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Taking the Temperature of Health Sciences IRs: A Survey and Analysis of Medical Schools' Institutional Repositories

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Et al.

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Taking the Temperature of Health Sciences IRs:

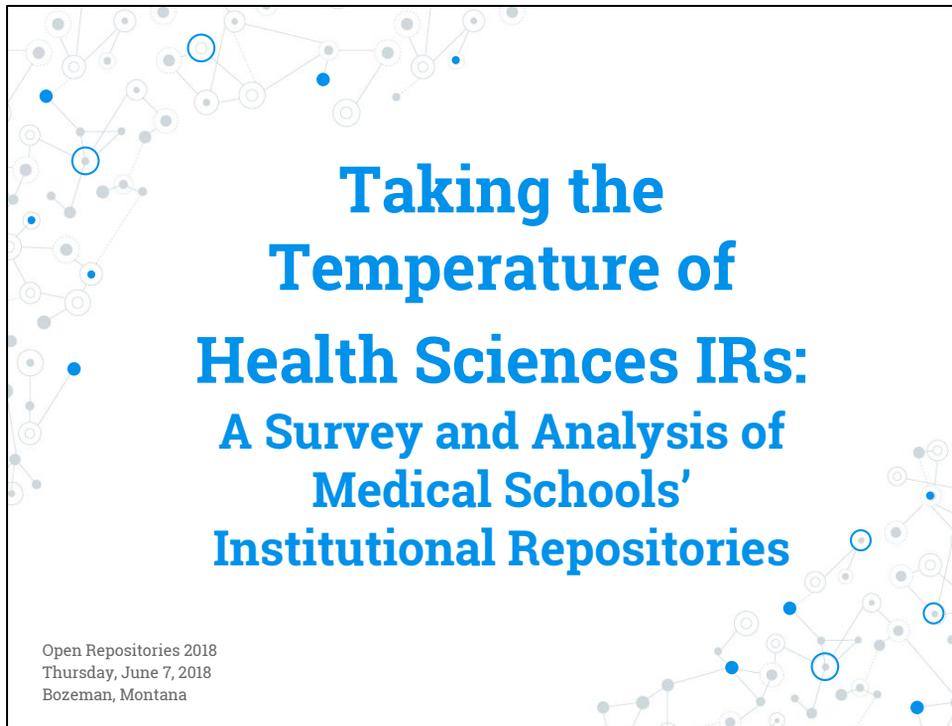## A Survey and Analysis of Medical Schools' Institutional Repositories

Open Repositories 2018
Thursday, June 7, 2018
Bozeman, Montana

Hi, I'm Lisa Palmer from UMass Medical School. I'm here to briefly share preliminary findings from a survey of institutional repositories (IRs) in medical schools and academic health centers. The goal of our study was to establish a snapshot view of the repository landscape in this setting.

I'm one of 3 investigators. Dan, Ramune and I are all health sciences librarians from 3 different medical schools.
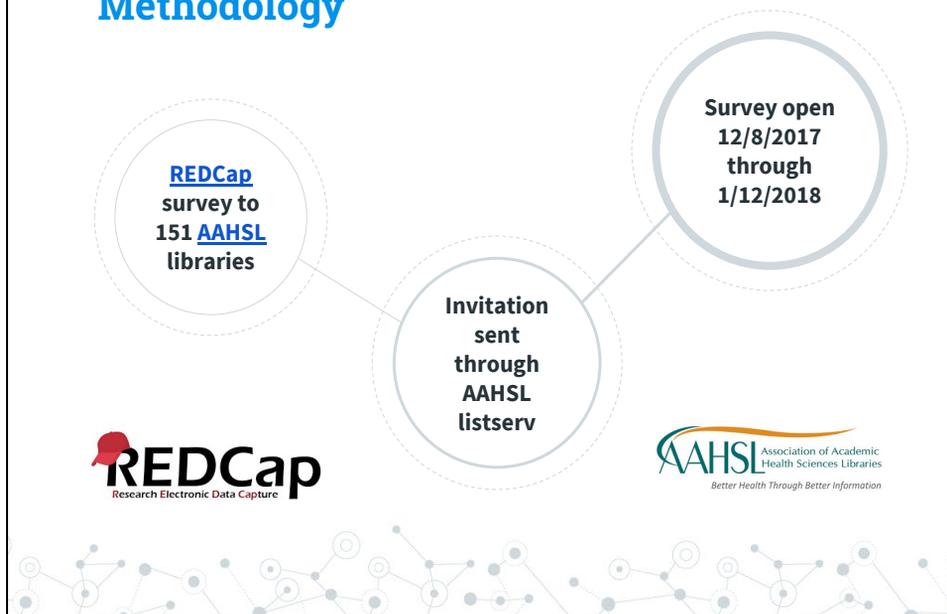
We used REDCap to develop a 21-question survey and distribute it to the 151 medical libraries that are members of AAHSL, the Association of Academic Health Sciences Libraries.

AAHSL members were chosen as the survey group because it is the major association that academic medical libraries belong to.

We received 50 responses that were usable for analysis.

Selected findings

Here are highlights of some of our findings.

Does your institution currently use an institutional repository?

(n=50)

- No, we do not use an IR and are not considering one — 16%
- Not yet, we are in the procurement or evaluation process — 14%
- Yes, we have selected/licensed/developed an IR platform and are in the process of implementing — 2%
- Yes, the IR is live and publicly available — 68%
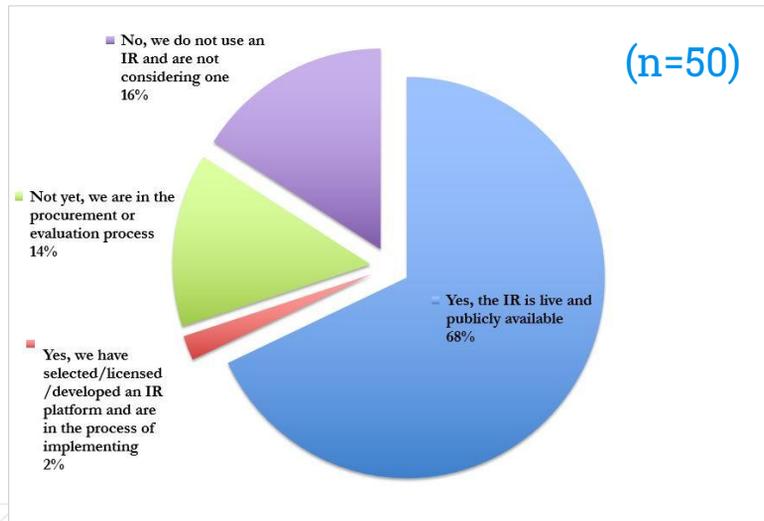
All 50 respondents answered this question.

68% have a live repository and 2% are implementing - so 70%, or 35, of our respondents have an IR or will have one soon.

Of the remaining 30%, 16% are not considering an IR and 14% are in the evaluation process.

For the 35 respondents who said they have a repository, we asked them a series of follow-up questions. The remainder of the slides present findings from the 35 libraries with IRs.

Does your institution's medical school / health sciences library administer its own IR or does it participate in an institution-wide IR?

60%

Participate in institution-wide IR

40%

Administer own health sciences IR

The majority of our respondents are included in an institution-wide IR, rather than administering their own repository. This means that many medical libraries do not have total control over the platform, policies, access, and so on. On the plus side, perhaps more medical libraries can actually participate in an IR because of shared resources and would not be able to do this on their own.

Which platform(s) does your institution currently use?

Top 2
1. **DSpace (42.9%)**
2. bepress Digital Commons (40%)

(bold = open source)

Other platforms
1. Developed in-house (11.4%)
2. **Samvera/Hydra (8.6%)**
3. Other (8.6%)*
4. **Fedora (5.7%)**
5. **Islandora (5.7%)**

* ContentDM, Access, Dataverse

DSpace and bepress Digital Commons are the two most popular repository platforms for our respondents, which is consistent with the statistics for repositories in North America from OpenDOAR, the directory of open access repositories. This is also consistent with the findings from the recent CHOICE survey about IRs, which you might be familiar with.

62.9% of respondents are using community developed open source software, as indicated by the bolding. "Developed in-house" or "Other" platforms may also be open source.

A few institutions are using more than 1 product. Respondents indicated this is usually format based, for example, a separate repository for datasets or special collections.

Estimated % of original content
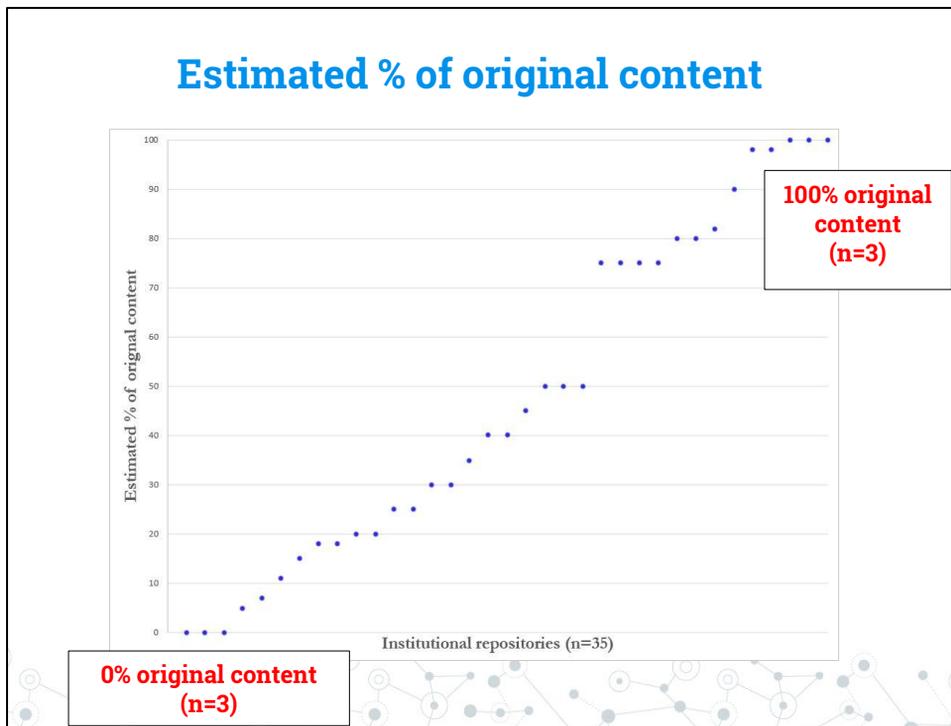
We asked: Based on the current number of items, please estimate the percentage of content that is original (i.e. first published in your repository). Examples might include open educational resources, journals published through the IR, theses and dissertations, datasets, and so on.

There are 35 dots on this slide, one for each library.

6 libraries were at the extreme end of the spectrum - 3 with 0% original content, 3 with 100%

You can see that the majority estimate 50% or less original content

There is clearly a wide variety of collection development policies for medical library repositories. This was an interesting question to us because stewarding institutional grey literature is one of the main purposes of an IR.

What is the status of an open access policy or mandate at your institution?

57.1%
Not considering

25.7%
Live implementation

17.1%
Exploring

As you can see here, a large majority of our respondents work at institutions that have NOT adopted OA policies. These results may be surprising to you, given the NIH public access policy and the fact that many successful OA journals are in the health sciences. But studies about the attitudes of health sciences researchers, and conversations I've had with faculty, suggest that they are often uncertain or unenthusiastic about an institutional OA policy. Because much of the content they produce is already covered by the NIH policy, a campus policy is perceived as redundant.

Impact of OA policy or mandate

◎ *Essential to the streamlined workflow of the IR, and allows absolute paper trail of the required permissions and licenses*
◎ *The implementation of the OA policy drastically increased the amount of unique digital objects in the IR*
◎ *The OA policy preempts signed license agreements*

vs...

◎ *It is not actively enforced and has not led to an uptick in faculty works being submitted to our IR*
◎ *It didn't really affect things except maybe we put less in because we don't want to duplicate what is in PMC*

For those that have OA policies, we asked: how does it or how may it affect the operation or workflow of your IR?

Again, there is a wide variety of opinions. Some, as shown in the first 3 quotes, believe the policy to be absolutely essential and beneficial to their IR

Contrast that with the final 2 quotes, where the policy has not had a big impact

These differences are probably reflective of the culture at the institution and how the policy has been implemented and enforced.

Planned changes to IR in 2018-2019 (select all that apply)

| Category	Value
Implementation of a discovery layer	12
ORCID integration	11
None at this time	10
Change in hosting platform	7
DOI minting	7
Digital preservation	4
Altmetrics functionality	3
Consolidation of several repository platforms	2
Other	1
Single sign-on	
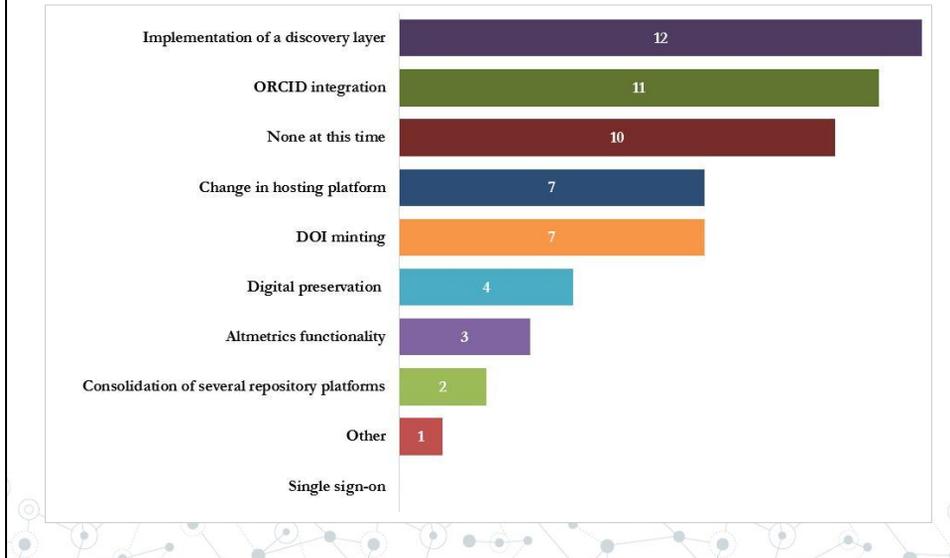
We asked if they were planning any changes to their IR in next couple of years. The most popular enhancements are:
-      implementing a discover layer, with 12 libraries planning to do that
-      and ORCID integration for 11 libraries

Reasons for making these changes included: "To keep it functional and viable," "to better serve our users, "enhance interoperability," "tie in with our faculty productivity system"

Do you anticipate that your institution will migrate from your current IR platform(s) in the foreseeable future?
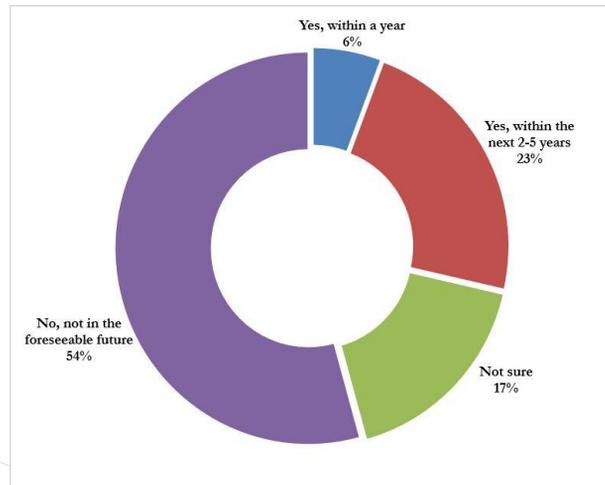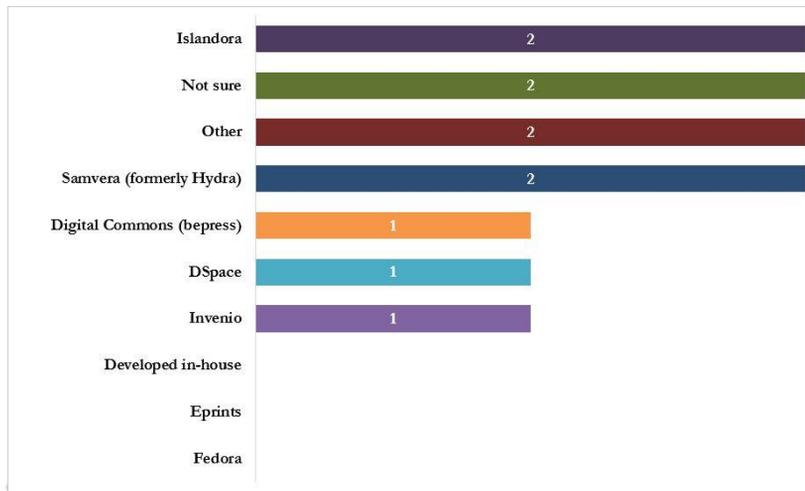
The majority (54%) of our respondents do NOT plan to migrate to a different platform.

6% plan to migrate within a year and 23% within 5 years

17% aren't sure

It appears that for now most medical libraries are unlikely to change platforms.

To which IR system will your institution migrate? (select all that apply)

Islandora	2
Not sure	2
Other	2
Samvera (formerly Hydra)	2
Digital Commons (bepress)	1
DSpace	1
Invenio	1
Developed in-house	
Eprints	
Fedora	

Of the respondents planning to migrate, they appear to be favoring open source software, although this IS a very small sample. We haven't yet analyzed if there are any patterns based on current platform, size of repository, and so on.

Themes from survey comments

Redundancy
"There are other efforts by other entities on campus to digitize items into a repository. We need to be aware of those efforts so as not to be redundant."

Alternatives
"We are very concerned about the Elsevier acquisition of bepress, but it would be difficult for us to move off the platform given the range of functionality that bepress offers. However, we will be exploring alternatives in 2018."

Uniqueness
"There are several unique School of Medicine collections within our institutional IR…."

Participation
"Faculty participation largely depends on open access policy and cultural change."

Funding
*"Funding to support infrastructure and human resources is always lacking…"*

Integration
"Also exploring integrations with local faculty profiles system…"

Respondents had the opportunity throughout the survey to comment. In our preliminary analysis of these comments, we've categorized them into various themes:

- Making sure efforts are not redundant
- Exploring alternative platforms
- Showcasing unique digital collections
- Getting faculty to participate
- Funding now, and over time
- Integrating the IR with systems already in use at the institution, especially to leverage the IR for reporting purposes

These are some of the challenges of delivering and sustaining repository services in the health sciences community.
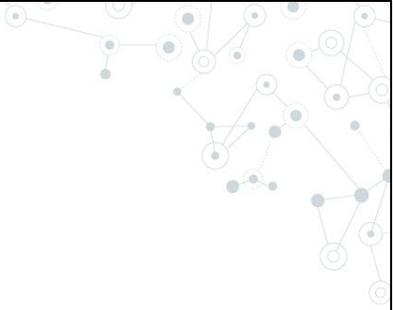
Thank you!

Any questions?

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These are just some of our findings and we're working on a full analysis and detailed article. Given the amount of research produced at academic health centers, we believe that medical libraries and their repositories are an important aspect of the repository community.

Thank you for your attention!

Are there any questions?

Acknowledgments

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