
The library of the future is present

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Abstract

The library of the future is an elusive, ever-changing goal. Creating it is a challenge in an environment of resource constraints that force difficult decisions. However, change has been constant in the history of information and libraries. Throughout the changes, the librarian has remained central to the library as an expert information manager who adds value in her collaborations and partnerships with faculty, staff, students, and care providers. In the future, people will displace collections and space as the key aspect of a library.

Key words: librarians; libraries, medical; professional role.

There are two meanings to the title of this article. The first is that while discussions about the library of the future have been in progress, the future has become the present as many if not most health sciences libraries are already implementing it. The second is that the library of the future will be people, not collections or space, and we already have talented, forward-thinking people present in our libraries.

For evidence of the “future” state already present in health sciences libraries, one need look no further than the October 2013 issue of the *Journal of the Medical Library Association (JMLA)* [1], which is devoted to new roles for health sciences librarians. McClure presents the traditional role and its evolution [2] while Cooper and Crum discuss emerging present roles through a systematic review [3] and survey [4]. Martin’s editorial shares the story of transition from traditional to new roles [5], and my own editorial in the January issue of *JMLA* (written before the October issue was published, and therefore without the benefit of its contents) gives an overview of the possibilities and an optimistic take on the future of libraries and librarians in the health sciences [6].

If future services and future professionals are already here, why do we talk about the future as a goal yet to be achieved? Because our future is not a static state. As

soon as we get our libraries to the future we saw yesterday, we are challenged to take them to the new future we see today. The future is a moving target, one that cannot be defined and mapped to a twenty, ten, or even five-year strategic plan that lays out the road ahead. Instead, we have many futures and many roads, all of them under construction. In the most ambitious and most rewarding paths, the bricks may be laid under our feet even as we take our steps. In all ways forward, the future remains beyond the end of the current road, with no map to show the terrain ahead or how we should proceed. There are no rest stops, only constant, forward motion. As is true for some sharks, libraries that stop moving will die.

To complicate our efforts, we have finite resources and growing demands. In the United States, for example, there is pressure on higher education to lower costs, declining investment in scientific research by the government, and increased demand on health systems and hospitals to provide affordable care to additional people. Combined with increasing costs for information resources, these environmental factors mean that it is unlikely if not impossible to acquire new funds for new activities. If the future we aim for is compelling, we can only pay for it by taking funds from a less compelling activity.

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It is at this point in the discussion that talk of babies and bathwater arises. To be sure, no library should arbitrarily discontinue one service and start another, but that happens seldom. The challenge is not keeping the baby, which all agree is a good thing, but rather identifying what is baby and what is bathwater. It does not disrespect the past to adopt new methods for acquiring, managing, and using information, to define a broader scope for information within the library's purview, or to change the container within which information resides.

Historical precedent supports this view. Both the transition from wax tablets to paper and from hand-lettered manuscripts to printed books brought change to the way information was recorded and shared, but did not end the need to preserve information and make it accessible for reference and reuse. Similarly, moving from print to digital will neither remove that need nor the need for information expertise. As McClure noted, "The roles of the librarian will continue to evolve and change as our institutions and practices change to support the needs of our faculty, staff, researchers, and students, but the librarian will continue to be the intellectual engine that makes it so. What will not change is that the fundamental role of the librarian is to seek and discover knowledge and in whatever ways possible to provide that knowledge to others." [2]

The reality is that the need for expertise has changed, or rather, the information work requiring expertise is not that same as it once was. The gateway to medical information has moved from *Index Medicus* to PubMed to Google, and Google has put the keys to the gate in everyone's hand. It is true that students, residents, physicians, and other healthcare providers do not uniformly execute well-constructed searches that retrieve all the relevant articles, and that they often overestimate their information retrieval expertise. It is also true that every request for information is not a request for an exhaustive bibliography. Sometimes, one article or a simple answer is all that is needed, and the non-librarian searcher will defend his or her efforts as good enough for the purpose.

"Good enough" could be interpreted to mean "mediocre," but I prefer to think of it as meaning "appropriate." Clayton Christensen describes the

evolution of products and services beyond the capacity of customers to use [7]. Rather than pay an increased price for unnecessary functionality, the customers turn to a good enough solution that meets their needs and costs less. Producers and remaining customers of the original may view the competition as inferior while the adopters of the new solution see it as appropriate. As time passes, additional features of the original become more and more esoteric and less and less necessary for most people. Market share shrinks, prices increase to offset, and over time the original producer implodes. In the context above, one group sees "good enough" as an insult and the other as a compliment, but it is the second group that thrives.

Pragmatism comes into play as well. What value does the library add when librarians do work that anyone can do for himself or herself? If a student or clerical assistant can run a good enough search, why pay a higher cost for a librarian to run one? This may sound like a lose-lose situation, or the librarian's dilemma, but it is not. There is opportunity at the intersection of pragmatism and good enough.

By identifying work that does not require librarian expertise and shifting that work to other library staff or outside the library entirely, we free the resources we need to construct our endless road to the future. It is in constructing our new road that we need to call on the librarian's expertise. Health sciences librarians must look up from where they are placing their feet to see the entire map before them, and identify the future and the direction of their parent organization. Our libraries cannot have stand-alone missions; they must see the mission of the hospital or university as their mission, and strategize how to achieve that overarching goal through their work.

The big picture view and the alignment with organizational mission are the path; what are the steps? Each institution is different, but listed below are ideas from my own experience and that of colleagues.

- Stop trying to sell library services and resources. Instead, get to know the faculty, staff, and students and understand what goals they are working to achieve and what problems they need to solve. Show what you bring to the table as a partner in achieving goals and solving problems;

- Think broadly about what contributions librarians can make to the work of the institution. Where can they add value? What can they do that is not good enough when done by someone less knowledgeable and less skilled?
- Think of the library as a partner and collaborator, not as a support service, and use language and act in ways that reflect that;
- Think of librarians as equal partners with faculty, having unique but equally valuable expertise, and use language and act in ways that reflect that;
- Think of the library as a dynamic collection of people, knowledge, and expertise, not as a collection of information resources and a space to access them;
- Be part of the curriculum rather than teach stand-alone classes; be part of the entire scholarly communication research and funding cycle rather

than waiting for a question or a request; be an author and not an acknowledgement;

- Be bold;
- Be prepared to fail, learn from failure, and take the next bold step;
- Do not take rejection personally.

The overall themes are collaboration, engagement, relevance, and expertise, all invoking actions that require a librarian rather than a building or a collection. This brings me back to the opening paragraph and the definition of the library as people: that library is present now, in librarians who work in health sciences libraries every day. Those librarians are building the roads forward. They are creating the future, and they are the future.

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