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Evidence Summary

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A Review of:

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Abstract

Objective – To analyze article sharing requests for health sciences literature on Twitter, received through the #icanhazpdf protocol.

Design – Social media content analysis.

Setting – Twitter.

Subjects – 302 tweets requesting health sciences articles with the #icanhazpdf tag.

Methods – The authors used a subscription service called RowFeeder to collect public tweets posted with the hashtag #icanhazpdf between February and April 2015. Rowfeeder recorded the Twitter user name, location, date and time, URL, and content of the tweet. The

authors excluded all retweets and then each reviewed one of two sets. They recorded the geographic region and affiliation of the requestor, whether the tweet was a request or comment, type of material requested, how the item was identified, and if the subject of the request was health or non-health. Health requests were further classified using the Scopus subject category of the journal. A journal could be classified with more than one category. Any uncertainties during the coding process were resolved by both authors reviewing the tweet and reaching a consensus.

Main results – After excluding all the retweets and comments, 1079 tweets were coded as health or non-health related. A final set of 302 health related requests were further analyzed. Almost all the requests were for journal

articles (99%, n=300). The highest-ranking subject was medicine (64.9%, n=196), and the lowest was dentistry (0.3%, n=1). The most common article identifier was a link to the publisher's website (50%, n=152), followed by a link to the PubMed record (22%, n=67). Articles were also identified by citation information (11%, n=32), DOI (5%, n=14), a direct request to an individual (3%, n=9), another method (2%, n=6), or multiple identifiers (7%, n=22). The majority of requests originated from the UK and Ireland (29.1%, n=88), the United States (26.5%, n=80), and the rest of Europe (19.2%, n=58). Many requests came from people with affiliations to an academic institution (45%, n=136). These included librarians (3.3%, n=10), students (13.6%, n=41), and academics (28.1%, n=85). When tweets of unknown affiliation were excluded (n=117), over 70% of the requests were from people with academic links. Other requesters included journalists, clinicians, non-profit organisations, patients, and industry employees. The authors examined comments in the tweets to gain some understanding of the reasons for seeking articles through #icanhazpdf, although this was not the primary focus of their study. A preliminary examination of the comments suggested that users value the ease, convenience, and the ability to connect with other researchers that social media offers.

Conclusion – The authors concluded that the number of requests for health sciences literature through this channel is modest, but health librarians should be aware of #icanhazpdf as another method through which their users might seek to obtain articles. The authors recommend further research into the reasons why users sometimes choose social media over the library to obtain articles.

Commentary

When a research article is unavailable through a journal subscription or open access arrangement, library users would have traditionally made an interlibrary loan request. The internet and social media offer researchers an alternative method for obtaining journal

articles, and the authors of this study have examined one such method.

The study was assessed using Glynn's (2006) critical appraisal tool, and scored above the defined threshold of 75% for overall validity. The data collection methods are clearly described, and the study design is appropriate for the objectives of the study. The authors have followed a similar method used in a previous study (Gardner & Gardner, 2015), thus building on previous research. The authors present their results clearly with absolute numbers and percentages, and their conclusions reflect their results and discussion. They identify future research directions, and encourage readers to use the information available through #icanhazpdf for their own research.

There were some limitations highlighted by the tool which are also identified by the authors in their discussion section. The study population is a convenience sample of Twitter users who have posted public requests; therefore, the results are not generalizable, although the author's findings were broadly consistent with the study by Gardner and Gardner (2015). Guidelines for the #icanhazpdf protocol stipulate that tweets should be deleted when the request is fulfilled; therefore the authors could not be sure that they captured all eligible requests. The authors did not comment on the time period for their data collection, but it is possible that three months' worth of data may not be representative of all article requests over the course of an academic year.

The number of health sciences requests via #icanhazpdf over the three month period is low, and on the basis of this study is probably not a cause for concern for health librarians. What this study highlights is that people with academic affiliations, who should have access to library services, are seeking scholarly research through social media, which raises the question of why they have chosen to bypass the library. Understanding the motivations of users seeking research in this way is key to successfully targeting library services to user needs. A full analysis of this

topic was outside the scope of the current study and should be pursued in future work. Even so, health science librarians should be aware of scholarly sharing networks, including Twitter, so they can educate and engage their users in the principles of responsible sharing of research articles without compromising copyright laws.

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