Health information seeking: the library as a power of persuasion and model for transformation

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Transformation

**METANOIA (FROM THE GREEK)**

: A transformative change of heart; *especially*: a spiritual conversion

MERIAM – WEBSTER DICTIONARY
Agenda

- Background
- Motivation for the study
- Research questions
- Literature reviewed
- Conceptual framework
- Research design
- Methodology
- Some challenges
- Findings
- Recommendations
- Conclusion
Background

The context: Queuing and the overcrowded phenomenon for healthcare
Motivation for the study

• National Development Plan: Vision 2030, Chapter 10 – South Africa’s health challenges are more than medical
• Lack of appreciation of the value of LIS in educational and developmental imperatives (LIS Transformation Charter)
• Behaviour and lifestyle also contribute to ill – health
• People need information and incentives to change their behaviour and life styles
• Results of pilot study indicated that people queue as early as 02h00 on a daily basis (Davis 2011 – 2012)
• Not only for health services but also for information related to their health and healthcare
• Patients suggested that Health facility is the only place where health information can be found
• Early morning queuing phenomenon especially among lower income groups (Foucault, health and medicine 2000)
Research questions

• Why do patients queue so early in the morning?
• Are there patients who queue for health information?
• Are the health facilities the only sources of health information?
• Do the libraries in the vicinity of these health facilities stock health information (HI)?
• If the libraries have HI, is this information made available to the communities the libraries serve and if, how is this information made available?
• What are the communities’ general perceptions of the library?
• How do health service providers perceive the early morning queuing phenomenon?
• Are health service providers aware of the information services at the libraries?
• Are librarians and health service providers in partnership regarding the distribution of health information?
Literature reviewed

• Very thinly spread
• Useful sources include:
  – World Health Reports 2000 - 2013, healthy life expectancy used to gauge average population health
  – Healthy people 2010 Library initiative that deals with challenge of providing consumer health information services in public libraries
  – Western Cape Health Plan 2014 - 2019
  – LIS Transformation Charter
  – National Development Plan – Vision 2030
• Useful to ascertain the role of the library in health information w.r.t its external environment

• Research project structured around a Social, Technological, Economic and Political (STEP) analysis of health information services

• STEP or PEST analyses are mostly applied in Management theory and practice

• Johnson & Scholes (1999) argue for the value of this approach in terms of environmental influences that drive change
So a STEP analysis:

- Is an analysis framework of macro-environmental factors that:
  - assumes that the success of an organization cannot be understood without the information relevant to its external environment (Clulow 2005)
  - is used to assess the external environment (Ward & Rivani 2005)
Conceptual framework contd.

Sociological:
• The sociological factor helps an organisation to understand the ethical, cultural beliefs, demographics, lifestyles and education in its environment.
• These changes influence the growth of the organisation.

Technological:
• The change in the technological factors can change the organisation’s competitive area in environmental, ecological ways.
• New strategies w.r.t innovation.

Economic:
• The economic structures, inflation rates and nation’s economic rules and performances directly have a great impact on the organisation.

Political:
• The changes in the government and pressures and opportunities and changes in the political system and leadership and their values will affect the organisation.
Research design

• Mixed methods although the qualitative paradigm dominated more than the quantitative

• The research sites and population groups
  – Librarians in libraries in the 6 districts of the City of Cape Town Library Services (COCTLIS)
  – Health Facility Managers in Health facilities in the same precinct or in close proximity to the libraries
  – People / patients who make use of the health facilities
Methodology

• Interviews with librarians at libraries
• Interviews with facility managers at health facilities
• Talking aloud to randomly selected patients
  – Talking aloud protocols recorded with permission
Research assistants

Maloto Chaura    Winner Chawinga    Gavin Davis PhD    Selina Kapondera
Some challenges

- Gang warfare in townships – delays in visiting health facilities
- Red tape – delays in ethical clearance from Provincial and Metro health departments
- Refusal to participate – especially Metro Health
- Mistrust from health service seekers
- General sense of uncertainty to participate
Respondents

• 17 Librarians represented in all districts
• 2 Facility Managers at District Hospitals
• 50 Patients at various Health Facilities within the 6 districts
Findings: Librarians...1

Some demographics:

- Could only get hold of 17 out of 20 librarians in the 6 districts
- 16 females, 1 male

<table>
<thead>
<tr>
<th>Assistant librarians</th>
<th>Librarians</th>
<th>Senior librarians</th>
<th>Principal librarian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>17</td>
</tr>
</tbody>
</table>

- Interestingly, the assistant librarians were stand-ins: the others were librarians-in-charge
### Findings: Librarians...2

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your library stock health information (HI)?</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Would you say that the promotion of health is important?</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Do you allow patrons to search for HI on your databases?</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Would you say that South Africans are health conscious?</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Would you say that your library patrons are health conscious?</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>
## Findings: Librarians...3

<table>
<thead>
<tr>
<th>Types of health information?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L2 - STDs, fitness; nutrition; diabetes; dieting books; HIV / AIDS, general health</td>
<td>L11 - Pregnancy-how to conceive, childbirth, HIV / AIDS</td>
</tr>
<tr>
<td>L3 - Asthma; Cancer; HIV / AIDS</td>
<td>L12 - <em>TB, HIV / AIDS</em>, Heart problems, pregnancy</td>
</tr>
<tr>
<td>L4 - General health information, high blood pressure, HIV / AIDS</td>
<td>L13 - <em>TB, HIV / AIDS</em>, Flu, Nutrition</td>
</tr>
<tr>
<td>L5 - <em>TB, HIV / AIDS</em>, Childcare, blood pressure, diabetes</td>
<td>L14 - Cancer, Diabetics, Nursing, Natural medicine</td>
</tr>
<tr>
<td>L8 – Diabetes, eye health, cancer, female health, HIV / AIDS</td>
<td>L17 – <em>HIV / AIDS, TB</em></td>
</tr>
<tr>
<td>L9 - On illnesses, mental health</td>
<td></td>
</tr>
</tbody>
</table>
Findings: Librarians...4

Formats in which HI is found in the library?:
• Books (open shelves and reference)
• Pamphlets
• Brochures from clinic
• Displays
• Posters
• DVDs
• Magazines
Findings: Librarians...5

Evidence to suggest this?
Findings: Librarians...6

Why is the promotion of health important?

• Healthy body = healthy mind
• People perform better if healthy
• People die because of lack of information on health issues
• So that people can educate themselves e.g. HIV/AIDS
• People should know about their health status and possible treatment
Patron access to databases?:

- OPAC (Online public access computer)
- SMARTCAPE – 45 minutes for members only
- Not always sure what patrons are searching for
- Cannot stand behind their backs to check what they are searching for
- Searches on behalf of some patrons who are computer illiterate
Are South Africans health conscious? – Yes:

• Weight watchers programmes and Weighless products with advice in magazines
• People follow instructions on what to eat on TV programmes
• People read about some diseases and become careful as a preventative / preventive measure
Are South Africans health conscious? – No:

• South Africa has 2\textsuperscript{nd} largest figure re: obesity in the world; Not as conscious about health as Europeans

• Inadequate information to persuade people to eat healthily in South Africa, so they do not mind about their eating habits; obesity is at large in South Africa

• People eat a lot of meat and drink a lot of beer

• People take too long to see the doctor, people are dying of AIDS/TB despite being aware of preventive measures

• People do not mind their eating habits which leads to death. However, this partly depends on economic factors especially the poor just eat whatever they find.
Findings: Librarians...10

Are library patrons health conscious? – Yes:
• Seniors frequent the library a lot – quite health conscious re: own health
• Patrons ask for health information
• Health information materials are heavily used – especially on eating habits and sports
• There is huge circulation of health information materials

Are library patrons health conscious? – No:
• They only request for information when they have problems
• They do not frequently consult the library on health issues
### Additional questions

**What is your professional relationship with the health facility?**

- No relationship = 8
- Some relationship but librarian has to take initiative = 4
- Approaches the clinic for condoms
- On cancer awareness days approach clinics for posters
- Approaches nurses and doctors to give talks on health
- Good relationship = 5
- Clinic sometimes uses library facilities for pregnancy tests to teenagers
- Librarian invites clinic staff to talk about breastfeeding, etc.
Findings: Facility Managers

- Kinds of health–related information: Brochures on TB prevention; HIV / AIDS
- The mandate is mostly a curative than preventive system
- Acknowledge the importance of health promotion
- Liaise with public libraries for old Magazines to give to patients in the waiting room
- Educational materials are only sent to clinics and not libraries
- In-house usage of Internet for Personnel only
- People are not health conscious
- High incidence of Obesity
- Smoke / drink with little exercising
Findings: Facility Managers...2

- Patients attend the facility only when they have health problems, like drug abuse
- Nurses do outreach programmes at schools
- No programmes at libraries, although space is sometimes required for health education
- Queuing phenomenon is as a result of a shortage of Doctors and Nurses
- Major challenge is Vendors selling non-nutritious food outside precincts
- Libraries could promote health by working with health workers
Findings: Community members...1

From a STEP analysis it became evident that:

• **Sociological** – People preferred to queue for health services than read up on their own for possible remedies, thinking that health personnel can give better answers and treatment at the same time, e.g. *I am happy to wait in the queue because the Nurses give me valuable information...*

• **Technological** – People were in general rather cautious of using technology at the libraries, thinking that they may inadvertently damage computers. *Won`t I break the computers?*
From a STEP analysis it became evident that:

- **Economic** – Almost 85% of the participants came from economically deprived areas.
  - These people cannot afford medical treatment. Their only hope is free treatment from the day hospital and clinic, where they have to wait hours to be helped.
  - Perception that library services are expensive. *I cannot afford to pay for library information; too expensive*

- **Political**
  - It was clear that South Africa’s political past had a marked impact on the lives of the people in the areas under investigation.
  - The economic situation of these people invariably made them depend on the political structures in their communities.
  - Not only did they not receive adequate service delivery from the political structures in the community, there was virtually no ear to listen.
Analysis: triangulation

• Some confusion with health information
  – Librarians mostly regarded books dealing with diseases as HI
  – Contradictions in terms of patrons’ health consciousness taking into account the figures

• Indifferent approach to health service providers

• Only members have access to the databases

• Community members were more comfortable with health facility than libraries w.r.t HI
Recommendations

• Libraries need to collaborate with the Health facilities to make people aware of information on health, but also encourage them to read and understand this information
• Librarians must be familiar with Health strategic plans
• People should be encouraged to make use of the computers in the library
• Possible sponsorship should be pursued to give people the necessary training in technology
Conclusion!

• The need for primary health care cannot be over emphasised
• So whose responsibility is it to assist society in primary health care?
• The findings suggest a need for synergy among various role players, notably health workers and librarians
• Librarians are no longer only gatekeepers of books, but should be proactive information professionals
• This calls for creating library spaces conducive to development and an ownership of primary healthcare amongst community members
• These spaces can only become a reality if librarians adopt a synergistic style of functionality
• Libraries can indeed be powers of persuasion and models for transformation
Sharp Sharp!