

HLA NEWS

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WHO WE ARE... 2014 census findings revealed

Melanie Kammermann reports on the evolution and outcomes of the Census of Australian Health Libraries and Health Librarians Working Outside the Traditional Library Setting project.

INTRODUCTION

The need for updated national statistical data to describe and define the Australian health library and information services (LIS) sector and its workforce has long been recognised by Health Libraries Australia (HLA), the Australian Library and Information Association's (ALIA'S) peak body representing the Australian health LIS sector. The last comprehensive census of Australian health libraries was conducted back in 2002 by Harris and Kiesau (Kiesau 2003) making that data more than 10 years old. Even then, the potential value of this important study was perhaps not fully realised as data analysis was limited and restrictions, beyond the researchers' control, were placed on ongoing access to the data.

Access to current and reliable data that describes the health LIS sector confers many benefits. It demonstrates a highly organised, self-motivated professional body capable of defining both its workforce and places of employment. Data can be used by professional bodies, such as HLA, for the purposes of planning, policy development and decision-

making to further promote and develop the sector, including its workforce, and to better serve its members. Additionally, it can expose potential areas of research as well as assist researchers to frame results. Specific workforce data can be used to identify existing or anticipated problems of shortages or oversupply.

The importance of ready access to workforce data was indeed amplified when, in 2010, Health Workforce Australia (HWA), the now defunct Australian Commonwealth statutory authority charged with building a sustainable health workforce to meet the current and future healthcare needs of all Australians, was created. The HLA Executive Committee well understood that HWA's recognition of health librarians as valid members of the health workforce would positively impact the profession's stature while exclusion from national health workforce planning and education put health librarians at risk of going unrecognised as health professionals (Hallam et al 2011 p. 6) and "being marginalised to the clerical or administration streams." (Ritchie 2015 p. 4). However, existing data sources

were not sufficiently complete, nor necessarily current and reliable, to meet HWA's workforce planning requirements. To meet this agenda, successful application was made in 2012 to the Anne Harrison Award (AHA). From that, the Census of Australian Health Libraries and Health Librarians Working Outside the Traditional Library Setting project was born.

The primary aims of this research project were to (1) conduct the census, (2) report

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... Access to current and reliable data that describes the health LIS sector confers many benefits. It demonstrates a highly organised, self-motivated professional body capable of defining both its workforce and places of employment ...



publicly on the data collected, (3) make the census replicable for the future and (4) develop and make available a Web based data collection and reporting system for both current and future use. A secondary outcome of the project was to develop an online directory of Australian health library and information services.

METHODOLOGY

The Census project team consisted of four members: Melanie Kammermann, librarian and principal researcher for the project; Professor Gillian Hallam, Adjunct Professor of Library and Information Studies at the Queensland University of Technology, Lindsay Harris, librarian and project leader for the 2002 Census of Australian Health Libraries, and; Scott Hamilton, database developer and technical consultant for the project.

The two principal cohorts of research subjects identified for this project were: (1) Australian health library and information services and (2) individual health librarians working outside the traditional library setting who would otherwise not be identified from the responses supplied by the first cohort. With regards to the second cohort, given the small, discernible movement of health librarians into information related roles outside of library services, it was deemed important to try and capture this subset so as to get a true picture of the health LIS workforce.

The research process started with a number of concurrent steps. Two separate census instruments were developed, one for health LIS and one for health librarians working in settings other than libraries, a list of Australian health libraries and their contact information was drafted from existing public sources and a secure, web based, industry standard database, with application front end, was developed to allow for online data entry, capture and storage.

Following a pilot study in June 2014, the census surveys went live and data was collected between October 2014 to February 2015. Data was evaluated using the data analysis tool Qlikview.

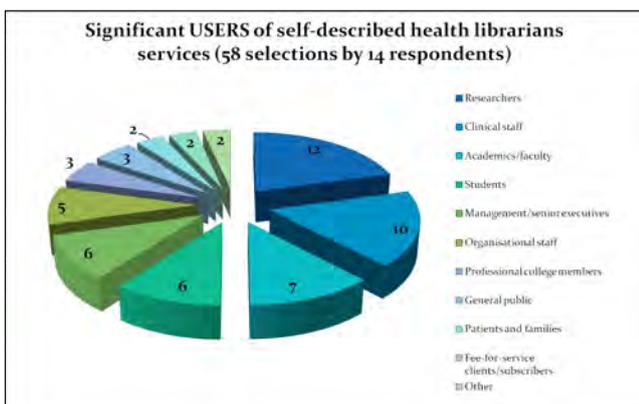
RESULTS

The results of the Census are reported in two parts.

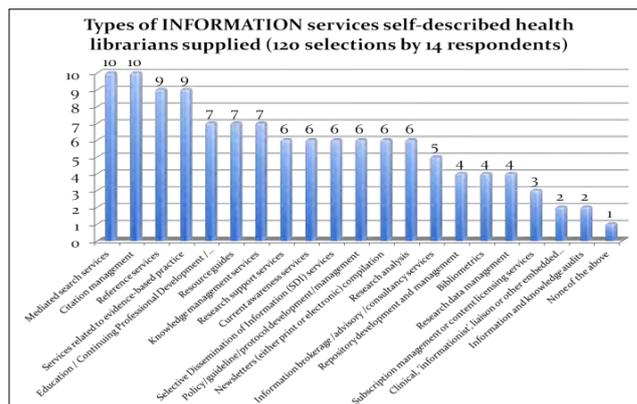
1. Census of Self-Defined Health Librarians Working Outside the Traditional Library Setting

In total, there were 15 respondents to the Census of Self-Defined Health Librarians, all female and all qualified to work as librarians. Other than one person located overseas, respondents worked in all states of Australia except Tasmania and the two Territories. More specifically, two-thirds resided and worked on the eastern seaboard. Ten (10) worked in capital cities and 4 in regional towns or cities. Their employment situation varied. Six (6) of the 14 participants worked on a contract or fixed term basis, 3 held full-time permanent positions, 2 were self-employed, 1 was part-time, 1 casual and 1 volunteered. Well over half worked in the public

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▲ Figure 1



▲ Figure 2

sector (9 respondents). None of the respondents had graduated within the last 5 years and 2 of the 15 were eligible to retire within the next 5 years (assuming a retirement age of 65 years).

Fourteen of the fifteen respondents worked in health information roles, half providing information services in research related environments. The remainder worked in a range of settings: own independent information business, as a health information consultant, in the online publishing industry, as a sole practitioner supplying an information service, a government department, a mental health organisation and as a health LIS researcher. The one person not working in such a role indicated she had no plans to return to the sector in the future and exited the Census at this point. Results from this point on pertain to the remaining 14 respondents.

The final section of the Census identified the range of services supplied by this group of self-described health librarians and to whom they provided these services. Services were grouped into 6 broad areas: information; education; access, materials, building and equipment; and technology (figures 1-7).

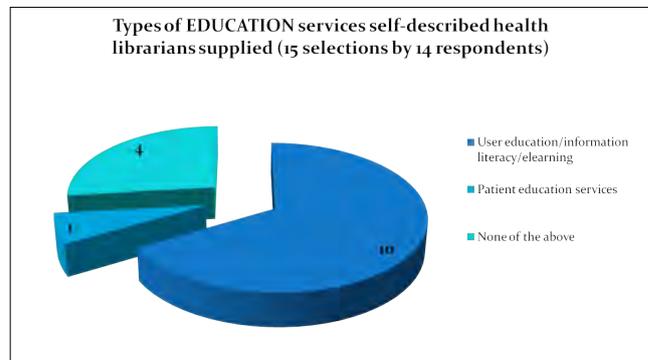
In terms of the user groups health librarians working outside the library setting provided services to, the top two consumer groups were researchers (86 percent) and clinical staff (71 percent). Fifty percent of the respondents provided services to academics / faculty members.

The types of information services offered by respondents spanned all listed options. The most prevalent were mediated search services (71 percent), citation management (71 percent), reference services (64 percent) and services related to evidence-based practice (64 percent). Fifty percent of health librarians provided information services that supported education, teaching and continuing professional development, the provision of resources guides and knowledge management services.

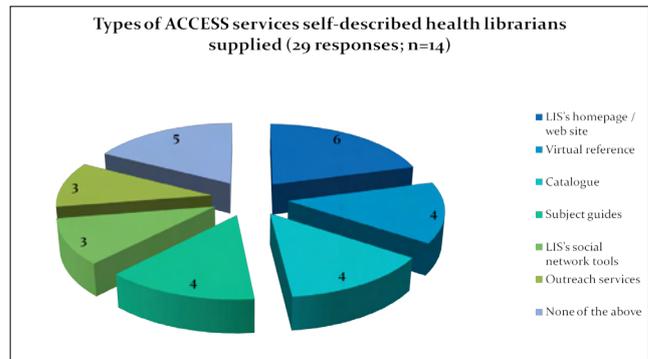
The most significant education service provided was user education (71 percent). Only one librarian offered patient education. Four of the fourteen (29 percent) provided no education services as part of their role.

Results were less definitive for those services or tools that function as access points to information services. These include entry points such as a home pages, catalogues, social networking tools, etc. The most prevalent access service selected by respondents was the LIS website or home page (43 percent). A third did not provide any services within the access domain.

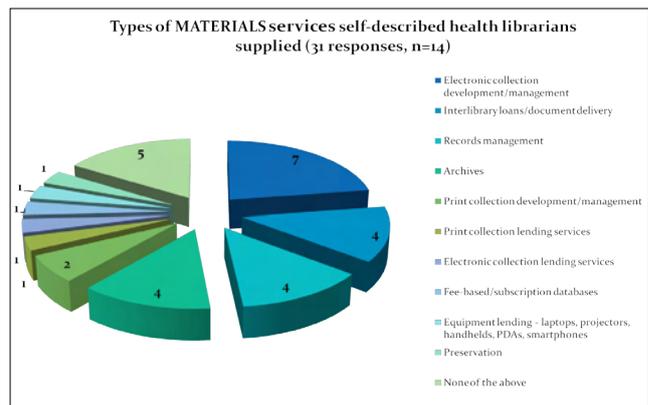
Of the range of items listed under materials services, the largest response was from 7 of 14 participants who provided development and/or management of electronic collections. By comparison only 2 of 14 managed or developed print collections



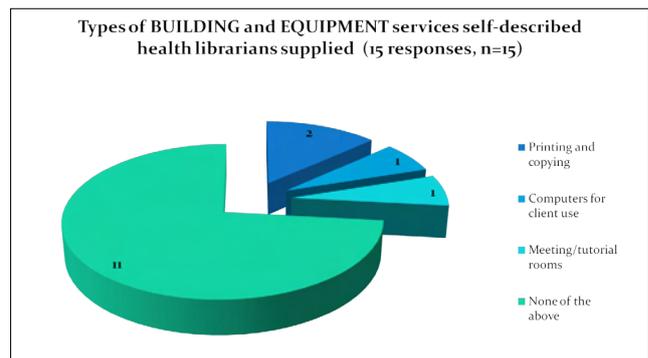
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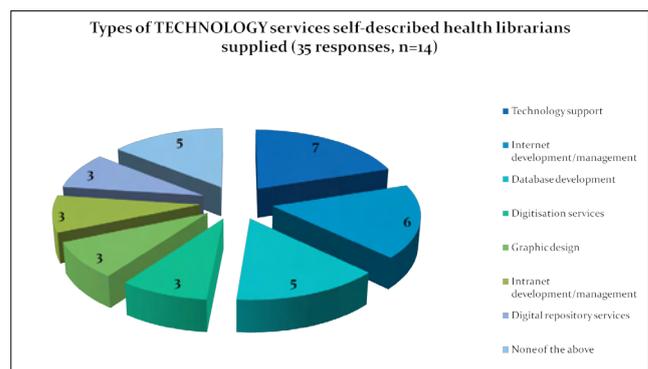
▲ Figure 4



▲ Figure 5



▲ Figure 6



▲ Figure 7

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as part of their role. One third did not provide any services within the access services domain.

Given that census participants worked outside the traditional library setting it is not surprising that 11 of the 14 respondents did not provide any of the services listed under building and equipment.

The final service category was technology. Overall, 50 percent (7 of 14) of participants offered users technology support. Forty-three percent provided internet development and/or management and 36 percent undertook database development.

Given the small number of responses, and the impossibility of determining a response rate, it makes it difficult to present conclusive statements about this cohort. Therefore, this investigation should be treated as an exploratory study. As future censuses are undertaken, tracking changes in the size and makeup of this cohort will be of considerable interest.

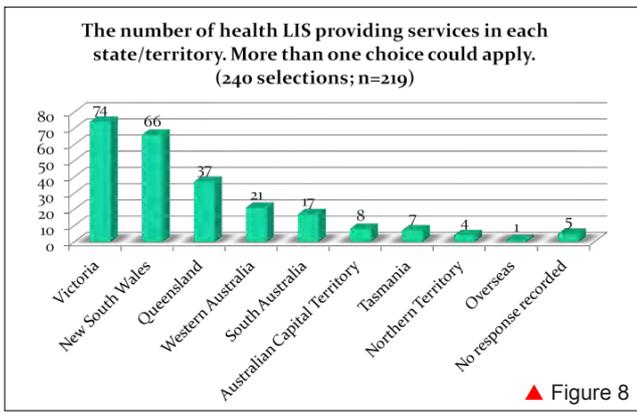
2. Results of the Census of Australian Health Library and Information Services

The Census of Australian Health Library and Information Services instrument was presented in three main parts: demographic details, workforce details and information about users and services.

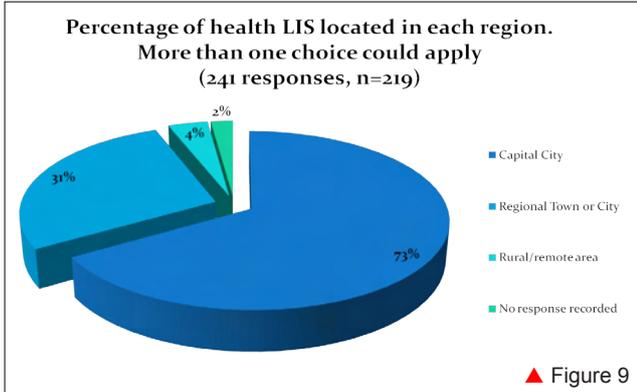
The final number of responses received was 219. Of those, 68 percent answered 100 percent of the census questions and 88 percent answered 90 percent of the census.

i. Health LIS Demographics

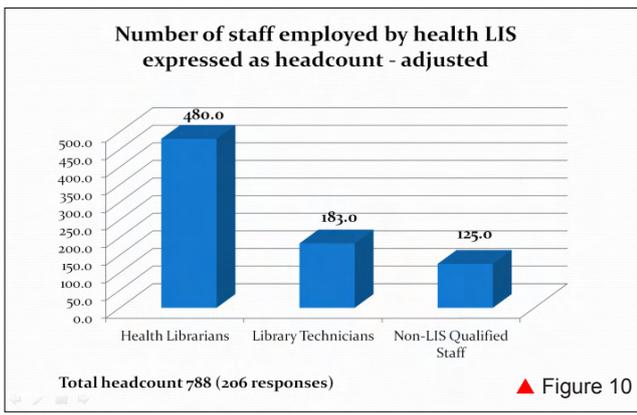
Two hundred and nineteen (219) submissions to the census were received with quite a number of respondents completing the survey using the combined data of all the libraries and services within their jurisdiction. In order to establish a figure for the number of health LIS operating across Australia, it was determined to use National Union Catalogue (NUC) symbols as the unit of measure with which to count health libraries. NUC symbols have been used either directly or indirectly in other reports and studies to describe the number of Australian health libraries making it a logical measure. To this end, 219 Census responses actually represented 267 NUC symbols or, in the few cases where a library didn't have a NUC, some other unique identifier. In addition 61 health LIS that did not participate in the census were further identified. This gave a total of 328 active health library and information services operating across Australia by the close of the Census in February 2015. This figure is not without flaws: the inclusion of some libraries in this count might be arguable on the basis that they are not strictly health libraries, some libraries may have been missed and any libraries to have undergone restructuring at the time of the Census, resulting in the creation or closure of branches or sites, may have led to variances in what is reported here. However, it is assumed such differences are small.



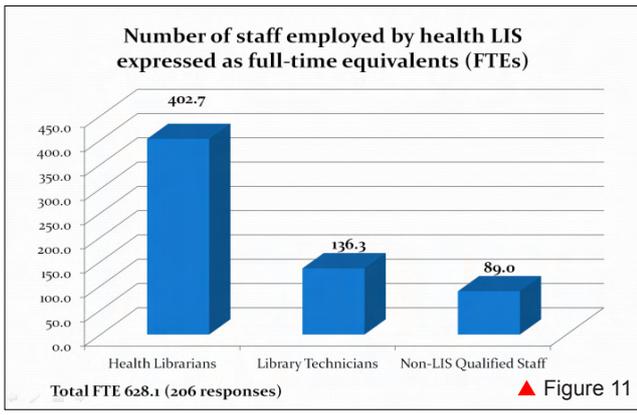
▲ Figure 8



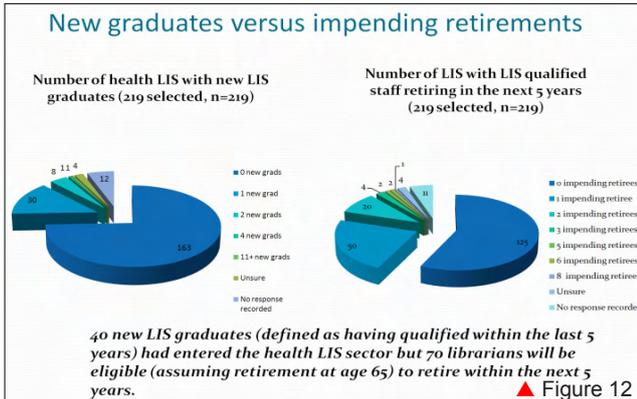
▲ Figure 9



▲ Figure 10



▲ Figure 11



▲ Figure 12

Approximately three-quarters of all health LIS were located on the eastern seaboard (figure 8) and almost three-quarters were situated in capital cities (figure 9). Regional towns and cities accounted for about 30 percent and rural areas the remainder.

In what was termed sector classification, 60 percent of libraries operated in the public sector, either federal or state, and were, therefore, government funded. Twenty percent were in the not-for-profit sector and almost 14 percent operated in the private sector, whether for profit or otherwise.

ii. Health LIS Workforce

The Census sought to establish the number of full-time equivalent (FTE) positions across the sector as well as the number of people employed. Two hundred and six census (206) responses provided useable workforce data. The figures for full-time equivalents and headcount reveal that the libraries represented by these 206 census responses offered paid employment to at least 788 people (figure 10) in 628.1 FTE positions (figure 11).

Breaking these figures down further, 402.7 FTE librarian positions were occupied by 480 people, 136.3 FTE library technicians were filled by 183 people and 89.0 FTE non-LIS qualified staff were held by 125 people. Put another way, health librarians made up approximately two-thirds of all positions in the health library workforce, library technicians just over one-fifth and non-LIS qualified staff the remainder. The vast majority of all positions held by staff working in health libraries were permanent in nature. Of all permanent positions, just over one-quarter were permanent part-time.

The 206 census responses that supplied workforce data represented 63 percent of all health libraries identified in the course of this study. Crudely extrapolating these figures to 100 percent could put the total number of people employed in the sector, as at 1st Oct 2014, at approximately 1250 of which 760 could be librarians, 290 could be technicians and 200 non-LIS qualified staff.

Of the 628.1 full-time positions counted in the useable census responses, 60.3 FTE were vacant. This was a vacancy rate of just under 10 percent, which was very high compared to Australia's job vacancy rate of 1.21 percent in November 2014

(Jericho 2015). Of all vacancies, nearly 70 percent were for health librarian positions.

Results concurred with previous studies (Hallam 2011) that the sector's workforce is female dominated.

At the time of the census 40 new library science graduates (defined as having qualified within the last 5 years) had entered the health LIS sector but 70 librarians were eligible to retire within the next 5 years eligible (assuming a retirement age of 65 years). This was a net deficit of 30 professionals – and presumably experienced ones (figure 12).

iii. Health LIS Services and Users

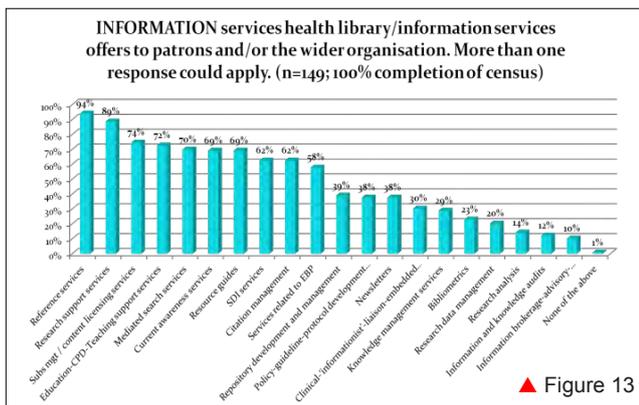
When comparing users of health services and the services health libraries provided, reported results are based on the 149 respondents who answered 100 percent of questions in the Census. This approach has been taken so as to minimise any distortions. It is also worthwhile noting that the result of census questions about services do not indicate how much time health libraries spent providing or managing these services, just how many libraries provided these services.

From highest to lowest, significant users of health LIS were students (79 percent), researchers (76 percent), clinical staff (73 percent), organisational staff (62 percent), management/senior executives (58 percent) and academics/faculty (54 percent). Figures dropped sharply for the remaining user groups. The three most significant users of health LIS, i.e. students, researchers and clinical staff, correlated with the most significant organisations served by Australian health LIS, namely, hospitals (52 percent) and universities (43 percent) (figure 13).

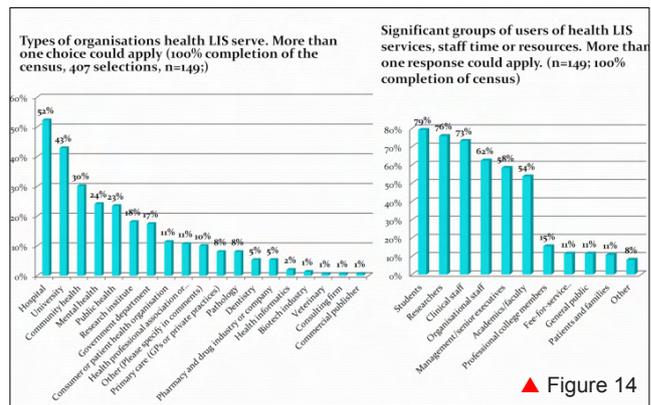
Like the Census of Self-described Health Librarians, services were grouped into 6 broad areas: information; education; access, materials, building and equipment; and technology (figures 14-19).

The most prevalent information services provided by health LIS included many traditional library services: reference services (94 percent), research support services (89 percent), subscription management or content licensing services (74 percent), education and teaching related services (72 percent), mediated search services (70 percent), current awareness services (69 percent), resource guides (69 percent), alerting services (62 percent),

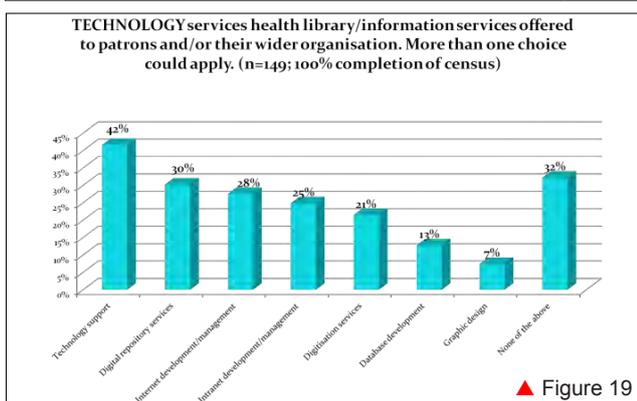
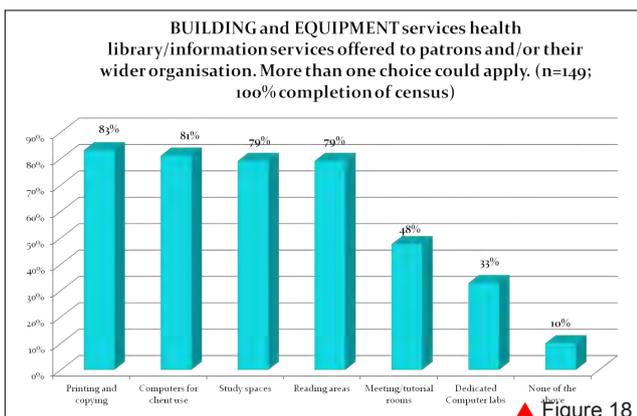
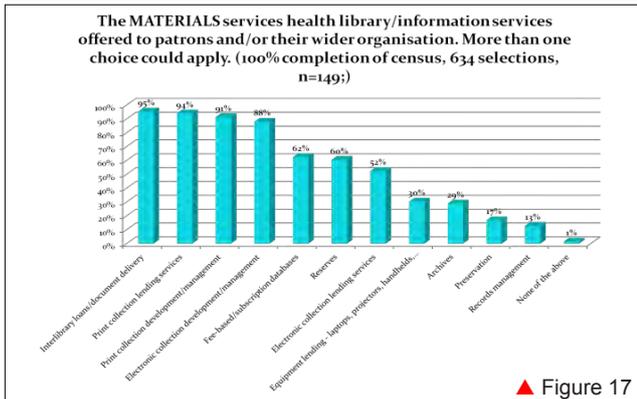
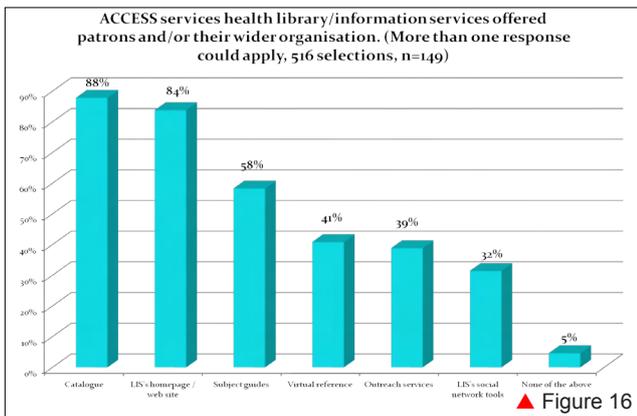
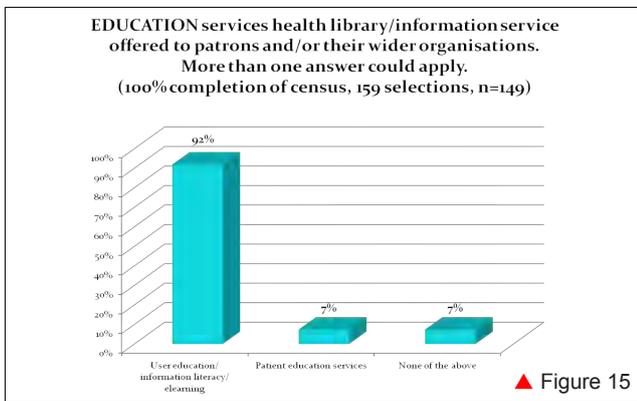
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▲ Figure 13



▲ Figure 14



citation management (62 percent) and services related to evidence-based practice (58 percent). Less traditional services, or those that have been identified as future possible roles for health LIS and health librarians (see, for example, Lawton and Burns 2015, Brettle and Urquhart 2012, Library of the Future Task Force 2012 and Lynn, Fitzsimmons and Robinson 2011), garnered fewer responses. For example, clinical or embedded librarians /informationists and knowledge management services were selected by 30 and 29 percent of libraries respectively.

The most significant service provided under the education heading was user education (92 percent). Only 7 percent of the 149 health LIS offered patient education type services and another 7 percent provided no education services as part of their role.

Access to health LIS was heavily provided through library catalogues (88 percent) and library web sites (84 percent). Subject guides were offered by 58 percent of responding health LIS. Virtual reference was made available by 41 percent of LIS and outreach services by 39 percent. The use of social media as an access point was used by a third of responding health LIS (32 percent), which is consistent with the reported uptake of social media by small to medium sized Australian business (Sensis 2015).

In terms of materials related services, the top four services offered by health LIS were interlibrary loans (95 percent), the lending of print collections (94 percent), print collection development (91 percent) and, trailing print slightly, electronic collection development (88 percent). Just over half of the health LIS lent out electronic collections.

The most prevalent building and equipment service provided by health LIS was printing and copying (83 percent). Eighty-one percent of health LIS made computers available to users as well as study spaces (79 percent) and reading areas (79 percent). Almost half (48 percent) had tutorial rooms and one third (33 percent) had dedicated computer laboratories.

Less than half (42 percent) of all responding health LIS supported users in their use of technology. Thirty percent provided digital repository services but only 21 percent offered a digitisation service. Internet and intranet development and/or management was provided by 28 and 25 percent of health LIS respectively.

DISCUSSION AND RECOMMENDATIONS

In the 2002 census of Australian health LIS 334 unique library services were identified (Kiesau 2003) while in the 2014 census 328 were identified. This equated to an overall reduction in the number of health LIS of approximately 2 percent over 12 years. This small reduction would indicate that

Australian health LIS, by and large, have weathered the economic storms of the past two decades. Any significant losses have been offset by new libraries or identification of previously unlisted libraries.

Up until now there has been no detailed data on the size of the Australian health LIS workforce. Extrapolating the results of this census study puts workforce figures at around 760 health librarians, 290 library technicians and 200 non-LIS qualified staff employed in the sector, a total of 1,250. While the health LIS workforce is small, when compared against registered and unregistered health professionals (AHMAC 2013 p.59-61) it is not the smallest.

Employment in the library sector has been relatively static over the last ten years and sits at approximately 25,000 librarians, library technicians and library assistants (ALIA 2014). Based on these figures, health librarians and library technicians accounted for just over 2.5 percent of the total library workforce.

The response rate to the Census of Australian Health Libraries was encouragingly high. It drew 219 responses from 216 unique respondents, these 219 responses representing 267 NUC symbols or other form of unique identifier. This equated to an 81 percent response rate. In addition, 88 percent of those 219 responses answered 90 percent or more of all questions posed in the Census. This denoted a high level of buy-in from the sector and indicates an awareness of the importance of collecting such information.

The Census of Self-described Health Librarians was a venture into completely uncharted territory and while the response rate was only 15, it was equally encouraging to have received this number.

As alluded to in the introduction, a change in federal government saw HWA close in 2014 and its "essential functions" (HWA 2014) transferred to the Commonwealth Department of Health (DoH). Since then the opportunity for the health library sector to engage in government coordinated, national health workforce planning has been, effectively, put on hold. Nevertheless, and regardless of the political climate on any particular day, it undoubtedly remains in the profession's interest to continue to be proactive and engage in workforce planning and development, particularly through education and marketing. In addition, it should continue to position itself such that it can contribute to the work of any external bodies that hold influence over the planning and development of all or part of Australia's health workforce.

The final report of the Census of Australian Health Libraries and Health Librarians Working Outside the Traditional Library Setting concludes with five recommendations. These are:

1. That the sector carry out a census of the Australian health LIS sector every 3-5 years. While this census project came under the

auspices of the Anne Harrison Award it is assumed future censuses will be managed and sponsored by ALIA HLA.

2. To address the high number of vacant positions within the sector and the anticipated net loss of health LIS professionals as a result of retirement, ALIA HLA should continue to progress its campaign of improved education and training for health LIS professionals. This, potentially, will attract more professionals to the sector as well as ensure sufficient numbers of professionals are adequately trained as they move into and around the sector. In addition, the sector must continue to market the value of health LIS to library decision makers in an effort to minimise job redundancies.
3. All the stated aims of this project have been met with the exception of the development of a Web based reporting system and fully functioning online directory of Australian health LIS. It is recommended that ALIA HLA review how both of these functions can be further progressed. Furthermore, given the directory data compiled during the Census is relatively up to date, priority should be given by HLA to constructing an online directory of Australian health LIS. An excellent model is the UK's Health Library and Information Services Directory (<http://www.hlisd.org/index.aspx>).
4. That the results of the Census be disseminated widely through appropriate national and international publications and that the results of the study be freely accessible from the ALIA HLA web site.
5. That HLA consider utilising the Census data to commission an update of the 2013 SGS Economics report 'The Community Returns Generated By Australian Health Libraries.' An updated study such as this, reinforced by the Census data would be a powerful promotional tool for health libraries at national and local levels.

The Australian health LIS sector is to be congratulated for its high level of participation in this most important research.

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FULL PROGRAM IN THIS ISSUE

ALIA HLA PD DAY

Innovation for enhancing value
Monday 18 July 2016, Sydney

Keep Informed...

HLA have three direct communication channels and two publications for you informed of our news and up-coming events:

- **HLA Communities** – hear about things first—this is where we make our announcements.
- **ALIAHealth Elist** – this is open to anyone with an interest in health librarianship and is an immediate way to communicate with the wider health library network in Australia and NZ.
- **HLA LinkedIn** – this is a networking resource – great if you are job hunting and/or want to build your professional profile.

HLA also produce two publications: our quarterly journal **HLA News** and our monthly email **HLA Alerts** and we also provide the bi-monthly **HLA Journal Club**.

Information on all these resources and HLA membership is on our website:

<https://www.alia.org.au/groups/HLA>

CONVENOR'S FOCUS

Copyright update • HLA signs MoU with the Australasian College of Health Informatics(ACHI)

An offshore report – your convenor is on the road to the EAHIL conference in Seville ...



... As librarians,
we invest in our
collections and
need to maximise
their value in our
organisations, and
in our networks ...



It's May 2016, the Reserve Bank has reduced interest rates due to a lack of inflation (I must have studied economics in a different era, I thought inflation was a bad thing), and the Australian dollar has fallen against international currencies and that is definitely a bad thing for library budgets, as most of our resources are purchased from overseas. So health library managers are again going to need to review their budgets and see how they can ensure value for money spent on collections.

As librarians, we invest in our collections and need to maximise their value in our organisations, and in our networks. The transition from print to electronic has been an ongoing change management issue as well as a challenge to our understanding of copyright. Not only have we moved from a physical artefact and presence to an online and invisible resource (with all the concomitant marketing, and technical issues related to linking, authentication and identity management), but we have also needed to learn about contract negotiation and licencing of eresources, and the intricacies of how this all relates to copyright law in our jurisdictions.

I was keen to attend the 'Essentials of Copyright' Workshop run by the Australian Digital Alliance and presented by Jessica Coates, to find out what the likely changes to copyright law might mean with regard to our resources management, licencing and budgeting dilemmas.

As well as the 'essentials' that we are all familiar with, such as the 'fair dealing' exceptions¹ that allow libraries and archives to reproduce materials for the purposes of personal research or study, and the amounts that are allowed within this exception, there were a number of conceptual and practical points that I think are worth noting:

- Copyright Law balances 'usage rights' of readers and the public and 'incentive to create' for authors;
- as a general rule of thumb: 'Copyright exists if it's a suable infringement' – the issue is thus, knowing what is a 'suable infringement';
- you can use items if you have permission by virtue of:
 - the item is in the public domain
 - it is licenced eg Creative Commons², statutory licences
 - an exception applies (this is the hardest category to demonstrate);
- there are two ways a copyright owner can deal with infringements:
 1. 'Notification and take down' – 48 hours to remove the work if someone has used it unlawfully)
 2. Sue;
- it is within copyright to provide a link to an item, but not the item itself;
- anything can be displayed;
- all photos pre-1955 can be used (the law changed after that);
- copyright applies to all unpublished works – currently it is never permissible to use works that are not officially published, such as recipes. Hence ALIA's popular campaign 'Cooking for Copyright' gained a lot of publicity;

Continues on p10...

- a difference in international practice is that in Australia, the Berne Convention means that copyright applies as soon as an item is created – no need to register it (this is different in the US where an item has to be registered).

A couple of recent developments were also highlighted at the Workshop:

- E-legal Deposit was introduced nationally in 2016 and is administered by the National Library of Australia; it applies to selected items, and is not retrospective, but NLA will accept deposits.
- The changes proposed in the current Copyright Amendment (Disability Access and Other Measures) Bill largely seek to extend copyright and relate to the following areas:
 - to provide access to copyright works for people with a disability;
 - education eg online exams;
 - safe harbours – to include a broader definition of service providers than those currently included, such as telecommunications networks and internet providers;
 - library and archives preservation copying, removes almost all restrictions (but only for onsite access);
 - ending perpetual copyright for unpublished works;
 - partial orphan works solution.

I can't say that all my questions about the licencing of electronic resources and what the impacts of the proposed amendments are likely to be, but this is probably because my questions are either health organization-specific, or too vague. HLA will give consideration to a future workshop which would be more tailored to the health library environment. The current series of workshops is being presented around Australia – check if there's one near you.

We have progressed on the national agenda, with a second MoU signed off this year, this time with ACHI – the Australasian College of Health Informatics, the professional organisation for Health Informatics in the Asia-Pacific Region (<http://www.achi.org.au>). And soon I will be talking with the EAHIL Board at their annual meeting, this year in Seville, about a similar arrangement.

In Seville, I will be delivering a presentation about an international collaborative research data management project which was implemented at my library (Barwon Health) as a direct result of attending the EAHIL conference in Rome, 2 years ago. I will also meet with Carol Lefebvre to finalise our plans for her 'tour' at the end of the year. I will be reporting back in my next column with the details of Carol's workshops, as well as the outcomes of the Board discussions, and my learnings from the EAHIL conference, which is always a great educational and networking event. If you ever get a chance to attend, go for it!

Hola!

Ann Ritchie
HLA Convenor
ann.ritchie@alia.org.au

Director Library & Literacy, Barwon Health – aritch@barwonhealth.org.au

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2. Creative Commons makes 6 types of licences available – see <http://creativecommons.org.au/>

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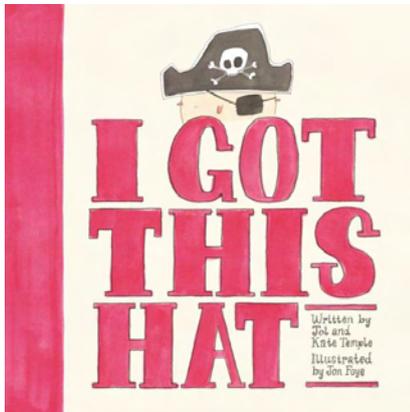
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NATIONAL SIMULTANEOUS STORYTIME

played out beautifully in a Hospital Kids Ward

Gemma Siemensma reports on Ballarat Health Services' first attempt at National Simultaneous Storytime.



On Wednesday May 25th 2016 at 11:00am the Children's Ward at Ballarat Health Services (BHS) took part in National Simultaneous Storytime (NSS) which was held during Library and Information Week. NSS is held annually by ALIA. Every year a picture book, written and illustrated by an Australian author and illustrator is read simultaneously in libraries, schools, pre-schools, childcare centres, family homes, bookshops and many other places around the country. This year we thought why should kids in hospital miss out?

So the BHS Library registered for the event and purchased a copy of the book – I Got This Hat by Jol and Kate Temple. The atrium near our kids ward was

cleared and sick kids came out from the ward to listen to a story, wear a crazy hat, do some craft, grab a balloon and some stickers and choose a free book to take home. It was a successful morning and we made further connections with staff in the kids' ward who all enthusiastically wore crazy hats to work.

We have already been invited back for next year and are looking forward to further connecting with departments in ways which are a little outside the traditional role of hospital libraries.

Gemma Siemensma
Ballarat Health Services, Library Manager
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TAKING IT TO THE NEXT LEVEL

... reviews of systematic reviews

Diana Blackwood looks at the potential usefulness of reviews that summarise earlier research syntheses on broad topics of interest as a way to help decision makers deal with ever-increasing 'multitudes of evidence'.



ABOVE – Author Diana Blackwood is Faculty Librarian, Health Sciences at Curtin University in Western Australia.

THE PROBLEM

Systematic reviews in health care evolved out of the need to make the best evidence more accessible to decision-makers.

However, in 2010, Bastian, Glasziou and Chalmers wrote an article entitled *Seventy-five trials and eleven systematic reviews a day: How will we ever keep up?*¹ This figure has no doubt increased substantially since 2010 and as noted in the Joanna Briggs Reviewers Manual, 2014² “now risks compounding the problem already faced by health care decision makers in sorting through multitudes of evidence to inform their questions.”

A SOLUTION

Both the Cochrane Library and the Joanna Briggs Institute (JBI) have recognised this problem and are addressing the issue by publishing reviews of existing systematic reviews which summarise the evidence on a particular topic of interest. Edoardo Aromataris from JBI regards this as the “logical next step to provide decision makers in health care with the evidence they require”.³ The overall examination of such a review allows findings to be compared and contrasted and can determine whether there are similar or contradictory findings and if so, why. It also allows a broad range of issues related to a topic of interest to be examined.²

TERMINOLOGY

Reviews of reviews are referred to by many different names in the literature. The Cochrane Library refers to them as “Overviews of reviews” and the Joanna Briggs Institute uses the term “Umbrella Reviews”. Regardless of terminology the primary intent of this kind of review is to include systematic reviews or meta-analyses as the main study type and thus examine only the highest level of evidence.

FOCUS FOR THIS TYPE OF REVIEW

The scope of umbrella or overview reviews includes analyses of evidence from more than one systematic review or meta-analysis and in doing so examines the following:

1. **different interventions** for the **same problem or condition**
2. the **same intervention and condition** but reporting on **different outcomes**
3. the **same intervention** for **different conditions, problems or populations**.

Both Cochrane and JBI clearly state that the final result provides a summary rather than providing further syntheses of the evidence.^{2,4}

METHODOLOGY

There are differences in scope between Cochrane and JBI reviews of reviews. Cochrane’s primary intention is to examine their own Intervention Reviews (Systematic Reviews) but acknowledge that it is sometimes appropriate to include non-Cochrane systematic reviews.⁴ JBI takes a broader approach and examines systematic reviews and research syntheses from many sources and include qualitative systematic reviews and meta-analyses.

Continues on p14...

Elements of the methodology for undertaking a review of reviews are in many aspects similar to that of a systematic review and include the development of a PICO or PICO pneumatic, a descriptive title which includes elements of the PICO and a background statement which outlines the reason why it is important to do this review. Objectives and inclusion criteria should be clearly stated and important characteristics of the types of participants need to be detailed. Stated interventions or phenomena of interest may either be focused or broad as they could be examining one intervention or several (for example for the topic “Non-pharmacological management for aggressive behavior in dementia” various interventions could be examined such as music therapy or physical restraint).

However in any review of reviews, the primary research level data in the systematic reviews being examined is not under scrutiny. Furthermore, the aim is not to repeat the searches, assess study eligibility, and assess risk or bias from the included reviews but rather to provide an overall picture of findings.

Both JBI and Cochrane also state that overviews do not aim to identify any additional studies. However more recent information from Lefebvre⁵ suggests that this is sometimes the case. New primary studies and a re-analysis of all of the original primary studies included in all relevant systematic reviews may sometimes be undertaken.

Methodological quality must be assessed by two independent reviewers for all included systematic reviews and meta-analyses. Various checklists and tools exist to assist with this process. These include AMSTAR, GRADE and ROBIS. In 2013, a primarily Australian methodology working group developed a critical appraisal checklist for Umbrella Reviews which is outlined in their 2015 paper.³ Extraction of data from each included review needs to be undertaken (also by two independent reviewers to minimize bias) and generally a data extraction tool is used for this purpose. An example is JBI’s URARI analytic module.

The search strategy should aim to identify all included systematic reviews, meta-analyses and other research syntheses that authors wish to include. The search will consequently be simpler than that developed for a systematic review. The use of database filters where they exist can be a useful way to limit the search e.g. PubMed’s systematic[*sb*].

The range of databases should include biomedical databases such as Medline, PubMed, Embase and CINAHL as well as specific repositories of systematic reviews such as the JBI Database of Systematic Reviews and Implementation Reports, the Cochrane Library, Pedro, OT Seeker, PROSPERO and federated search engines such as TRIP, DARE and Epistemonikos. Grey literature should also be searched as increasingly research syntheses are being commissioned by policy makers in government and are hosted on government or organizational websites.²

Generally the date range rarely needs to extend prior to 1990 as most systematic reviews have been published since that time.

Search strategies and retrieval methods need to be comprehensively reported.

PRESENTATION OF FINDINGS

The findings from data extraction as well the summary of evidence is generally presented in a tabular format to allow for easy interpretation and quick analysis by the reader. See Aromataris³ pp 136-7 for examples.

Is the methodology for this type of review sufficiently robust?

Criticisms of this kind of review started to appear around 2012.⁶⁻⁸ The main comments refer to lack of methodological rigour and consistency in overviews, as well as a lack of empirical evidence to support the methods employed and lack of clear reporting guidelines.

One study recommended that the use of a checklist for overviews of systematic reviews should be developed and used. Such a checklist has been mentioned earlier and was developed and reported on by Aromataris in 2015. A later study conducted in 2015⁹ was still suggesting that methods for conducting, interpreting and reporting overviews of reviews are in their infancy and that “to date, there has been no systematic review or evidence map examining the range of methods for overviews nor of the evidence for using these methods.”

Be that as it may, the potential usefulness of this kind of review in summarizing earlier research syntheses on broad topics of interest is evident and will become increasingly important to get right in order to assist in evidence-informed decision making.

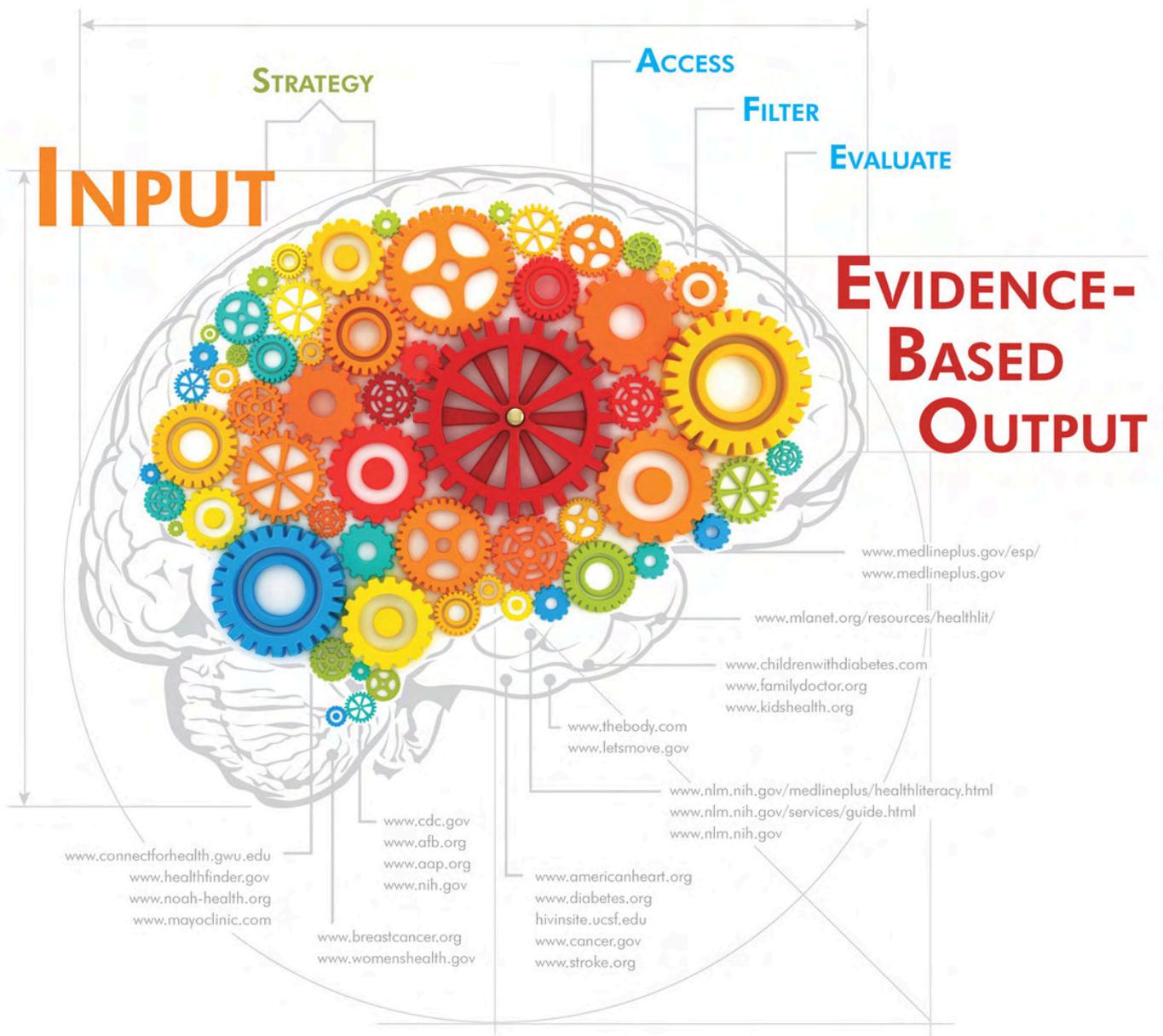
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WINNER ANNOUNCED

We are delighted to announce that Veronica Delafosse has won the 2016 HLA/ MedicalDirector Health Informatics Innovation Award, with her project 'Discovering the evolution of health librarianship in Australia through an interactive open access digital repository'. The award will be presented at the HLA Professional Development Day in Sydney next month.



MedicalDirector

ABOUT THE AWARD

The HLA/MedicalDirector Health Informatics Innovation Award is maintained by the ALIA Health Libraries Australia group.

Health informatics is the science and practice around information in health that leads to informed and assisted health care.

The Award is presented annually. The recipient/s will be presented with a certificate and \$3,000 to either further their (or their team's) professional development in the area of the innovation, or to implement the innovation.

The Award focuses on innovation projects in health care information delivery with practical outcomes.

Veronica previously won a "Highly Commended" Category of the Anne Harrison Award (in 2014) for a project to prepare a chronological record of major issues and events which shaped health libraries in Australia between the 1970s and 1990s.

In her application for this award Veronica detailed how she expects to migrate this valuable archive from the existing Health Wiki to the new ALIA Digital Repository and help with implementation and further development. This will improve access to the information and be in a format that is both more stable and will more readily migrate to future digital platforms.

PROJECT TITLE

Discovering the evolution of health librarianship in Australia through an interactive open access digital repository

PROJECT ABSTRACT

We prefigure the future of health librarianship in Australia by learning lessons from our past. This can be problematic as many of the files are primary sources of correspondence, minutes and newsletters which were produced prior to the electronic era. They exist, therefore, as single, original papers located in one place and essentially inaccessible. The archiving project, which the compiler has been working on over the past 18 months, has revealed primary evidence that endorses the decisions our pioneers made to consistently strive for high standards for health librarians regardless of the size of their libraries – the collection in a country hospital cupboard was equally as important as the university medical library.

The development of an archiving policy and procedure has helped guide the compiler with the physical culling, scanning and digitising tasks. The next stage of making the content more searchable and discoverable online is about to commence. The data is currently stored on a private ALIA Health Wiki and relevant documents (approximately 500) have been scanned and made available for downloading using the open standard PDF format. The level of detail included corresponds relative to pivotal events in health library history.

The Wiki was to have been made public and launched in July 2016 but recent developments to ALIA's impending Digital Repository (hereafter referred to as DR) will enable it to be used as a pilot showcasing the value to other ALIA Groups. The compiler will collaborate with ALIA on the migration to a more stable and accessible digital platform. There will be a soft launch in July at the Health Libraries Australia Professional Development Day. Health librarians will be invited to test it before the official launch at the Biennial Conference in Adelaide in August 2016.

The compiler will continue to work on the project for several months to sort through issues relating to future development of the DR. In addition to writing articles about key aspects of the history of health librarianship in Australia the compiler will liaise with colleagues to encourage more online participation.

THIS POSTER IS YOURS...

use it to promote your profession and skills

To celebrate Australian Library and Information Week 2016, HLA teamed with the Medical Library Association to release two posters promoting health librarianship skills. The posters are available for downloading on our website at <https://www.alia.org.au/groups/HLA> under the Marketing and Promotions heading (scroll down the page to access). The HLA Executive extend their thanks to MLA for assisting with this project. One of the posters is reproduced below ...



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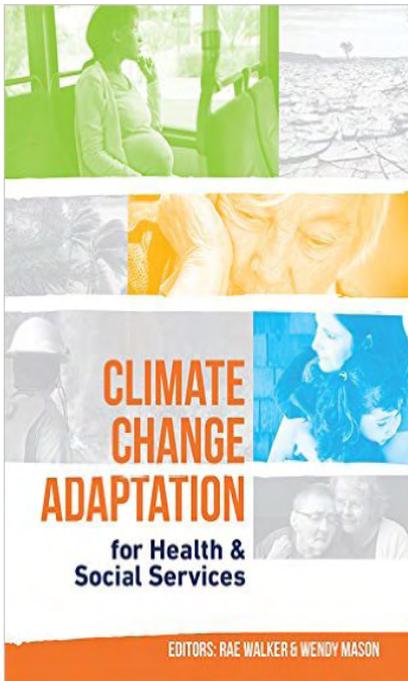
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BOOK REVIEW

Alex Petrie provides us with this review of *Climate Change Adaptation* edited by Rae Walker and Wendy Mason, and published by CSIRO.



BOOK DETAILS

Climate change adaptation for health and social services

Edited by Rae Walker and Wendy Mason.

Clayton South, Vic.

CSIRO Publishing, [2015]

ISBN: 9781486302529

Given the findings of the recent Climate Change and Health Policy Assessment Project Report that Australian (and many other) health organisations show a lack of climate-health preparedness¹, this is an especially timely and important book. Comprising a series of essays written by Australian academics and professionals, it has its origins in a collaboration between Wendy Mason from Enliven Victoria (a not for profit network of community-based health and social services organisations) and an emeritus professor from Latrobe University, Rae Walker. Realising the adverse impacts that climate change and its consequences would have on their services and communities, they set out to analyse these impacts and develop ways to mitigate them.

Health and social services work with a diverse cross-section of our community, often providing essential support for the most vulnerable groups in our society. Although the effects of climate change will impact us all, it will disproportionately influence the lives of those with the least resilience and resources, increasing already entrenched health inequities.

The changing weather patterns brought about by the warming of our planet will affect population health in many ways; from increasing heatwaves, bushfires and other extreme weather events, to food and water insecurity, and changes in disease patterns. This book examines these from the perspective of a wide range of population subsets, and proposes practical ways for the health and social services that support these groups to prepare and adapt so that they can reduce these adverse impacts. Illustrated by case studies and vignettes, and referenced with comprehensive bibliographies, this book will be a useful resource for many who work in this field. Being a multi-authored work there is some duplication of content and unevenness of styles and approach, but all chapters reinforce the message that this is an issue that needs addressing, and they provide ways in which to do this.

If your library clients include health and social services staff or those who formulate and implement health policy, this book will be a valuable addition to your collection.

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2016 HLA MEMBER SURVEY

FEEDBACK SUMMARY

Earlier this year HLA ran a member survey to gather information on our members' current opinions on HLA publications, services, communication and future directions. We appreciate the time each respondent took to complete the online survey. Actions HLA Executive have implemented as a direct result of responses, suggestions and comments from the survey are detailed in this report from Jane Orbell-Smith.

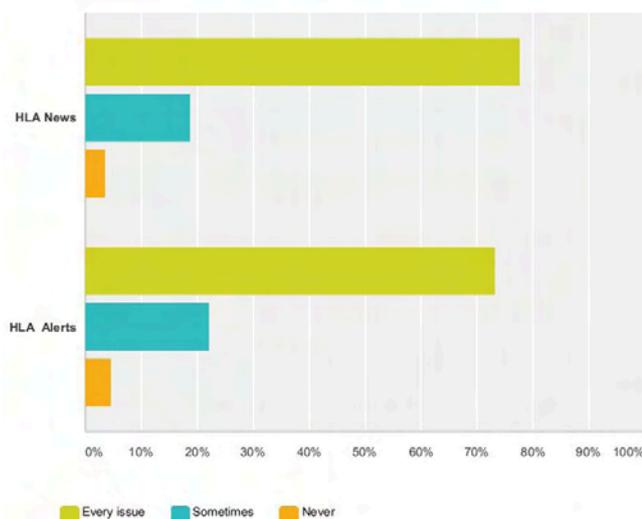
HLA PUBLICATIONS

How often do you read HLA publications?

HLA News and HLA Alerts are both well read and highly valued. Over 90 per cent of respondents say they read them, with over 70 per cent indicating they read every single issue! This is what our members tell us about our publications:

"Both these publications are extremely useful in assisting me to perform my day to day duties and improving my ability to keep up to date with health library matters"

"I find it a very useful and informative online publication for health libraries. We don't have any other publication that provides us with direct professional development and these publications do"



HLA News

Thinking of HLA News, what sections do you read?

Most read parts of HLA News include feature articles (94 per cent), reports from professional development events (73 per cent), closely followed by the professional development calendar, evidence summaries, member's spotlight and convenor's focus – all regularly read by over 60 per cent of respondents.

HLA Alerts

Thinking of HLA Alerts, what areas do you read?

Best read sections of HLA Alerts are: in the literature (88 per cent), upcoming events (78 per cent) and tools (72 per cent).

HLA JOURNAL CLUB

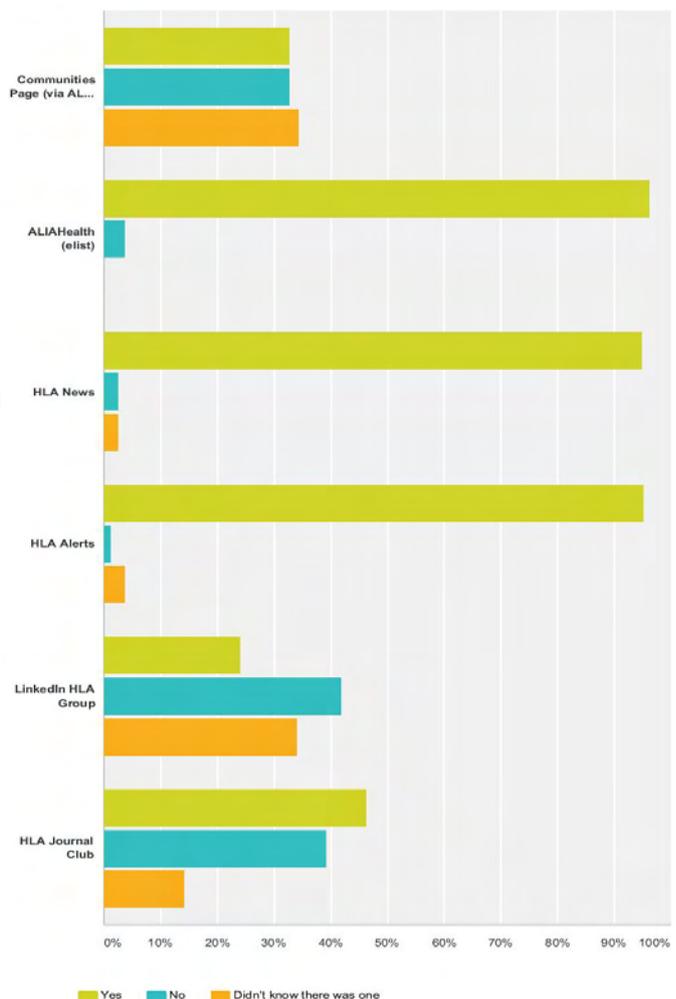
Did you know we have a monthly HLA Journal Club? Are you participating in the HLA Journal Club?

The HLA Journal Club is a relatively new initiative and we are pleased that over 70 per cent of our members are aware the club exists, however the number of people participating is small (less than 20 per cent of respondents). Thanks to comments, we know we have sparked interest so we'll be doing more to encourage active participation and promote the articles we're talking about.

"I have not been able to participate as yet, but seeing the articles that the Journal Club think are relevant and important encourages me to read the articles"

COMMUNICATION STRATEGY

How do you like to receive information from HLA?



The big three communication channels – all topping 90 per cent – are HLA Alerts, HLA News and the ALIAHealth elist, though some lamented that the elist has ‘seemed to die off since the advent of HLA Alerts ... with the loss of community interaction’.

AWARDS

HLA administers the HLA/Medical Director Innovation Award and the biennial Anne Harrison Award. Are you aware ...

Awareness of our Awards is high – over 80 per cent of respondents said they knew that HLA oversees these awards specifically for health librarians.

OPEN COMMENTS AND SUGGESTIONS

It was easy to see that HLA members valued the work of HLA Executive.

“You are doing a brilliant job. Keep up the good work”.

“I appreciate all the work that is done by the members of the Executive and their commitment to their fellow health librarians”

And members also provided good feedback on how to add value to some of our services.

CHANGES AS A RESULT OF THE SURVEY RESPONSES

- A communication strategy is in the final stages of development to ensure a targeted and consistent approach to communication with members, sponsors and affiliates.
- The Community page has become the first means of immediate contact with HLA members. All HLA Members are encouraged to join online at: <https://membership.alia.org.au/community/group/alia-health-libraries-australia> (note, you must be an ALIA member to participate.)
- The use of coloured font and images have been introduced into the HLA Alerts.
- Several people put their names forward for consideration for the HLA Executive. As advised to the respective respondents, contact will be made with these people following the HLA Executive Strategic Planning Day in July. Unfortunately, a couple of respondents expressed interest in HLA activities and/or joining the HLA Executive but did not include their name or contact details so follow up was not possible – if you think that is you, please contact us.
- It is of concern that several different publications and/or offerings of HLA were not known about by all our Members. An ongoing and targeted promotion of the HLA publications, Community, HLA Journal Club and HLA Membership is now in place. We encourage all HLA Members to share your experiences of HLA and the benefits of membership with your colleagues and invite you to contribute by writing for the HLA publications and participating in our events.

Once again, we thank all respondents for their time and valued input.

Jane Orbell-Smith AFALIA (CP) Health
HLA Publications Editor and National Project Officer
jane.orbell-smith@alia.org.au

Lights, camera – ACTION!

Help promote the importance of research in the Australian library and information profession!

All Australian library and information practitioners, students and researchers are invited to submit a short video (max. one minute) on why research is important for the library and information profession.

The video can be as simple or as creative as you like!

You might like to discuss why research is important within the profession generally, or within your own practice as a library and information professional specifically, or within a particular part of the library and information sector, for example public libraries, archives, special libraries etc.

All entrants to the competition will have the chance to win one of two prizes – First Prize and People’s Choice.

Winners will receive a selection of research methods books valued at \$284.80 from Footprint (<http://footprint.com.au>) to start, or add to, their personal research library.

The competition will close 18 July, 2016.

For further information on the competition go to: <http://lisresearch.org.au/video-competition-the-importance-of-research-in-the-library-and-information-profession>

This competition is part of the Library and Information Science Research Australia (LISRA) project. A three year study funded by the Australian Research Council that aims to encourage and enable research culture and practice within the Australian library and information science profession.

The project is being undertaken in partnership with USQ, CSU, ALIA and NSLA.

For more information on the LISRA project go to <http://lisresearch.org.au> or follow on Twitter @LISResearchAu.

HEALTH LIBRARIES AUSTRALIA

2016 PROFESSIONAL DEVELOPMENT DAY

◀ INNOVATION ▶

FOR ENHANCING LIBRARY VALUE

Plan to be in Sydney on Monday 18 July. A chance to learn and network with colleagues and suppliers – and to say thank you to the sponsors that make this event possible: Sponsors – Wolters Kluwer (GOLD SPONSOR), EBSCO, JR Medical, ProQuest, Springer and Medical Director. [Register now](#) so you don't miss out – see draft program below...

8.30am	Registration
9.00am	Welcome – Ann Ritchie, Barwon Health, VIC & Convenor, HLA; Barry Nunn, Library Manager, North Sydney Local Health District, NSW Introductions, housekeeping – Suzanne Lewis, Central Coast Local Health District, NSW and HLA PD day convenor
9.15am	Session 1: Innovating using Technology Chair: Suzanne Lewis, Central Coast Local Health District & HLA PD day convenor
9.15am	Captivating your audience: using eLearning software for the creation of learning objects Jayanthi Joseph and Diana Blackwood, Curtin University, Perth, WA
9.35am	Trello? Can you hear me? Enabling enhanced communication for library staff through a cloud-based application Sally Turbitt and Narelle Hampe, Central Coast Local Health District Library Service, NSW
9.55am	Chimps Dreaming: utilising free email and a web editor to customise eTOC delivery for time-poor clients. Graham Spooner, Manager, Library and Information, Royal Australasian College of Surgeons, Melbourne, VIC
10.15am	Gold Sponsor Panel
10.45am	Morning tea – including networking with sponsors and colleagues
11.30am	Session 2: Enhancing Value to our Clients Chair: Gemma Siemensma, Library Manager, Ballarat Health Service Library, Victoria & HLA Secretary
11.35am	Hi! I need to find a photo: health libraries and hospital history Jacqueline Smith and Gia Vigh, South Western Sydney Local Health District Libraries, NSW
11.55am	From Repository to TROVE Ingrid Tonnison and Kate Jonson, Central Coast Local Health District Libraries, NSW
12.15pm	Putting patrons in the driving seat: implementing e-books at The Sydney Children's Hospitals Network Andrew Spencer, Information Services Librarian, The Children's Hospital at Westmead, NSW
12.35pm	There's a guide for that! Using LibGuides at the Sydney Children's Hospitals Network Alana McDonald, Librarian, Children's Hospital at Westmead, NSW
1.00pm	Lunch – including library tours, networking with sponsors and colleagues

Program continues on p23...



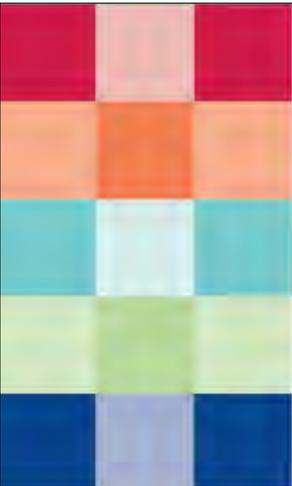
Wolters Kluwer



2.00pm	<p>Presentations Chair: Ann Ritchie, Barwon Health and Convenor, HLA</p> <p>Anne Harrison Award Ann Ritchie, Convenor, HLA and Bronia Renison, HLA Executive member and Anne Harrison Award administrator</p> <p>Launch – Health Libraries Australia Archive Bronia Renison on behalf of Veronica Delafosse (Alfred Health), 2014 Anne Harrison Award winner</p> <p>HLA/Medical Director Health Informatics Innovation Award Alison Hart, Medical Director and Ann Ritchie, Convenor, HLA</p> <p>ALIA PD Scheme Health Specialisation: presentation of certificates to Certified Professionals (Health) Judy Brooker, Director of Learning, ALIA and Ann Ritchie, Convenor, HLA</p>
3.00pm	<p>Session 3: Enhancing Value through Collaboration Chair: Diana Blackwood, Faculty Librarian, Health Sciences, Curtin University Library and HLA Executive</p>
3.00pm	<p>The tree of collaboration: getting to the roots of conducting a collaborative health research project Julie Mundy-Taylor, Liaison Librarian/Research Support Services, The University of Newcastle Library and Carol Norton, Lecturer and Marketing Officer, School of Nursing and Midwifery, Faculty of Health, The University of Newcastle, NSW</p>
3.20pm	<p>Common (and curly) questions about sharing health data Kate LeMay, Australian National Data Service, Canberra, ACT</p>
3.45pm	Wrap up, evaluations, thanks
4.00pm	Close

HELPGOODWORK

Health Libraries Australia welcomes bequests for our two Awards, the HLA/HCN Innovation Award and the Anne Harrison Award. For further information contact the Anne Harrison Award's secretary, anneharrisonaward@gmail.com



An ALIA Group PD Event

ALIA HEALTH LIBRARIES AUSTRALIA (HLA)

PROFESSIONAL DEVELOPMENT DAY 2016

THEME: "INNOVATION FOR ENHANCING LIBRARY VALUE"

Monday 18 July 2016, 9am-5pm

Kolling Institute, Royal North Shore Hospital, Kolling Building (Level 4),
Corner of Westbourne Street and Reserve Road, St Leonards, NSW 2065

COST: ALIA MEMBERS \$110; NON-MEMBERS \$165



Health Libraries Australia
www.alia.org.au/groups/HLA

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2016	EAHIL 2016 / European Association for Health Information and Libraries Theme: "Knowledge, Research, Innovation ... eHealth"	Seville, Spain	6-11 June
	NASIG 31st Annual Conference. "Embracing New Horizons"	Albuquerque, New Mexico	9-12, June
	CILIP: including Health Libraries SIG	Brighton (UK)	12-13 July
	HLA Professional Development Day Theme: Innovation for enhancing library value	Sydney	18 July
	Knowledge Management Australia 2016	Melbourne	2-4 August
	IFLA World Conference	Ohio, USA	13-19 August
	ALIA National Conference	Adelaide	29 August to 2 Sept
	Sixth Australian Evidence Based Practice Librarians' Institute	Adelaide	5-9 December



Australian EBP Librarians' Institute

ADELAIDE, DECEMBER 2016



ALIA HLA

HLA NEWS
DETAILS

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