

*Commentary***The Evolution of Evidence Based Library and Information Practice  
Part III: Revitalizing the Profession through EBLIP**

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**Why did you enter this profession?**

Your answer to this question will likely be unique and nuanced. Your answer will probably be complex because the answer involves multiple levels of analysis and self-reflection. And, much will depend upon your frame of reference. Your answer might focus on your long-standing organizational abilities. Perhaps from an early age, for example, others had observed your inherent ability to create order out of chaos? Perhaps it was an aptitude in communicating clearly or in teaching? Or, maybe you could ferret out important clues to solving real-world puzzles?

Your answer might additionally reference your personal core values. Most librarians and information professionals seek to connect

members of their user communities with desired information or ideas that potentially can improve these users' or others' lives. Part II in this series of commentaries suggested a functional definition of our profession, when noting that "Librarians and other information professionals identify, organize, and make accessible authoritative information for specific user populations" (Eldredge, 2013, p. 103). Yet, this definition did not answer the question as to *why* a highly-educated individual would pursue this specific profession over another profession, such as law, medicine, engineering, or teaching.

On a broader, profession-wide scale, numerous members of various associations have answered this question of values through the development of their codes of ethics. The American Library Association's (2008) code of ethics states that

“[members] have a special obligation to ensure the free flow of information and ideas to present and future generations” (para. 3). The Chartered Institute of Library and Information Professionals’ (2012) professional practice code states that “the behaviour of professionals who work with information should be guided by a regard for the interests and needs of the users” (Responsibilities to information and its users section, para. 1). The Canadian Library Association (1976) similarly states that professionals “facilitate access to any and all sources of information which may be of assistance to library users” (Responsibility point 3). The Canadian Health Libraries Association (2007) elaborates upon this point, indicating that “the health sciences librarian believes that knowledge is the sine qua non of informed decisions in health care, education, and research, and the health sciences librarian serves society, clients, and the institution by working to ensure that informed decisions can be made” (Goals and Principles for Ethical Conduct section, para. 1). The Medical Library Association (2010) uses the exact same language in the preamble to its code of ethics, and captures it succinctly with the Association tagline: “Professionals providing quality information for improved health” (<http://www.mlanet.org/>).

### **EBLIP as a Social Movement**

EBLIP represents a social movement among library and information practitioners. This movement serves multiple purposes, among them principally providing a process for informed decision making. The steps in the EBLIP process were described in Part I of this series of commentaries (Eldredge, 2012). The EBLIP process closely resembles the evidence-based practice processes in other professions as diverse as education (Davies, 1999; Slavin, 2002), management (Rousseau, 2012), and healthcare (Dawes et al., 2005).

This commentary suggests that EBLIP less obviously serves the additional purpose of renewing the contract our profession has with

society. This added purpose results in members of society viewing our profession anew, with respect for its expertise, accountability, and for its user-oriented decisions.

Koufogiannakis (2012a, p. 91), Koufogiannakis (2012b, p. 6), Glynn (2007, p. 1), and others such as Lewis (2011, p. 152), have all referred to EBLIP as a “movement” within the profession. Blumer (1951/1995) classifies social movements according to three types: general, specific, and expressive. EBLIP clearly fits Blumer’s classification criteria for a specific movement with an aim toward reform rather than revolution. EBLIP also largely exhibits Blumer’s five mechanisms that movements harness to accomplish their goals. These mechanisms might be termed: awakening, camaraderie, persistence, shared worldview, and strategy. Coincidentally, Blumer’s core concept of “institutionalization” (pp. 63-64) took a concrete form at the EBLIP7 Conference of July 2013 when the University of Saskatchewan Library dedicated its new Centre for Evidence Based Library & Information Practice (<http://library.usask.ca/ceblip/>). Admittedly, institutionalization has been occurring at many academic sites worldwide in Australia, Canada, Sweden, the U.K., and U.S. for over a decade. This dedication then was not an entirely new development, although it did represent the most dramatic and clearly-articulated example.

Previous commentaries have noted the key characteristics of EBLIP (Eldredge, 2012) and have explored the deeper potential purposes of EBLIP beyond the obvious purpose of decision making (Eldredge, 2013). This commentary discusses the changing characteristics of professionalism in the 21<sup>st</sup> Century and how EBLIP can play a key role in renewing our professional identity.

### **Professionalism: Core Features**

As noted in Part II of this series of commentaries, for the past half-century sociologists have studied occupational groups

that are either widely-recognized or that self-identify as “professional” in different societies. In addition, sociologists have found it difficult to define professionalism in a universal way, perhaps because professionals function in varying ways within different societies at different times. In other words, specific societies define professions and then govern these professions’ rights and responsibilities in relation to the needs of these specific societies. Sociologists’ conceptualizations suggest a special expression of Rousseau’s social contract (1983), in which society oftentimes extends extra rights and obligations to members who belong to the professions.

Societal expectations of the professions, as well as the boundaries placed on professions by society, frequently find expression in the policies of organizations or within government laws and regulations. It should be emphasized that societies create professions to serve societies’ needs. Conversely, societies can elect to remove or to modify professional roles, responsibilities, and privileges.

As noted in Part II, sociologists during the 1950-1990 era identified certain key features of traditional professionalism in English-speaking and western European countries:

- expertise
- authority
- higher education
- autonomy
- specialized or esoteric knowledge

These core features have normally been present in professionals practicing in these societies. The extent of the presence of these features has varied according to the profession under study (Etzioni, 1969), the historical epoch, and the specific society. In relation to the final bullet point above it is interesting that Pfeffer (2011) has taken the management profession to task for deviating from professional standards when not using valid scientific research results or methodologies. Sociologists have based these

forementioned core features mainly on in-depth studies of the legal and medical professions. Sociologists have been particularly fascinated with what they have viewed as the “monopoly power” of these two specific professions that allow individual practitioners to control many of the conditions of their practices within a specific society.

A study of 91 health care employees at a Chinese university suggested that, in the cultural context of China, the aforementioned key features of professionalism were still present, but that the ethical concept of integrity was more highly valued among Chinese health practitioners (Ho, Yu, Hirsch, Huang, & Yang, 2011). Integrity also appeared on a list of the top-ranked 29 valued professional traits in a multi-regional study of 584 physicians from different continents. Among the other traits held in common across the continents that related to either evidence based practice or the aforementioned issues of professionalism were: respecting patient autonomy; accountability; respect for others; managing conflicts of interest; possessing sound judgment and decision making skills; improving oneself; and, not using one’s position for personal gain (Chandratilake, McAleer, & Gibson, 2012). By substituting the word “patient” with “user” in this list of core traits we could readily apply the same list to the professional traits of library and information practitioners. These studies suggest that while national or cultural variations might exist (Booth & Eldredge, 2010), it still appears then that there might be sufficient commonalities for discussing professions across time and cultural contexts.

### **Changes in Society’s Expectations of the Professions**

The relationship between the professions and society has been undergoing fundamental changes over the past two decades. Sociologists are attuned to these changes and have attempted to provide coherent explanations to the underlying forces churning beneath the surface of these fluctuating societal expectations

of professionals. In addition, sociologists have speculated on the future implications of these trends.

The professions, once viewed by sociologists during the twentieth century as the epitome of professional autonomy, have watched that autonomy erode during the twenty-first century. As Gleeson and Knights (2006) have observed, "Today, few professions have been able to avoid the erosion of their independence from employer organizations or the state as industrial growth, globalization, and an expansion of government interventions have occurred" (p. 280). A study involving 1,800 journalists in 18 countries reported an erosion of autonomy mainly due to the concentration of news organizations' ownership within a few large corporations (Reich and Hanitzsch, 2013). This previous autonomy was viewed as a rampart essential for protecting the free flow of information to the citizenry.

The legal, medical, and accounting professions all have experienced losses of autonomy due to the fact that members of all three professions now tend to work for large organizations, such as corporations or government agencies, instead of working in solo or small-scale family-owned practices. The desire of large organizations to align these traditional types of professionals' priorities with the organization's priorities has sometimes caused conflict between the professions and those management professionals representing the interests of the parent institution. At the very least, negotiating the altered relationships between these large organizations and the professions are creating new forms of legal, medical, and accounting professions that are adapting themselves more closely to organizational structures and priorities (Muzio & Kirkpatrick, 2011). It should be remembered from a broader perspective that individual professionals do benefit from their work in large organizations through greater opportunities for specialization. Professionals also benefit from their association with large

organizations through the collectivization of both risks and benefits.

Historically, many library and information practitioners have worked within large organizations. These large organizations have consisted of institutions of higher learning for academic library and information professionals, academic health sciences centres or hospitals for health sciences professionals, municipalities for public librarians, and a variety of large organizations for special library and information professionals. Thus, our profession regardless of sector has a long-term collective experience of working within large organizations. In contrast to the aforementioned law, health care, accounting, and journalist professions, we have developed long-standing strategies for aligning ourselves with large organizations' goals without compromising our core professional values. Conveniently, this historic pattern has positioned us well to adapt to the new social contract involving professionals in the twenty-first century.

Sociologists tend to avoid normative interpretations of the changing relationships between society and the professions. Sociologists instead examine underlying power structures in society and adaptation strategies of the professions. Sociologists agree that changes in the traditional norm of professional autonomy, or independence, are most often expressed in altered client interactions with the professions. They point out that the place of diminished autonomy has been replaced by new forms of professional authority that are emerging and that revolve around the locus of *accountability*.

Professionals within the new societal expectations framework still seem to retain their expert skills and specialized knowledge that derive from their education and experience. The core characteristics of professionalism outlined above largely still appear to remain intact. The monopoly position of some professions expressed as individual practitioner autonomy

as found traditionally in a profession such as medicine no longer seems to exist. Yet, *some* autonomy continues to exist. Autonomy has decreased markedly, to be sure, but it now takes different forms, according to sociologists.

Professionals seem to be transitioning away from a central focus upon autonomy toward a new emphasis upon accountability (Gleeson & Knights, 2006; Noordegraaf, 2011; Timmermans, 2005). "Professionalism, then, is perceived to be about applying general, scientific knowledge to specific cases in rigorous and therefore routinized or institutionalized ways," according to Noordegraaf (2007). This observation suggests potential areas of compatibility between evidence based practice (EBP) and the professions as they reconcile their efforts with the need for standardization within organizations. Berg, Horstman, Plass, and van Heusden (2000) have suggested, amidst these changes, that core EBP characteristics such as practice guidelines continue to be subject to the expert interpretation by professionals so that some autonomy exists amidst an environment in which society demands more accountability or transparency from the professions.

### **Response to Changes from the Professions**

Noordegraaf (2011) has observed that "It is not easy to (re)organize professionalism.... As professionals are strongly socialized, they will not easily redefine their own images of professionalism" (p. 1365). While researching this commentary I immersed myself in the literatures of the professions to review what professionals were discussing among themselves about alterations in their status due to these changing societal expectations. On the whole, these inwardly turned discussions consisted of many complaints, lamentations, and even jeremiad-toned tracts on the end of their special professional status. Physicians, in particular, have been worried about their inability to reclaim their autonomy. It can be a depressing read.

While exploring my hypothesis about EBLIP serving to restore professional status, I furthermore did not find much explicitly written in the literatures of other professions linking EBP with these new conceptualizations of professionalism. The shift from less autonomy toward greater accountability for some professions appears to be a parallel yet largely unrelated development vis-à-vis the advent of evidence based practice. Such writings in the professional literature might, I reasoned, at least provide potential frameworks or roadmaps for our profession to adapt for its own purposes. These articles do exist, although the linkages between EBP and a new conceptualization of professionalism mainly are oblique or secondary to other principal concerns about either evidence based practice or professionalism.

Denny (1999) represents a noteworthy exception. Denny writes that, "Although the discourse of EBM [evidence based medicine] appears to question the individual authority of medical doctors, it actually reinforces such authority by regulating the conditions under which a physician may speak authoritatively about health and illness... to define and clarify what it means to be a doctor in relation to those who are not" (pp. 247-248). Denny's perhaps cynical approach, however, relates more to the ethics of power relations between the medical physicians and the challenges to medical authority by advocates for alternative medicine or by health consumerists. Denny does credit the work of library and information practitioners in making EBM possible (p. 260), which echoes a point made over the years by many health sciences librarians and informaticists. Mykhalovskiy and Weir (2004) reiterate some of Denny's points and expand their analysis to make the preliminary suggestions that EBM runs the risk of evidence authoritarianism or being co-opted by medical managers. They instead reach the contrasting conclusion that EBM ultimately reinforces the professional authority of physicians. Armstrong (2002) predicts that evidence based medicine ultimately will retain authority and autonomy

for the overall medical profession yet at the “expense” of the autonomy of the *individual* practitioner (p. 1772). Wagner, Hendrich, Moseley, and Hudson (2007) explored the meanings of “professionalism” to medical students, residents, academic faculty and patients. Three themes that define characteristics of modern medical professionalism emerged from this research: knowledge/skills, patient relationship, and character virtues. Williams (2004) explored the meanings of professionalism for psychiatry and concludes that, “modern approaches to professionalism require robust mechanisms for translating evidence into practice that propel individualized patient care that fully recognizes the importance of diversity of values and culture” (p. 242). The American Board of Internal Medicine Foundation charter on new medical professionalism (2002) resonates with EBP when it declares that, “Physicians have a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use. The profession is responsible for the integrity of this knowledge, which is based on scientific evidence and physician experience” (p. 245). Some dentists also consider EBP to be mechanism to enhance professional status: “Professions and professionals have a perceived autonomy vested in their claim to objective scientific truth, which promotes public trust” (Cannavina, Cannavina, & Walsh, 2000, p. 306).

Nurses have probably been the most insistent that evidence based practice enhances their professional status. Adams and McCarthy (2007), Reavy and Tavernier (2008), and Vanhook (2009) all make the connection between EBP and a new professionalism. Lejonqvist, Eriksson, and Meretoja (2011) make the point forcefully when they write, “Nursing should be grounded in evidence, not tradition” (p. 340). Mackley, Bollinger, and Lynch (2012) emphasize the need for nurses to generate their own research evidence to enhance professionalism. Even authors such as Colyer & Kamath (1999), who express skepticism about EBP, still recognize its power for the nursing

profession, particularly in persuading decision makers already oriented toward EBP who administer institutions such as hospitals that employ nurses.

Bonell (1999) offers the most compelling argument about linking EBP to a new model of professionalism. She moreover warns of the misguided “debate” of qualitative versus quantitative adherents that might divide the nursing profession, thereby neutralizing EBP efforts to enhance professionalism. She depicts some authors of taking a negatively “stereotyped view of quantitative/experimental methods” that will only lead to fruitless debates that will divide the profession and lead to greater “marginalization of nurses in research and evidence-based practice initiatives” (p. 18). Most importantly, Bonell warns:

If nurses do not involve themselves in developing evidence-based health care, it is possible that other groups will lead on the evaluation of nursing and on developing evidence-based guidelines for nursing. This may result in nurses’ work becoming routinized, and nurses losing rather than gaining, autonomy and authority. (p. 19)

Could the same prediction be forecast for library and information practitioners who complacently rely on “someone else” to support or to even pursue rigorous research? Happily for nursing, Bonell predicts that EBP will lead to greater professional status for nurses.

Some physical therapists link EBP to professionalism, specifically to a changed concept of professional autonomy (Hardage et al., 2012). They agree with the sociologists that “autonomy is not a static all-or-none dichotomy, but rather a matter of degree based on the environment and opportunities that exist at a particular time” (p. 84). Speech-language pathologists link a merging of both science and what could be termed a “craft” to EBP to form a new professionalism (Justice, 2010).

The health sciences professions, of course, are not alone in linking EBP to new conceptualizations of professionalism. Professions outside the health sciences have explored EBP as a new element of modern professionalism. These linkages are a bit more obscure because the literatures and the literature databases that track these professions do not use the same standardized terminology or classifications for the concept of EBP as found in PubMed or PsycINFO. Still, a quick glance at these professions outside the health sciences suggests parallel trends regarding the changes to professional status. Faculty members serving in higher education, whether junior or quite advanced in their careers, link professionalism with many of the elements of EBP. Kram, Wasserman, and Yip (2012), for example, classify faculty roles into either scholar or practitioner modes. School teachers also think about professionalism in these terms (Bourke, Ryan, & Lidstone, 2012). Life coaches similarly associate professionalism in the current era with EBP elements (George, 2013). A few existential therapists meanwhile discuss the possibility of using randomized controlled trials to enhance their professional practices (Finlay, 2012), although these psychotherapists might represent a minority (Brettell, 2012). Interested EBLIP adherents might want to master the specific vocabularies or ontologies of other fields to explore in far greater detail (and with a broader subject reach than found in this commentary) the advantageous linkages between evolving conceptualizations of professionalism and EBP. Such comprehensive investigations might suggest ways that EBLIP can be linked to the long-term success of the library and information profession.

### **EBLIP in Professional Practice**

This commentary has touched on a number of abstract subjects so perhaps it would be helpful to explore how EBLIP could enhance everyday practice within the new professionalism emerging during the twenty-first century. Our core ethical values should align us with our

users' actual or potential needs when making important decisions via the EBLIP process. With those values in mind, here are some brief vignettes of EBLIP in action:

*Vignette One.* In your role as collection resources development librarian you need to ensure that most of your users' needs for authoritative information are met most of the time, despite the constraints of a modest budget. You select collection resources using the EBLIP process knowing that you must be held accountable to others' for your decisions as part of the new professionalism. This transparency converges well with long-standing values of openness held by our profession. When others such as administrators or users request an explanation for your decisions, you can readily point to a your EBLIP process that identified a body of applied research evidence found in the peer reviewed literature, past performance of the same types of resources by your user community, interlibrary loan request data on the same or similar titles, likely a cost-benefit analysis, and possibly even cohort or experimental studies.

*Vignette Two.* All teaching at your institution must undergo review by a curricular oversight committee. You are responsible for teaching all students about certain competencies in information literacy knowledge and skills. You design your educational interventions by assessing student needs, reviewing past student evaluations, and by using the best available evidence from both applied library research and educational research. When confronted by one method of teaching versus another, you use the EBLIP process to find the highest forms of appropriate replicable research evidence to decide on the best course of action. Your professional decision demonstrates your expert knowledge, transparent for all on the curriculum oversight committee to review.

*Vignette Three.* An administrator above you in the institution speculates aloud that perhaps some of the publicly-used space at your library

can be reassigned. This speculation leads you to ask, "Why do some users utilize the physical space of the library whereas others do not?" You search the literature for replicable research on what has been learned elsewhere about the uses of library space. Perhaps then you conduct focus groups of both actual users and potential users of library space to learn their views. You might even confirm or modulate the focus groups' findings with a widely-canvassed survey of all potential users in the community that the library serves. This variation of the EBLIP process enables you to weigh the potential benefits of either enhancing the existing space or exploring other uses with the administrator with an open mind. Your process and decided-upon recommendations, informed by your expertise gained from years of professional experience and your values of serving your users, will be on display transparently for the administrator to review.

These three vignettes illustrate a diminished autonomy coupled to an increased accountability for these library and information professionals. These vignettes highlight the central place of relying upon rigorously researched, replicable evidence from both our own profession as well as adjunct professions such as education or management. Plutchak's (2005) argument for the need for a profession to build a robust body of evidence based upon applied research probably deserves further elaboration, but that tangential exploration belongs in a future commentary.

## Conclusion

The relationship between society and the professions continues to change. Society no longer accepts without critical scrutiny the exercise of professional autonomy. Instead, society challenges traditional forms of professional autonomy, particularly when decisions are intermingled with individual professional judgment. Not even those more traditionally autonomous professions such as medicine and law, which practiced for so many

years with few challenges to their authority, are now exempt from society's critical gaze. Library and information practitioners have placed a longstanding value in the transparency of their professional decisions within large organizations so our profession potentially can adapt easily to this shifting societal expectation.

The EBLIP process enables library and information practitioners to enhance their professional status by displaying a value in serving users and larger society, expertise in the subjects related to decisions made, and critical appraisal of the best evidence available for making these transparent decisions. EBLIP thereby offers our profession an unprecedented opportunity to demonstrate our expertise and value to society.

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