invite me. The interview slot was under an hour, with no presentation, but a huge panel; and the panel seemed rather sceptical about the kind of library service I pictured – they probably shared a more 19th-century vision of libraries. They never even sent a letter of rejection. It was a complete waste of time, for both sides.

Of course, in an interview you want to present yourself as best you can. Even so, do take time to observe the interviewing panel. How do library staff of various ranks communicate with each other, and with any members of the faculty or hospital on the panel? Is a strict hierarchy noticeable? Does it filter through that the library has little contact with faculty? Have the panel members coordinated their roles in advance of the interview? What interest do they show in you as an individual? Are they looking for someone to fill a gap – or are they willing to give you space for development? If the post advertised is temporary – is there a good reason for that, or should you interpret this as a hint that the post might be re-defined, or cut altogether, in the near future?

The team

Throughout my career, I have worked with marvelous teams, so I cannot advise you how to spot tensions and conflicts within a team. You could ask about their tea and lunch break arrangements: if the team values shared breaks, that is a reliable sign that people get on with each other.

Some medical libraries, or individual colleagues, may be well known to you already from their publications and their contributions at conferences. If a team is active in research and professional training, that is always a recommendation.

Settling into the new role

Usually, getting on with other medical librarians is not difficult. We are professionals with common goals and methods, and we normally value differ-

ences in background and experience because they enrich the team overall.

I have found it far more difficult to tune in with colleagues in the wider environment. They sometimes feel uncomfortable, or even threatened, by us medical librarians. When you think about it – our field, medical librarianship, has developed a rich methodology that not only sets our professional standards, but also ties us into the work and world of our clients. We deliver classes within the medical or nursing curriculum, we support Master and PhD theses, as well as research at large, we sometimes even get involved in clinicians' decision-making processes – while our colleagues in other disciplines are, usually, less familiar with research and teaching, or they are still treated as “the people who stamp the books”. Therefore, our role and privileged access to the academics is sometimes perceived by colleagues from other disciplines as somewhat intimidating, and the demands we make from the organisation (for resources such as staff time, software, space on the website) may not go down well with others. Equally, the timeframe within which we expect developments to happen, may be very different from the pace in other departments of a university library. Therefore, our colleagues may see us as too demanding or power-grabbing. It is important to be aware of these cultural differences, and try and raise understanding amongst our colleagues for our, and our clients', needs – but this is more easily said than done, and you will only succeed if you have solid support from senior management.

Conclusion

We medical librarians share a vision and pursue it with commitment: to deliver the best possible support for Evidence Based Medicine in teaching, research, and patient care. However, to succeed we need a working environment that allows and encourages us to move forward, and that supports and provides us with the resources to achieve our vision. Do not automatically assume the best of a potential employer, but evaluate them thoroughly until you are convinced that you would like to work for them. It helps if you are well connected and have colleagues whose opinion or experience you can draw upon. Best of luck to you in finding a fulfilling job!

Disclaimer

I have written this piece from my personal experience in several libraries, but have also benefitted from what colleagues were kind enough to share with me. I have tried to generalise; none of this should be interpreted as a detailed account of a particular institution.

SUGGESTED REFERENCE

For basic career advice, see the MLA's "career preparation tips" at <https://www.mlanet.org/p/cm/ld/fid=355>.

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