



### *Editorial*

#### **What is Evidence?**

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Lately, I have been pondering what we really mean when we say “evidence based practice”? In LIS, we all know the definitions that have been proposed (Booth 2000, Eldredge 2000, Crumley and Koufogiannakis 2002), and which have not ever really been challenged. But have we ever said explicitly what qualifies as evidence in this model? The underlying assumption seems to be that evidence is research, hence, we are really talking about research-based practice, but we don’t actually use that term.

Higgs and Jones (2000) note that evidence is “knowledge derived from a variety of sources that has been subjected to testing and has found to be credible.” The Oxford English Dictionary states that evidence is “something serving as a proof” (OED, 2011). Neither of these definitions of evidence notes that evidence equals research; research is only one form of evidence. It certainly isn’t the only form of evidence – so what, then, constitutes evidence?

Rycroff-Malone et al. (2004) state that that in order for evidence based practice to create a broader evidence base in nursing, “the

external, scientific and the internal, intuitive” need to be brought together. The external, scientific is what evidence based practice has been focused on, in the form of scientific research, but Rycroff-Malone et al. note that other elements such as clinical experience, patient experience, and information from the local context also need to be considered.

In library and information practice, what are the other forms of evidence we need to consider? I propose that while research evidence is of high importance to our profession and knowledge, LIS practitioners need to first of all consider local evidence. Local evidence is found in our working environment and specific to the context in which we carry out our work. It includes such things as our experiences with patrons in particular contexts, and what we observe to work in such situations, assessment of programs, feedback from our users, project evaluations, and accumulated experiences over the course of careers. These things are not easily shared and often do not find a place in publications because they are too local. But data that comes from a local context is in fact often the most important evidence source that

a LIS professional can consult because it gives us information that is directly applicable to, and about our users. For example, usage stats on ejournals, feedback and comments about our services, usability testing on a website, titles on our interlibrary loan requests; these are just a few examples of local evidence that is invaluable to our decision making. This local data doesn't often mean much to others, but it is of utmost importance to our local knowledge. The trick is to figure out what local information to collect, and how to use it. And remember to use it. This is where others' experiences of how they use such local evidence can give us ideas and inspiration.

As well, we hold a great deal of evidence in our professional knowledge that progressively is built up by library and information professionals over the course of their career. Much of this is tacit, but worthwhile trying to draw out and make explicit. Evidence is shown to us every single day - as we practice our profession, we learn what works and what doesn't in certain situations. We have practical, real-life experiences to draw upon that are wrapped in different contexts. As professionals we have foundations that form the basis of our knowledge, in a field where we have already learned from our education, training, and on-the-job experience. We build up skills and know-how that are not necessarily written down, but which provide us with a great deal of specialized knowledge. As we learn how to most effectively provide good service, or build quality collections for our users, or build relationships within our community, all these things provide us with evidence of how to be a better professional. That does not mean that we can just rely on these experiences, however, but rather that through reflection and critical thinking we will see where things may be improved and begin to investigate ways to make them better. Without that initial evidence coming from our experience, we would not even know how or when to question or critique such things. Hence, the initial evidence of "what do I know" becomes an area that is crucial to future research that will be of value to practice improvement.

We need to start thinking about how we put all these different pieces of evidence together to make the best decisions possible. I don't write this to dismiss what those in the EBLIP movement are doing (certainly, I am part of that movement, and hope to contribute to its progression). Rather, I pose these things as considerations and challenges for us to make evidence-based/evidence-informed/practice-based evidence, better and more applicable to practitioners.

So, what does this journal do to aid in pulling together these different pieces of evidence? Well, first and foremost we publish in an open access manner so anyone who needs to can access the content we provide. The types of evidence we publish in this journal are varied, but we have taken several different approaches. Firstly, we publish relevant research that has been vetted through peer review. This is a traditional role in publishing scholarly work, and we believe it is important. Secondly, we publish evidence that comes from critically appraising previously published studies – this is a type of meta-evidence wherein writers of evidence summaries must bring their professional experience and training to bear on the critiques they write. It lends readers another professional opinion (also vetted through peer review), to help educate and inform readers to make up their mind about the quality and value of the original research study. The same can be said of our "classics" which entail the same process but with works that have stood the test of time and still hold relevance for today. Our EBL101 column is similar in that it synthesizes small aspects of evidence based practice or research that help educate the reader about particular elements of evidence based practice. Finally, we publish Commentaries and the Using Evidence in Practice section, which provide practitioner insights and reflections about their work at a local level. These are useful in helping readers apply similar strategies to their own practice, or imbue them with ideas from which their own evaluation of their practice can occur. Commentaries also allow new ideas to take shape, or critiques of particular aspects of

evidence based practice, to reach readers, allowing for continued discussion and debate.

Pulling together the published evidence with local evidence and insights is not an easy task. I think it resides in each individual professional who wishes to do their best work while including research evidence to support that work. Talking about being evidence based and making explicit some of the factors that do not make this process an easy one, is one of the first steps to enabling the process to become more meaningful and allow individual practitioners to have ownership of it in their own way.

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