

# Reporting Structure of Academic Health Science Libraries

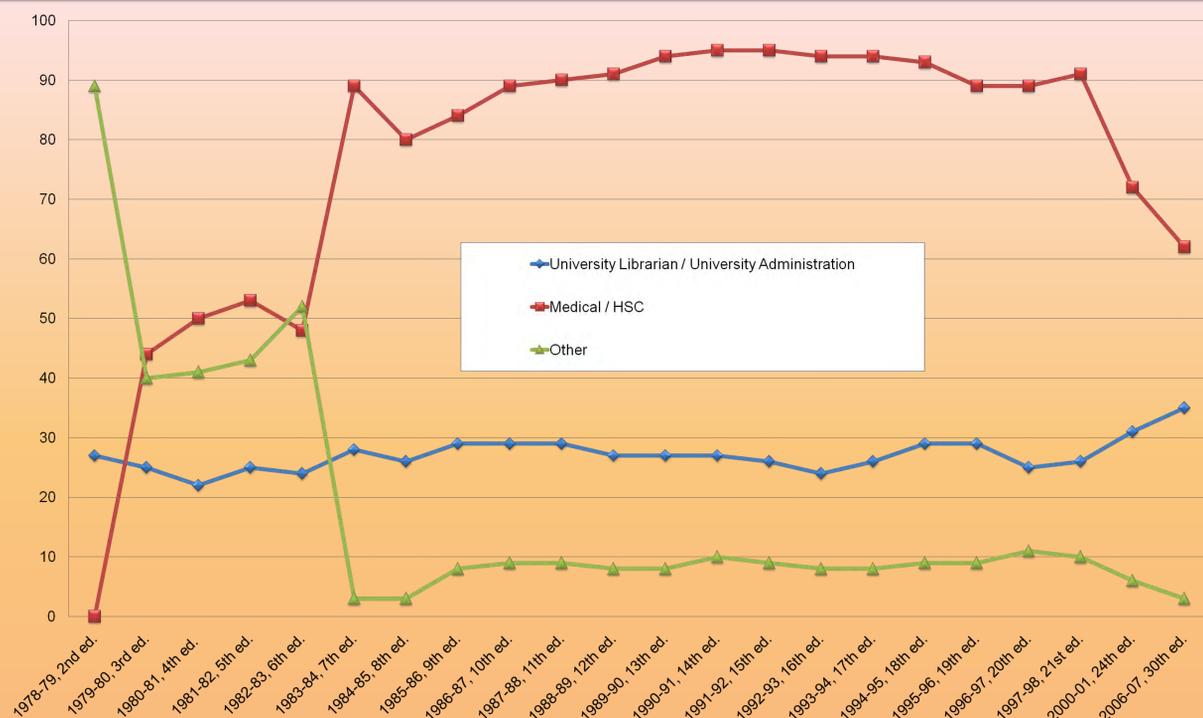
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## Introduction and Methodology

There exist a variety of reporting models for university academic health center libraries. We have examined these reporting structures using the *Annual Statistics of Medical School Libraries in the United States and Canada* (2<sup>nd</sup> – 30<sup>th</sup> editions), an online survey of health science library directors via the AASHL list (response rate 48.6%), and interviews with a subset of those directors (N=6). We have identified trends in reporting structure, catalysts and rationale for change from one model to another, satisfaction level, perceived strengths and weaknesses of each model, and the criteria (regardless of model) that facilitate optimal service provision to library users.

## AAHSL Statistics

This chart details the trend of increased external reporting lines of US academic medical and health science libraries



## Online Survey Results

Those reporting to a Top HSC or Top College administrator had the highest level of satisfaction. Those reporting to a Top Library administrator or in the "other" category were the least satisfied (see table below). The two charts to the right illustrate perceived strengths and weaknesses of HSC versus Main Campus reporting based on binned open-ended responses.

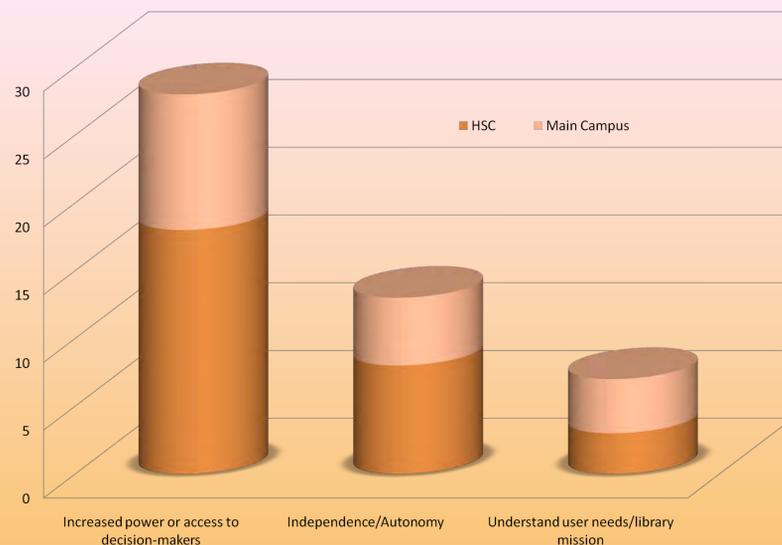
Reports to	Satisfaction Level
<b>HSC, Top</b> (n=8) One no response	75% Very Satisfied 12.5% Somewhat Satisfied 12.5% Not Satisfied
<b>HSC, Secondary</b> (n=8)	50% Very Satisfied 37.5% Somewhat Satisfied 12.5% Not Satisfied
<b>HSC College, Top</b> (n=12)	75% Very Satisfied 25% Somewhat Satisfied 0% Not Satisfied
<b>HSC College, Secondary</b> (n=4)	75% Very Satisfied 25% Somewhat Satisfied 0% Not Satisfied
<b>Libraries, Top</b> (n=15)	47% Very Satisfied 40% Somewhat Satisfied 13% Not Satisfied
<b>Libraries, Secondary</b> (n=2)	0% Very Satisfied 100% Somewhat Satisfied 0% Not Satisfied
<b>University Administrator</b> (n=13)	46% Very Satisfied 46% Somewhat Satisfied 8% Not Satisfied
<b>Other</b> (n=5)	80% Very Satisfied 0% Somewhat Satisfied 20% Not Satisfied

Survey participants were asked to rank their freedom to make decisions (yes, partial, no) in three areas - budgetary, administrative, and service provision. Responses subdivided by reporting location and level are illustrated below.

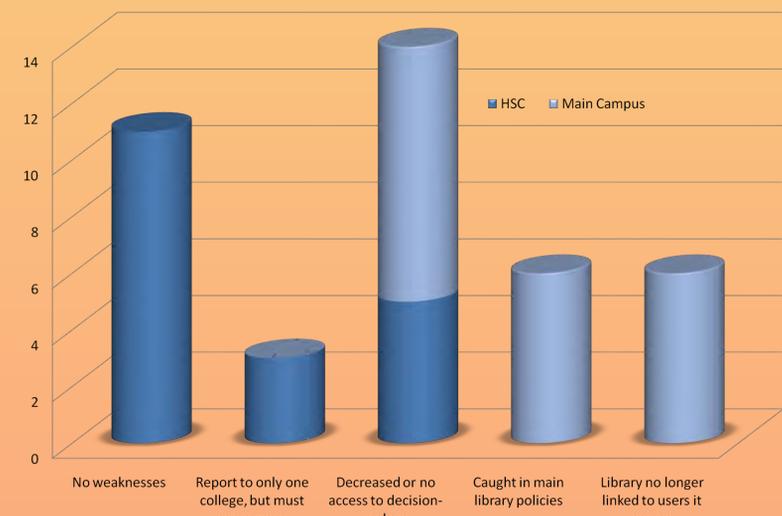
Reports to	Total Responses	Yes to Budget Decisions	Yes to Administrative Decisions	Yes to Service Decisions	Mean Power Ranking *
<b>HSC, Top</b>	9	7 (78%)	8 (89%)	7 (78%)	2.0
<b>HSC, Secondary</b>	8	8 (100%)	8 (100%)	8 (100%)	1.0
<b>HSC College, Top</b>	12	10 (83%)	12 (100%)	10 (83%)	1.3
<b>HSC College, Secondary</b>	4	4 (100%)	4 (100%)	4 (100%)	1.0
<b>Libraries, Top</b>	15	3 (20%)	5 (33%)	7 (47%)	5.3
<b>Libraries, Secondary</b>	2 (only one answered decision questions)	1 (50%)	1 (50%)	1 (50%)	4.0
<b>University Administrator</b>	13	9 (69%)	11 (85%)	11 (85%)	1.9

\*Power rankings ranged from 1 (best; three "yes" responses) through 10 (worst; three "no" responses), with each possible combination of "yes", "no" and "partial" represented by an appropriate numerical score.

Strengths of Current Reporting Structure



Weaknesses of Current Reporting Structure



## Additional Points of Interest

- ▶ The most common catalyst for library directors' reporting structure change was a structural reorganization or a change in personnel at the health science center or university level.
- ▶ Criteria for optimal service provision include: Close contact with primary clientele (creative means may be necessary), independence in decision-making, and a lack of micromanagement.
- ▶ For the most part, the "official" level of administrator to whom a director reports was thought to be less important than the effective influence, interest, and/or knowledge of that person.
- ▶ It is a common belief in the field of health sciences librarianship that HSC libraries, in response to the specific information needs of their clients, differ in

important ways from non-health libraries. This belief was articulated in many of the open-ended survey responses as well as in the interviews. However, we found in the literature no evidence-based overviews of these differences and how they relate to reporting structure. Based on the data reported by HSC library directors, it is clear that it is possible in some instances for an HSC library to be successful when it reports outside the HSC. Is there an optimal reporting structure for health science libraries? This project uncovered numerous perceptions and anecdotes, but additional research using a more evidence-based approach tied specifically to user differences, library responses to those differences, and success of mission is an obvious next step.

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