

Health sciences librarians' awareness and assessment of the Medical Library Association *Code of Ethics for Health Sciences Librarianship*: the results of a membership survey

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Objective: The Medical Library Association (MLA) Board of Directors and president charged an Ethical Awareness Task Force and recommended a survey to determine MLA members' awareness of and opinions about the current Code of Ethics for Health Sciences Librarianship.

Methods: The task force and MLA staff crafted a survey to determine: (1) awareness of the MLA code and its provisions, (2) use of the MLA code to resolve professional ethical issues, (3) consultation of other ethical codes or guides, (4) views regarding the relative importance of the eleven MLA code statements, (5) challenges experienced in following any MLA code provisions, and (6) ethical problems not clearly addressed by the code.

Results: Over 500 members responded (similar to previous MLA surveys), and while most were aware of the code, over 30% could not remember when they had last read or thought about it, and nearly half had also referred to other codes or guidelines. The large majority thought that: (1) all code statements were equally important, (2) none were particularly difficult or challenging to follow, and (3) the code covered every ethical challenge encountered in their professional work.

Implications: Comments provided by respondents who disagreed with the majority views suggest that the MLA code could usefully include a supplementary guide with practical advice on how to reason through a number of ethically challenging situations that are typically encountered by health sciences librarians.

INTRODUCTION

Background and purpose

While considering the priorities for her 2013/14 year as Medical Library Association (MLA) president, Dixie A. Jones, AHIP, noted that it had been nearly five years since a task force had reviewed the *MLA Code of Ethics for Health Sciences Librarianship* (2010) [1]. Feeling that the association needs to periodically review the code and call attention to its existence as a guide to ethical behavior, especially for newer members who might not realize that MLA has a code of ethics, in spring 2013, she asked the MLA Board of Directors to charge an MLA Ethical Awareness Task Force and recommended that, in addition to other objectives centered around creating general ethical awareness and generating discussion of ethical issues, the nine-member task force should conduct a survey to determine MLA members' awareness of and opinions about the MLA code.


Members of the task force—working in consultation with President Jones, MLA Executive Director Carla J. Funk, CAE, and MLA Membership, Research, and Information Systems Director Kate E. Corcoran—crafted a survey instrument with the goal of determining: (1) members' awareness of the existence of

and the provisions in the code, (2) members' recent reading or use of the code to resolve professional ethical issues, (3) members' use of ethics codes from other library associations or other related professions, (4) members' views regarding the relative importance or centrality of the eleven statements in the MLA code, (5) members' views regarding the difficulty or challenges that they had experienced in following any of the eleven statements of the MLA code, and (6) members' encounters with any professional situations that were not clearly addressed by the MLA code. The survey also included questions at the end to categorize the responses by the respondents' primary work setting, age group, years of professional experience, and gender.

Literature review

To provide a historical and comparative professional context for this survey study, the authors reviewed the library and information sciences literature for the past approximately 25 years, looking for other studies that have surveyed library professionals regarding their perceptions or uses of codes of ethics. In summer 2014, we searched both the Library Literature and Information Sciences and Library, Information Sciences & Technology Abstracts databases, combining variations of the keywords "ethics" with variations of the term "surveys." These searches retrieved a combined total of about 200 different potentially relevant publications. A review of the titles and abstracts, and full text when needed, narrowed the results to just 12 relevant survey studies published between 1987 and 2012.

 This article has been approved for the Medical Library Association's Independent Reading Program <<http://www.mlanet.org/education/irp/>>.

 A supplemental appendix and supplemental Table 1 and Table 2 are available with the online version of this journal.

The articles' survey populations included American Library Association (ALA) members, Special Libraries Association members, leaders of library associations, US academic and health sciences librarians, state associations, and librarians from Norway, Russia, and the United Kingdom. Although the level of familiarity with codes of ethics varied from survey to survey, the primary ethical principles remained the same in most instances: patron privacy, equality of access, intellectual freedom and censorship, preservation of the intellectual record, copyright, and control of the Internet.

In an ALA survey about patron privacy, 76% of respondents agreed that libraries were doing all they can to prevent unauthorized access to personal information [2]. Academic librarians in one study identified service to clientele, intellectual freedom, and information literacy as the top ethical values [3]. Health sciences librarians in one state rated confidentiality and privacy, access to information, professional competence and integrity, and censorship as the most critical issues [4].

Among those who were asked about the impact of a code of ethics on their daily work, only 13% of academic librarians in one study completely agreed that the ALA Code of Ethics (COE) was a useful tool, although those who were more familiar with the ALA COE were more likely to have taken action in response to observing a code violation [5]. In a study of library managers, 21% were unfamiliar with the ALA COE, and 83% thought it was not appropriate to post the code for patrons to read [6]. Two additional articles reported a higher awareness and use of the ALA COE [7, 8].

Preservation of the intellectual record was an important principle for the non-US librarians, and they shared the US librarians' opinions that the patrons' interests were a top value [9–11]. Librarians in the United Kingdom were more aware of their association's codes of ethics than their US counterparts [12]. One study combined leaders from US and UK organizations, finding that all had similar ethical concerns [13].

METHODOLOGY

The survey for this study was conducted using MLA's licensed instance of the web-based SurveyMonkey software [14]. MLA staff coded the questions, using draft versions provided by the task force, and then provided access to the draft survey for all members of the task force to review and edit. The final survey included 8 questions focused on the *MLA Code of Ethics for Health Sciences Librarianship*. The survey instrument also included a copy of the full text of the code's 11 principles for direct reference in answering questions 2 through 6. As noted previously, the survey concluded with 4 questions asking respondents to indicate their primary work settings, age groups, number of years (in 5 to 10 year ranges) of professional experience, and genders. A copy of the full text of the survey, including the eleven principle

statements in the MLA code, is provided in the online only appendix.

Since this survey was restricted to active MLA members, with the goal of better understanding and improving members' ability to make effective use of this association resource, we did not seek formal approval from an institutional review board (IRB) for the study methods. The task force chair did consult informally with the chair of the State University of New York at Buffalo Social Sciences IRB, who advised that the survey would have almost certainly qualified for exemption if it had been submitted for review. Rather than deliberately selecting a sample of MLA members to survey, the task force decided to invite almost all MLA members to participate. An invitation appeared in *MLA-FOCUS*, an email newsletter, that, in September 2013, was distributed bimonthly to those 2,922 MLA members who had not opted out of email communications from the association. No personal information was collected from survey participants. Internet protocol (IP) addresses were collected automatically from participants, but these were used by the MLA headquarters survey manager solely to remove duplicate responses. IP information was not provided to the Ethical Awareness Task Force members or to the survey analysts.

Our analysis of the survey response data included both simple frequency counts and percentage tabulations of the responses to each survey question. It is important to note that the initial survey response tabulations were revised based on a more careful analysis of the responses to the demographic question regarding "primary work setting" (Q9). This analysis showed that 42 of the Q9 responses needed to be changed to another category, based on the respondents' answers to the open-ended text description of "other library type," which these respondents included as part of their responses. In these 42 cases, respondents' descriptions did not match the response categories that they had checked on the survey in Q9. We changed these responses to the category indicated by the text that they entered. The final tabulations and cross-tabulations reported in the "Results" include these changes. These Q9 changes resulted in a modest broadening of the "Special library in a for-profit business setting" response category. Since a few respondents indicated in their text responses for "other library type" that they worked in a nonprofit association or other business-like setting, we also changed these to be part of this "business setting" category. Additionally, these changes helped to make a more consistent distinction in the responses between the first 2 response categories for Q9. "Academic health sciences library serving a school of medicine" was changed to include *all* responses for respondents working in libraries that serve a medical school, as well as those that also serve other schools in addition to medicine. And, finally, "Academic library serving health professions programs" was broadened to include respondents who worked in any other academic library setting that did not serve a school of medicine.

Finally, in addition to the open ended, "other" component of the primary work setting demographic question (Q9), we also tabulated and categorized the open-ended text responses for 5 of the survey questions: Q2, descriptions of other codes of ethics or guidelines that some respondents said they used in addition to the MLA code to guide their professional activities; Q4, why some respondents thought some MLA code principles were more important than others; Q5, why some respondents thought some MLA code principles were less important than others; Q7, some respondents' descriptions of the difficulties or challenges that they had faced with some MLA code principles; and Q8, some respondents' descriptions of ethical challenges, dilemmas, or concerns they felt were not clearly addressed by the MLA code.

RESULTS

Characteristics of survey responses and respondents

When the survey closed on October 1, 2013, 552 MLA members had opened and completed at least 1 of the questions. To ensure that the data analysis would be uniform and complete, we eliminated 37 survey responses that were duplicates or were significantly incomplete. Thus, the data included in this analysis are based on 515 MLA member responses, for a response rate of about 17.6%. The last 4 survey questions (Q9–Q12) provide an overview of the general characteristics of the MLA members who responded to this survey.

The largest single group of respondents, by a narrow margin, worked in hospital settings (34%), followed closely by those in academic medical centers with a school of medicine (33%) and in other academic settings (21%). Those working in government agencies, for-profit or nonprofit businesses, or a range of other settings together made up less than 12% of the respondents. As noted previously in the "Methods" section, 42 of the 67 descriptions of "other library type" were used to revise the counts in this question's response categories. Other settings mentioned were university faculty (4), retired (3), independent consultant (2), consumer health (2), student or new graduate (2), and unemployed (2). A large majority (60%) of these MLA members were older than 50 years, 23% were between 36 and 50 years old, and less than 17% were 35 years old or younger. Respondents, collectively, had a great deal of professional experience. Over 31% had more than 25 years of professional health sciences work experience, and another 30% had been working for at least 10 years. Less than 20% were relatively new to health sciences librarianship. Finally, the responses to Q12, "What is your gender?", clearly reflected the overall gender makeup of this profession, with men making up only a little over 12% of the respondents.

The demographics of this self-selected sample of MLA members, with a few minor exceptions, matched well with two other recent MLA member surveys: the 2012 MLA member salary survey and the

early 2007 MLA member survey [15, 16]. The age group distribution of responses for all three surveys was almost identical, as was the gender distribution for this survey and the 2012 salary survey, as well as the distribution of years of professional experience for this survey and the 2007 member survey. However, the distribution of responses from members in various work settings in the three surveys suggested that hospital librarians might be somewhat underrepresented in this survey and that academic librarians might be somewhat overrepresented (Table 1, online only).

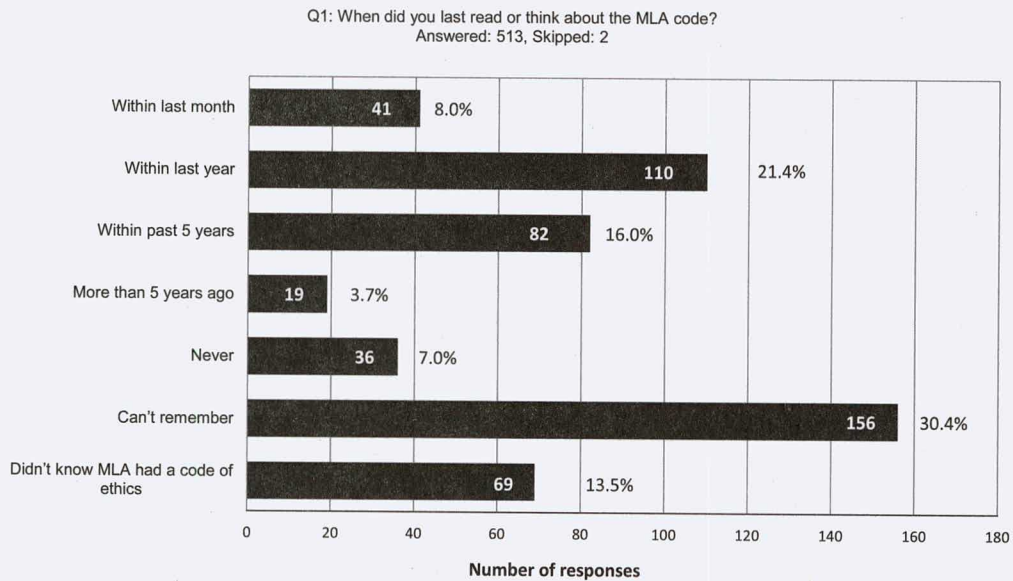
Finally, although this survey did not include a question about the country where the member worked (MLA does have many members in Canada and other countries), it is likely that a few responses were submitted by Canadian members and other international members, because the responses to Q2 ("Are there any other codes...[you] have used to guide your professional activities?") included mentions of the Canadian Health Libraries Association/ Association des bibliothèques de la santé du Canada code of ethics and other national library association codes. (Analysis of this question appears in the next section of the "Results.")

Awareness and use of the Medical Library Association (MLA) code and other ethics codes

Interestingly, and perhaps not surprisingly, over 30% of the responses to Q1, which asked, "when was the last time you read or thought about the MLA Code of Ethics?", were from members who could not remember the last time they had looked at the code, and another 20% either did not even know that MLA has a code of ethics (13.5%) or had never looked at or thought about the code (7%) (Figure 1). The vast majority of those who responded that they had looked at the code (233 of 252, 93%) did so fairly recently, that is, within the last 5 years or less.

The next question (Q2) asked whether the member respondents had referred to codes of ethics from other professional library associations or from other professions to guide their professional activities, and the question provided a text box to list any other codes consulted. Less than half of the respondents (47.9%) responded that "yes" they had referred to other codes. However, as with the question reporting the respondents' primary work settings (Q9 described above), a number of the respondents (8) who indicated they did *not* refer to any other codes, nevertheless, did list 1 or more others in the text box. Those 8 respondents are included among the 245 who responded that, "Yes," they did consult other codes. These other "codes of ethics," described by 230 respondents, included a rather large number of different library association and other professional codes as well as other published guidelines, legal codes, and even religious texts. The single most frequently cited other code, by a wide margin, was the ALA COE. Most respondents cited only a single other code or guideline, but a few cited many others (in one case, 11 others), with an average of 1.30 other

Figure 1
Responses to survey question 1



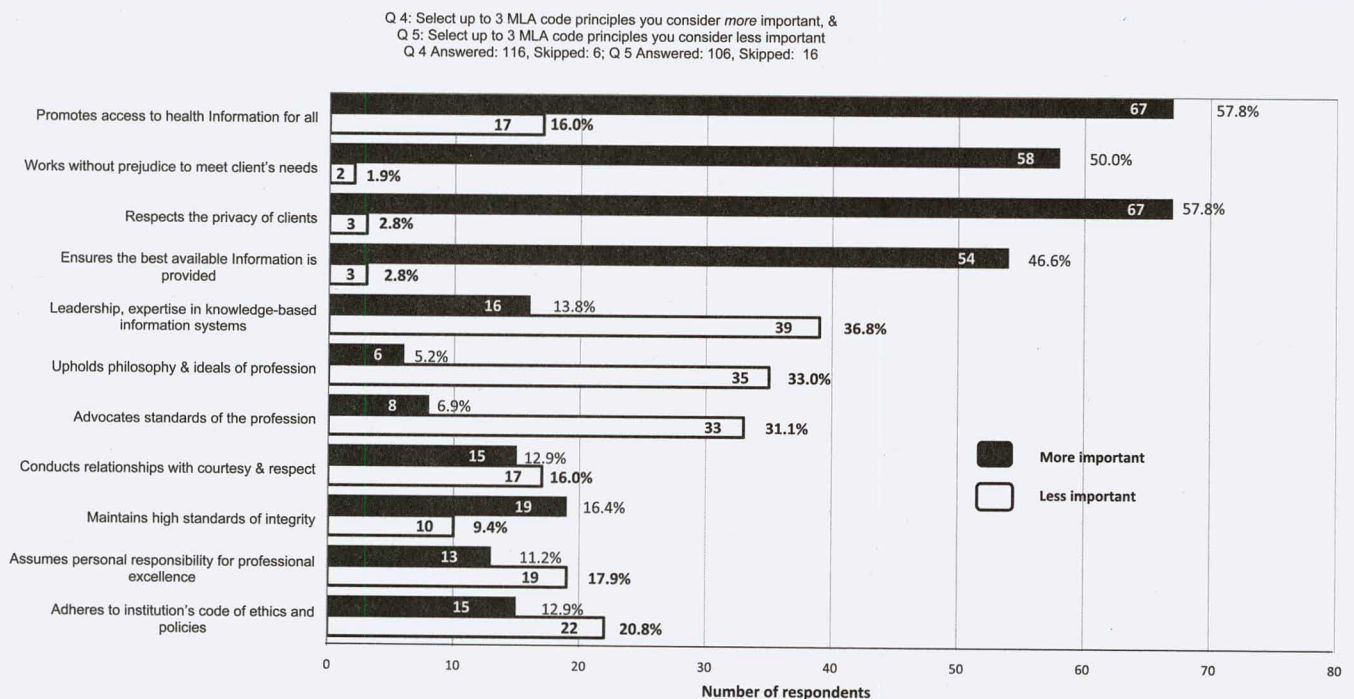
codes cited per respondent (the other cited codes and frequencies appear in Table 2, online only).

Relative "importance" of the MLA code principles

After reviewing all 11 MLA code principles included in the survey, a substantial majority of the respon-

dents (393, 76.3%) said in Q3 that all of the code principles are "equally important or central for the ethical practice of health sciences librarianship." The other 122 respondents (23.7%) who said they thought they thought that "one or more of the principles were more (or less) important or central" were then asked (in Q4) to select up to 3 of these MLA code principles

Figure 2
Summary of responses to survey questions 4 and 5*



* Q4 and Q5 responses were limited to the 122 respondents who said in Q3 that some of the MLA code principles were "more (or less) important or central."

Table 3
Summary of respondent comments on why they thought up to three MLA code principles were either *more* important (Q4) or *less* important (Q5)*

The MLA code of ethics principles	Comments on principles considered <i>MORE IMPORTANT</i> (Q4) (Total: 70 comments)		Comments on principles considered <i>LESS IMPORTANT</i> (Q5) (Total: 80 comments)	
	Number focused on each principle	(% of total)	Number focused on each principle	(% of total)
1. Promotes access to health information for all	41	58.6%	11	13.8%
				<ul style="list-style-type: none"> ▪ I think our first principle encompasses and guides the other principles, and sets the ideal for our profession. ▪ Our responsibility to provide uncensored and unbiased services [is at] the core of what we do. ▪ Should be extremely vigilant in advocating reliable information [is] available to everyone. ▪ I believe that client-centered ethics is most important.
2. Works without prejudice to meet client's needs	33	47.1%	1	1.3%
				<ul style="list-style-type: none"> ▪ [What] we do with the individual clients is the most important aspect of our work. ▪ It is crucial that...judgments are not made about the information or the individual. ▪ Patrons/clients need to know that they can get assistance from a librarian who is nonjudgmental. ▪ [Has] to do with the main professional interests and roles of the librarian.
3. Respects the privacy of clients	40	57.1%	1	1.3%
				<ul style="list-style-type: none"> ▪ The user is always entitled to...be able to trust that his/her privacy will not be compromised in any way. ▪ Philosophical goals are important, [but] most workplaces [emphasize customer] privacy and well-being. ▪ It is crucial that individuals [can] access desired information, knowing their privacy is respected. ▪ These goals center on the user who should be the focus of the professional-client relationship.
4. Ensures the best available information is provided	28	40.0%	1	1.3%
				<ul style="list-style-type: none"> ▪ Consistent with applicable laws, user is always entitled to our best efforts & best pertinent information available. ▪ Patrons need to know they can get assistance from a librarian who...can provide accurate research assistance. ▪ Fundamental relationship...is between the librarian and client, so ethical issues of that relationship come first. ▪ Central to what we do. We treat everyone the same, and we provide the best information we can.
5. Provides institutional leadership and expertise	11	15.7%	27	33.7%
				<ul style="list-style-type: none"> ▪ Librarian is "key" expert in [all aspects] of knowledge-based information for the institution. ▪ "Provides leadership..." feels most relevant to those working within health care organizations.
				<ul style="list-style-type: none"> ▪ These are abstract ideals distant from daily practice. ▪ Society at large is beyond my sphere of influence—prioritize the patrons at my institution. ▪ I am unable to promote access to information for all due to licensing restrictions that are beyond my control. ▪ Because [is an] obvious workplace (not just librarian) goal.
				<ul style="list-style-type: none"> ▪ In a small setting, [we sometimes need] to divulge information [such as location of a checked-out] book. ▪ "Best available" is moving target...[if] available in one [place] may not be in another—a serious problem. ▪ Needs to be actual <i>moral issue</i>, not just something we think is a good for professional practice. ▪ Librarians do not all work in institutions.

Table 3
Continued

The MLA code of ethics principles	Comments on principles considered <i>MORE IMPORTANT</i> (Q4) (Total: 70 comments)		Comments on principles considered <i>LESS IMPORTANT</i> (Q5) (Total: 80 comments)	
	Number focused on each principle	(% of total)	Number focused on each principle	(% of total)
6. Upholds philosophy and ideals of profession	1	1.4%	19	23.8%
7. Advocates standards of the profession	3	4.3%	21	26.3%
8. Conducts relationships with courtesy and respect	6	8.6%	11	13.8%
9. Maintains high standards of integrity	11	15.7%	9	11.3%
10. Assumes personal responsibility for professional excellence	6	8.6%	16	20.0%

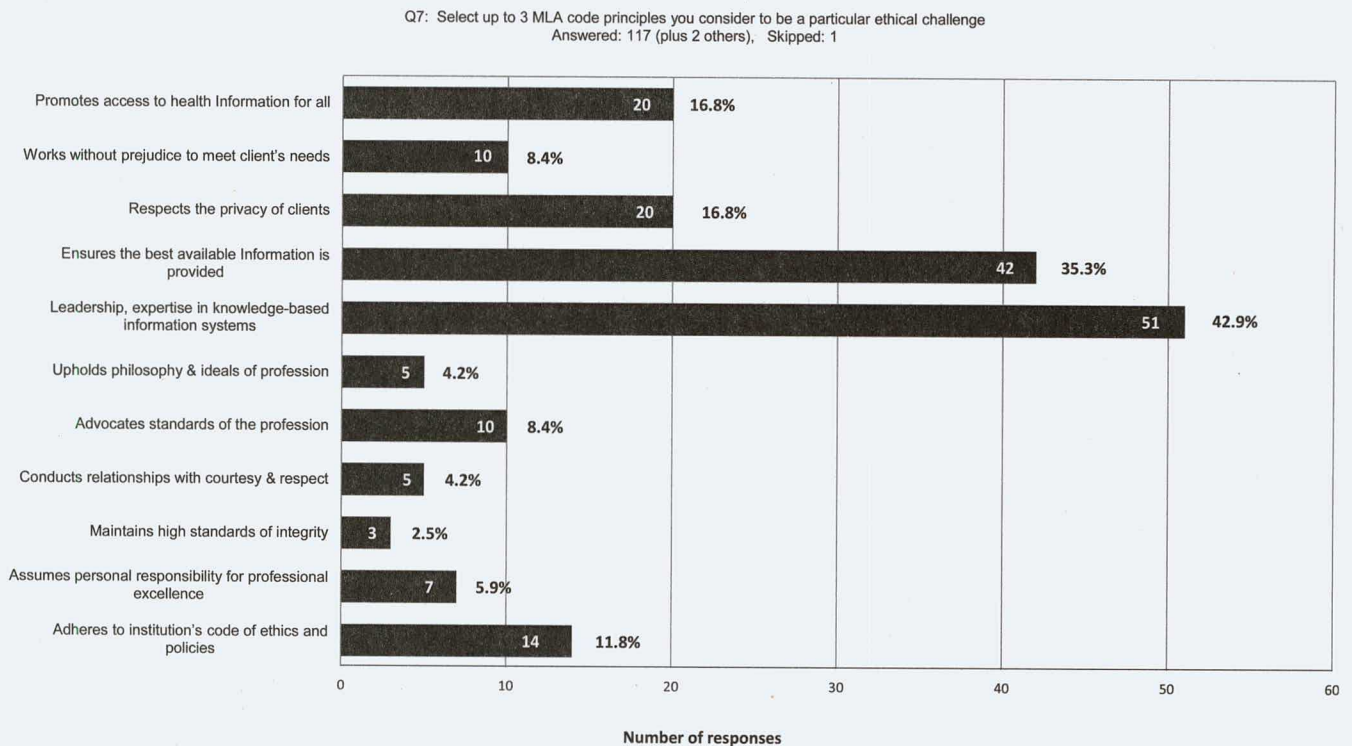
Examples	Examples
<ul style="list-style-type: none"> [We know] most about [these resources], so definitely should [provide] leadership & ethical management of [them]. [Seems more important now since our institution has recently had] some bad [unethical] leadership. 	<ul style="list-style-type: none"> These aren't unimportant but seem to be better classed as "best practices." Seem to be either natural aspects [professional] work or [related more to] aspirations than ethical demands. Though important, I think these are general and not unique to our profession. Is nebulous, and the point of our ethics is not to advance the profession but to serve the customer. It's a nice principle to be included, but not a solid actionable item. [Does] not deal with the actual job or task, ... not as concrete, ... and [does] not deal directly with patrons. This is important, but it doesn't belong in a code of ethics. See the definition of "ethics." In the big picture, I think this principle is not as important as others, and definitely not central. Ok, but again very vague, subjective, and open to wide interpretation as to be meaningless in a code of ethics. While these are worthy goals in general, they are less important when considering ethics.
<ul style="list-style-type: none"> Goals and principles that individual can achieve regardless of conflict with institution. These are the goals that reflect our purpose of best serving our users. The other goals support these. 	<ul style="list-style-type: none"> Repetitive. One or two [on] "professional integrity" could easily express the general goal of professionalism. Being courteous is a given in effective human interaction. [Is the result] of adhering to other principles in the MLA code rather than [its] own independent principle. If you follow all [the others], this one is unnecessary. That is, the [others] define professional integrity. Not specific to librarianship. Everyone should maintain high standards of integrity. Important [but] assumes...funding. [In hospitals we are] grossly underfunded & ignored by management.

Table 3
Continued

The MLA code of ethics principles	Comments on principles considered MORE IMPORTANT (Q4) (Total: 70 comments)		Comments on principles considered LESS IMPORTANT (Q5) (Total: 80 comments)	
	Number focused on each principle	(% of total)	Number focused on each principle	(% of total)
11. Adheres to institution's code of ethics and policies	10	14.3%	14	17.5%
	<ul style="list-style-type: none"> Represent to me the core principles of our professional ethics. Should [advocate] reliable information [for all]. But must also [work] within established guidelines [of] institution. Institution's conduct, conflict of interest, ...[policies] are very important—all staff should know & adhere to them. 		<ul style="list-style-type: none"> Marked ones that are less central but <i>not</i> less important. Personal responsibility for professional excellence is an internal, personal issue. Aspirational goal for individual professional development & responsibility, regardless of role in library. \$25 limit [on vendor] candy/USB drives...[not] same ethical [weight] as protecting personal health information. Goes into too much detail for these types of statements (gift policies). Think that's actually part of the institutional code of ethics, not MLA's. 	
No principles selected	1	1.4%	9	10.0%
			<ul style="list-style-type: none"> [Wouldn't say] any are <i>not</i> important—only that those dealing with patron vulnerabilities are <i>more</i> important. Some principles are more important, but don't need to single out from the rest some that are less important. 	

* Q4 and Q5 responses were limited to the 122 respondents who said in Q3 that some of the MLA code principles were "more (or less) important or central."

Figure 3
Summary of responses to survey question 7*



* Q7 responses were limited to the 118 respondents who said in Q6 that some of the MLA code principles were "difficult or challenging to follow."

that they considered either to be "more important" than the others and then (in Q5) up to 3 others that they considered to be "less important." The first 4 principles in the MLA code were selected much more frequently (each by around 50% of the 116 Q4 respondents) as being "more important" (Figure 2). The next 3 principles (provides leadership and expertise for the institution, advances and upholds professional philosophy and ideals, and advocates and advances knowledge and standards) were selected more frequently (each by about one-third of the 106 Q5 respondents) as being "less important."

Smaller majorities of the 122 respondents, who said they thought 1 or more of the MLA code principles was more or less important than the others, also provided brief explanations or comments about their choices. Of the 116 who selected 1, 2, or 3 principles as *more* important, 70 (60.3%) added an explanation or comment; and of the 106 who selected some principles as *less* important, 80 (75.5%) added an explanation or comment (Table 3).

"Difficulties or challenges" with the MLA code principles

In addition to what their perceptions of the importance of the MLA code principles were, we also asked in Q6 whether the respondents thought any of the principles were particularly difficult or challenging to follow in their professional activities. As with importance, a substantial majority (397, 77.1%) said they did not find

any of the code's principles to be difficult or challenging to follow. For those respondents who in Q6 said they thought 1 or more of the principles were difficult to challenging (118 respondents, 22.9%), Q7 asked them to select up to 3 principles that they considered to be a particular challenge. Almost all of these (117), plus 2 others (who had responded that they did not find any of the principles difficult or challenging!), selected 1 or more principles as particularly challenging, for a total of 119 responses to this question (Figure 3).

Two of the principles stand out in this analysis as being of particular concern to a large plurality of these respondents: "provides leadership and expertise in the design...[and so on, of] information systems that meet the information needs and obligations of the institution" (selected by nearly 43% of these respondents) and "ensures that the best available information is provided to the client" (selected by more than 35%). Again, almost all of these respondents (105 of 119), plus 3 others who did not make any selection (108 in all), added a prose description or comment about the challenges they had encountered with 1 or more of the principles (Table 4).

Issues not addressed by the MLA code principles

Q8, the last of the survey questions focused on members' assessments of the MLA code of ethics, asked if the member had encountered any professional ethical challenges, dilemmas, or concerns that were *not* clearly addressed by the principles in the

Table 4
Summary of 108 respondent comments in Q7 describing the challenges they had encountered with up to 3 MLA code principles*

The MLA code of ethics principles	Number focused on each principle	(% of total)	Examples
1. Promotes access to health information for all	16	14.8%	<ul style="list-style-type: none"> Conflicts with institution's policies of access. Library's constitution states "all health care practitioners have access" [but] licenses decree that only registered staff and students may access our resources in electronic formats. Many people don't care or understand "Freedom of inquiry, thought, and expression" [or] why it needs to be promoted. I encounter hostility to the concepts from some people. Economic environment [makes] it challenging to promote info access for all. We provide public access computers, [don't] have the funding to maintain and upgrade them, so...are reducing our efforts.
2. Works without prejudice to meet client's needs	9	8.3%	<ul style="list-style-type: none"> Hospital may require loyalty that dictates [making] them aware of potential harm or legal action because of work done in library (e.g., working with patients (or lawyers) who want to sue the hospital). It is difficult to work without prejudice to meet the client's information needs when the client is rude and disrespectful to library staff.
3. Respects the privacy of clients	18	16.7%	<ul style="list-style-type: none"> My manager and I had a long discussion over his demand that I pass along the names of people I did searches for. I refused and quoted our Code of Ethics but he was not impressed. I called in hospital's lawyer, who sided with me. Sometimes it helps to share a question with a colleague for help—and confidentially may be difficult. Within a corporate health care setting, confidentiality may be applied in a way that is different from a public library or academic setting. Requests to monitor for security in hospitals could place librarian gate keepers in a bind. Had two instances where a library user fit a state security alert. From computer search logs I could have matched up information. A dilemma.
4. Ensures the best available information is provided	40	37.0%	<ul style="list-style-type: none"> Budget constraints prevent purchasing some resources patrons request and [we have] no other means to provide some of these...has been ongoing for a couple of years now. Hard to ensure the best available information is provided...can be a matter of opinion or client can be doing their own searching without librarian's help. We do not necessarily have access to the best available information—we always try to inform client of the best available information but we cannot always <i>provide</i> that information. This is <i>highly</i> difficult given the current economic conditions for hospitals and the resultant budget cutting! Because much health information is gated, [providing] the best information to all in need is compromised in favor of those who can pay. Equality of access...[requires] open access to the literature of the health sciences.
5. Provides institutional leadership and expertise	46	42.6%	<ul style="list-style-type: none"> It is sometimes hard to stay present and visible to the administrators & key players in the institution. Depends on a librarian's position within the institution. Not all librarians are involved with the creation or development of institutional knowledge based systems. Organizational structure or lack of receptive <i>is</i> departments can hinder librarian's role. Can depend on the willingness of the institution/community to listen to input from librarians. I know not all institutions are equally supportive of librarians attempting to be involved in this process. Not an ethical challenge—rather a challenge to get to the table with input and expertise. In hospitals, [many] hurdles to get librarian involvement with "design, development, and ethical mgmt of"...<i>is</i> makes decisions re. infrastructure for systems...we only take part after access problems are reported.
6. Upholds philosophy and ideals of profession	4	3.7%	<ul style="list-style-type: none"> What is the philosophy of the organization? It's hard to advance and advocate when one doesn't know what [this is]. These are challenging only because I haven't really thought about them specifically in a long time (maybe since library school). Not that they aren't part of my day-to-day practice—I just haven't thought about them in a while.
7. Advocates standards of the profession	9	8.3%	<ul style="list-style-type: none"> Staff shortages and budget constraints [limit the time we can devote] to advancing the knowledge of our profession. Many [research] projects we would like to do, but would require neglecting others [that] support our mission. When the institutions goals and aims may potentially conflict with the profession's there is no guidance as to precedence.
8. Conducts relationships with courtesy and respect	3	2.8%	<ul style="list-style-type: none"> It is difficult to maintain respect when other "professionals" are not respectful. Call it office politics. The organization will suffer with this type of environment. Some colleagues [lack a] basic work ethic...have worked alongside librarians [with] no interest in promoting the profession, or making access to information easier for patrons, so it is difficult to treat them with courtesy and respect.
9. Maintains high standards of integrity	2	1.9%	<ul style="list-style-type: none"> Challenging to maintain professional integrity when one...is wondering [about] office politics...It is particularly [nonsensical] to behave in such an unprofessional manner at work. Integrity is hard to come by!
10. Assumes personal responsibility for professional excellence	6	5.6%	<ul style="list-style-type: none"> It is difficult to maintain professional excellence due to lack of time and budget for new materials/continuing education. Assuming personal responsibility for developing and maintaining professional excellence is difficult to uphold without proper support from colleagues, organizations, and institutions. No librarian is an island.
11. Adheres to institution's code of ethics and policies	12	11.1%	<ul style="list-style-type: none"> Religious institutions may limit/ban resources on certain topics, even when gifts. In personal experience, gifts/acquisitions possibly in conflict with institutional policy "disappeared" from the collection.

Table 4
Continued

The MLA code of ethics principles	Number focused on each principle	(% of total)	Examples
No principles selected	3	2.8%	<ul style="list-style-type: none"> ▪ [Try to] follow institution's ethics and regulations, [but] it isn't entirely clear and can put the library in compromising position. For example, institution doesn't have a copyright policy, whereas library [has] to interpret the law for our site. ▪ Sometimes hard to get staff to understand why we cannot let vendors give us gifts/meals (it's in our institution's [conflict of interest] COI policy). I think it's wrong to go to these parties, but many of my colleagues at other institutions disagree as well. ▪ Being a human being, sometimes it is hard to be "perfect." ▪ I work in a hospital setting where money is tight.

* Q7 responses were limited to the 118 respondents who said in Q6 that some of the MLA code principles were "difficult or challenging to follow."

MLA code. A very large majority of the respondents (84.5%) said that they had *not* encountered situations of this kind. Those who responded that, "yes," they had encountered professional ethical challenges not addressed by the MLA code were asked at the end of Q8 to briefly describe some examples of those challenges. All but 1 of the 79 "yes" respondents provided a comment or description of these challenges, plus an additional 5 who had responded "no" and 2 others who had skipped the first part of Q8, for a total of 85 comments (Table 5).

DISCUSSION

This survey, created by the MLA Ethical Awareness Task Force, measured MLA members' familiarity with and use of the MLA code of ethics, asking when they last viewed the code and whether they also consulted other codes of ethics or ethical guidelines. Over 30.0% of the respondents did not know when they had last viewed the code, with an additional 13.5% being unaware that MLA had a code of ethics. Nevertheless, most of the majority who *were* aware of the MLA code (233 of 252, or nearly half of all respondents) had referred to the code within the last 5 years. Just under half of the respondents noted they had referred to other codes, most often the ALA COE, although the codes of other organizations, legal guidelines, and religious texts were also mentioned by some.

The majority of survey respondents were aware that the MLA code of ethics existed (although it appears that most did not refer to it on a regular basis), which was a higher percentage of awareness than for the librarians surveyed in the other published studies we reviewed. However, MLA members agreed with those other survey respondents about the most important ethical principles and values for librarians. The review of the literature undertaken in preparation for this study showed that the majority of US librarians agreed that people should be able to control who sees their personal information, that codes of ethics have an important role in professionalism, and that service to patrons, equity of access, and intellectual freedom are the most important core ethical principles. This survey confirmed that MLA members shared these same core ethical values,

because while most respondents thought all of the values were equally important, those respondents who ranked the code principles most often chose the first three under clients and society as more important ("works without prejudice to meet the client's information needs," "promotes access to health information for all," and "maintains conditions of freedom of inquiry, thought, and expression"). In more than one of the other studies that we reviewed, relatively large numbers of participants were unfamiliar with the ALA COE (21% were unfamiliar in 1 case, 32% unfamiliar in another). Similarly, a rather large percentage of the MLA member respondents (over 41%) had never read or thought about the MLA code, could not remember when they had, or did not know that MLA had a code of ethics.

Finally, just over 77% of respondents did not find any of the principles of the code to be challenging to follow. Those who thought some of the code principles were more challenging to follow selected "provides leadership and expertise in the design...of information systems that meet the information needs and obligations of the institution" and "ensures that the best available information is provided to the client" as the most challenging.

Limitations

As with all survey research, this study had some limitations, including the method that we used to recruit respondents, which was not a scientifically random or demographically stratified sample. Instead, the MLA-FOCUS email newsletter invitations to participate were sent to almost all MLA members; thus, there were likely significant differences between those members who were likely to open those issues of MLA-FOCUS and decide to open this survey, and those who were more likely to not open those issues or to decide they did not want to participate, even with the incentive offered. Nevertheless, a large number of members did respond, and both the numbers and distribution of responses across work locations, age groups, levels of experience, and gender were all fairly comparable to the responses to previous MLA membership surveys. It should also be noted that the questions in this survey might have confused some respondents since we did not pretest

Table 5

Summary of 85 respondent comments from Q8 describing ethical issues they felt were not well addressed by the MLA code

Comment topic categories	Number addressing each topic category	(% of total)	Examples
Vendor relations	16	18.8%	<ul style="list-style-type: none"> ▪ What about dealing with vendors—institutional agreements, licensing, etc. I have heard people say things like “we will just ride your contract; the vendor will never know.” ▪ Vendor-funded meals and other giveaways. ▪ Nothing about financial conflicts of interest in working with vendors and publishers. Nothing about balancing license restrictions and community needs. ▪ I've had issues with upper management regarding requests to provide access beyond the scope of contracts with vendors. The code does not address ethical practice regarding legal agreements and/or laws. ▪ I find some vendors to be unethical (though legal) in the way they conduct their business yet the popularity of their product prohibits me from ceasing to do business with them. ▪ Sharing [database or journal] pricing with other libraries. Vendors like to keep this quiet,...this [makes it] difficult [since] if we were more aware of pricing, then we might be able to negotiate [more effectively].
Copyright/licensed compliance	15	17.6%	<ul style="list-style-type: none"> ▪ This may be minor, but in filling interlibrary loan requests, I have downloaded and sent original publisher PDFs instead of printing, scanning, and emailing a PDF copy. I do this, but fear it will come back to me at some point. ▪ The difficulties in providing information that people need and/or want but staying within the copyright law is a sticky situation. ▪ My work involves extensive use of multimedia. I think the ethical guidelines could be more explicit in covering legal and contractual obligations with regard to use of information and other resources. ▪ I serve as my organization's copyright compliance officer...adhering to legal standards for distributing information should be a professional obligation for all health librarians, and this is [not] explicit in the Code of Ethics. ▪ Nonprofits not paying copyright fees because they aren't “making money.” Systematic abuse of faculty and students in distributing print copies of journal articles (yes still in print). ▪ Nothing about balancing license restrictions and community needs.
Library personnel issues	7	8.2%	<ul style="list-style-type: none"> ▪ Unrelated to the appropriate content for MLA ethics statement, such as workplace bullying and discrimination. ▪ Those involving recruitment/retention/treatment of professional and paraprofessional employees—particularly when a senior employee is involved. ▪ Managing staff that do not have good work ethics and call in sick frequently because they feel blah...but I'm not sure how you would address that. ▪ Hiring/firing/funding ethics: hiring under presumed employment circumstances then changing the rules during that employment despite my seeking out specifics prior to hiring a position. Very difficult. I still think we did the wrong things. ▪ Would be useful to have a clause which would allow us to refuse providing information in cases where giving that information would lead to breaking the law (when this fact is known to us, of course).
Professional behavior	7	8.2%	<ul style="list-style-type: none"> ▪ [Have seen] incredible amount of unprofessional behaviors & communication styles ...this is a real challenge...also, MLA needs to address differences [between] individuals [in] major libraries & smaller hospital libraries. ▪ Have personal ethical concern with med librarians who aren't members & don't support MLA, yet negatively comment & expect MLA to advocate for [them]...challenges ethics of sharing my knowledge...from long relationship with MLA. ▪ I have observed several instances in which librarians were exceptionally rude in dealing with other information providers and less than “professional” in their dealings. ▪ How we relate to each other can be inferred but is not explicit. ▪ Observing bad ethical choices made by others and not doing anything about it as a result of changes in policy of same organization.
Service priority conflicts	6	7.1%	<ul style="list-style-type: none"> ▪ The dilemma of prioritizing competing requests—urgency, significance of the problem, status of the requestor (e.g., faculty vs student) can all contribute to this dilemma. ▪ The problems come when serving more than one client base, with different needs. ▪ Some healthcare professionals feel that their concerns take precedence over others; we aim to enfranchise all professionals in access to information in a timely manner. ▪ Physician interest vs. [other] client interest—need to carefully respect, support, and serve both. ▪ How do you give equal service to those who never ask for service but who you serve? How do we reach those who never ask, although they have need?
Confidentiality issues	6	7.1%	<ul style="list-style-type: none"> ▪ As the only health sciences librarian at my institution, I can't make other librarians aware of the some of the more unique health care privacy issues, nor do they seem to care. ▪ How people and confidential information should be treated. ▪ Role and use of technology/social media as it applies to confidentiality.

Table 5
Continued

Comment topic categories	Number addressing each topic category	(% of total)	Examples
Institutional policies	5	5.9%	<ul style="list-style-type: none"> ▪ Sometimes keeping questions asked completely confidential (no tracking, etc.), actually works against [helping] your institution...where you are trying to identify "trends," gaps in knowledge, or just in "pushing" out information. ▪ Helping individuals identify potential research partners while maintaining patron confidentiality—can be done but education on this issue may need to be addressed by MLA. ▪ When the institution's own guidelines are unclear or changing. ▪ It can be challenging to not provide service to people unaffiliated with our institution. ▪ Knowing that patron could use help, but due to policy of organization not offering it. ▪ I understand it is difficult to accommodate all variations of institutions guidelines in respect to vendors; however, something more than what is stated in the ethics list would be beneficial.
Conflicts of interest	4	4.7%	<ul style="list-style-type: none"> ▪ [Working] with an attorney, [can be] asked for information that may show [doctor's] negligence. I have some loyalty to health professions, & dislike potential malpractice issues. Fortunately, never asked to work both sides of same incident. ▪ Should mention something about the librarian remaining neutral. For instance, if a researcher wants to prove [some things with which librarian] disagrees, must [still] help the patron without letting own biases in. ▪ Had lawyers in a lawsuit & another one defending the same case; I knew they were going at it differently but I could not tell either side what the other wanted. I also had to recuse myself from the second and refer them to another library.
Requests for medical advice	4	4.7%	<ul style="list-style-type: none"> ▪ On occasion there will be a non-medical patron (i.e., lay person), who tries to push the boundaries of what [information we] can provide, or as is usually the case, an opinion...about diagnosis and treatment and not just the information. ▪ When a patron asks medical advice and I cannot give any because I am not a health care provider. However, based on what patron has said I know that they have received poor care from their provider. ▪ Drawing the line between just providing patients with the best information and diagnosing/teaching them about their condition, because we are not dr.s or nurses, but they want us to explain things to them and give advice.
Service vs. security or privacy	4	4.7%	<ul style="list-style-type: none"> ▪ My desire for outreach and service vs organization's desire for security, privacy. ▪ Installation of security cameras in areas where librarian conducts reference. ▪ I felt unsafe around a patron once and called security rather than satisfy his information need. I have also called security to eject a patron who was interfering with other patrons.
Gifts from users	3	3.5%	<ul style="list-style-type: none"> ▪ Gifts from appreciative patrons. ▪ Being offered tips by grateful patrons.
Personal biases	3	3.5%	<ul style="list-style-type: none"> ▪ The standards should mention something about the librarian remaining neutral...the librarian must help the patron without letting her own biases in. This topic is frequently covered in public librarianship but less so in medical. ▪ Situation where a customer (usually a consumer) wants information on a non-evidence-based treatment...We provide them with information they request, but feel compelled to [also] provide...other science-based information.
Homework help for students	2	2.4%	<ul style="list-style-type: none"> ▪ There is always the age-old problem of the student or other patron who wants us to do their work for them, rather than leading them to resources. ▪ Parents doing children's assignments.
Miscellaneous others	13	15.3%	<ul style="list-style-type: none"> ▪ What about something to address the management/handling of money? ▪ Perhaps, the principles about upholding the ideals and advancing the knowledge of the profession should be revised to address promoting the library's value to administrators and other departments. ▪ Perhaps something about cultural diversity should be included. ▪ One of my challenges has been that throughout my career I have always had more than one "boss" or institution to answer to. It has not been easy to balance the requirements and expectations of both, while maintaining my own integrity. ▪ How does the health sciences librarian maintain standards of excellence during periods of budgetary restraints where funds are not available to purchase databases necessary for quality, clinical decision making? ▪ Duty to inform client that they are wrong about something:...specifically thinking of many people who ask for help with a systematic review but their concept of ["systematic" does not meet] our higher standards.

Table 5
Continued

Comment topic categories	Number addressing each topic category	(% of total)	Examples
			<ul style="list-style-type: none"> ▪ Should add more in addition to integrity and respect...how about adding honesty, fairness, and morality? As a professional association, we should encourage MLA members to follow these fundamental principles. ▪ I follow my own professional ethics and human/cultural rules of conduct. ▪ Nothing I encounter would be addressed by the Code of Ethics, as the code is an overly general set of principles that doesn't appear to have any meaning other than a "feel good" philosophy.

the survey with a representative sample of members other than the members of the MLA Ethical Awareness Task Force. Also, as noted in the "Methods" section, it was necessary to revise the responses to Q9 (respondents' type of library or work setting) to capture responses that were incorrectly included in the "Other" category responses.

Implications

Member comments on the survey about some code principles that they found to be unimportant (Q3) or particularly difficult or challenging to follow (Q7) and any encounters they had had with ethical challenges not addressed by the MLA code (Q8) together suggest that these members find the code to be irrelevant to their daily practice (for example, one respondent working in a smaller library thought the location of a checked-out item in this setting sometimes can be revealed), that influencing society about the value of health information is beyond the reach of the librarians, or that licensing restrictions (including lack of funding) limit the ability to provide acceptable levels of access to information for all. Other commenters thought the MLA code principles were not unique to the profession, that their institutions' ethical guidelines adequately covered their situations, or that individual code principles were too vague. Some thought that stronger advocacy for the value of our profession should be included in the code. On the other hand, a number of the respondents commented that the code does a good job of upholding our values as a profession and reminds us of important ideals and our fundamental relationship with our clients.

For those who found the principles outlined in the code to be too generic, perhaps another type of ethical guidance document, in addition to the code, would be helpful. As the preface to the MLA Code of Ethics makes clear, its principles "are expressed in broad statements to guide ethical decision making. These statements provide a framework; they cannot and do not dictate conduct to cover particular situations" [1]. A manual of ethical advice for everyday situations in the health science library setting might be a way to offer more guidance. That type of practical instruction could also be useful in helping overcome the challenges that some respondents reported with some code principles; for example, the frustration a number of commenters expressed about not being able to

provide their users with the most current and up-to-date information due to budget constraints or insufficient staff. Others noted a lack of understanding by their institutions' leaders about copyright policy, licensing restrictions, vendor gifts, or financial conflicts of interest. These and other areas where some survey participants would like guidance could be addressed outside the code in an accompanying resource. For example, a short manual of practical advice could include other frequently mentioned dilemmas like dealing ethically with electronic licensing negotiations and restrictions and explaining these to others, and how to ethically and effectively advocate for the value of our profession.

In a world of changing and conflicting values, and increasing concern for the privacy of personal information, including health information, librarians are key torch bearers for the ethical principles and standards needed to ensure that our professional services and information resources will lead to well-informed decisions. The *MLA Code of Ethics for Health Sciences Librarianship* is a valuable tool to help with our profession's ethical challenges and can be used to help guide decision making, policy development, and services, but it remains an underutilized resource. Perhaps by adding a supplementary resource to the code, with suggestions on how to deal with some of the more ethically challenging situations reported by this survey's respondents, MLA members will want to turn to the code not only to reconfirm our ethical principles and values, but also, perhaps more frequently, as a resource for practical professional ethical advice.

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