HOSPITAL VIRTUAL LIBRARIES IN LATIN AMERICA AND THE CARIBBEAN: A WEBOMETRIC ANALYSIS

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Abstract

Introduction
Information regarding hospital libraries in the United States, Canada and the European Union abounds. Little information however exists in the literature regarding hospital libraries in Latin America and the Caribbean. While new information and communication technologies (ict) are being transferred from developed to less developed countries and major emphasis is being placed worldwide on quality of health care, evidence based-medicine, and the use of information on the decision process mechanisms in the delivery of health care, little is known about the capability and empowerment of hospitals in less developed countries to respond to such needs.

Purpose
The purpose of this work is to present the preliminary results of a research in progress on the existing virtual positioning of electronic libraries among hospitals in Latin America and the Caribbean.

Method
A webometric analysis was conducted through the electronic search of those Latin American and Caribbean hospital websites hosting a virtual/electronic library available to their user community via the Internet. The study was limited to a search in Google, HotBot and Yahoo, in 2005. BIREME’s Virtual Health Libraries were excluded from the study, considering the available information on the development of this project.

Results
A total of 2,523 hospitals were identified, as reported by 34 Latin American and Caribbean countries. However, only 501 (19.85%) hospitals reported an institutional website; 56 (11.18%) stated to have a library; and only 17 (3.39%) owned a virtual/electronic library. These countries were the following in descending order: Mexico, Argentina, and Venezuela.

Discussion
These preliminary results reflect the need to continue this work of research in order to establish a diagnosis of the existing situation in terms of infrastructure and ict developments so as to improve the access and use of scientific and technical information among hospitals. The paper discusses both, (1) the important role of BIREME’s effort in developing virtual accesses to health libraries in the region and (2) the different implications of this type of research to information providers; end-users; managers and librarians, among others in the health sector.
1. Introduction

The end of the last century was marked by an explosive growth of technology, particularly in electronics, computers, telecommunications, and the Internet. Such development allowed for a number of different Internet services in permanent use up to date; this is the case for example of e-mail, e-market, e-banking, and e-library, to mention only a few. In the health sector, a new paradigm of medical informatics emerged since the mid-70s., when the first medical informatics conference took place in Stockholm, in 1974 (Salamon, et al, 1986). According to Reljin and Strintzis (2001), one of the most attractive and helpful services offered by new information and communication technologies is certainly e-health and telemedicine. Indeed, these technologies provide not only access to information and knowledge to practicing physicians and active researchers, but also to health administrators, social workers, the patient and the community (Velez, et al, 1998; Burkell and Campbell, 2005; Fox, et al, 2005; Illes, et al, 2004; Macías-Chapula, 2001).

Hospitals in developed countries soon incorporated new information and communication technologies into their infrastructure so as to cope with the everyday management and organisation for example, of services, procedures, and statistical data (Greenes et al, 1995; Gunn, 1998; Husk and Waxman, 2004). Integrated hospital information systems were developed (Haugh, 2005; Wright and Katz, 2005; Harrison and Young, 2005; Safran and Detmer, 2005; Nolan, 2005), and virtual hospitals and medical centres emerged where most of the services and administrative transactions are displayed electronically (Courreges, et al, 2005; Meystre, 2005; Duplaga et al, 2004; Ozuah and Reznik, 2004; Wolski, 2004; Efiken et al, 2004; Tieman, 2004; Scavuzzo and Gamba, 2004); including the doctor-patient relationship (Anonymous, 2004; Bullard et al, 2004; Booth et al, 2004; Ross et al, 2004). Hospital libraries were not the exception and virtual libraries were extended throughout the United States, Canada and the European Union in an effort to provide fast access to information sources in the place and time demanded by the end user (Rourke et al, 2005; D’Alessandro, et al, 1998; De Groote, 2005; McLeod et al, 2005; Lindberg and Humphreys, 2005; Kabrhel et al, 2005; Kronenfeld, 2005). The social, financial and academic implications of this transformation has been very well documented in the literature (Salamon, 1986; Greenes, 1995; Avgerou, 2000; Barnett, 1994; Ellis, 1991; Bowker et al, 1997) and has encouraged to integrate different types of consortia in order to cope with budget cuts and increased costs (Babish, 2001; Ritchie and Sowter, 2000; Riordan, 1999; Godbolt et al, 1997; Giordano, 2002).

Most of developing countries on the other hand, while aware of new information and communication technologies developments, have not been able to bridge the gap between information access, information use and applications to improve social well being (Avgerou, 1996; Avgerou, 2000; Royaltey, 1988; Saracevic, 1987). The health sector in these countries is still far from filling the information needs of health practitioners, researchers, administrators and patients. In spite of the efforts promoted by the World Health Organisation and local governments, to develop e-health programmes, few and scattered applications have taken place in some countries (Lancet, 2004; WHO, 1999; Wootton et al, 2004; Varghese and Scott, 2004). Practically no research is being conducted
in this field and consequently only few experiences have been published or communicated
libraries in the United States, Canada and the European Union abounds. Little information
exists however in the literature regarding hospital libraries in Latin America and the Caribbean
(Bonham, 1990; Macias-Chapula, 1995). While some of the new information and communication
technologies are being transferred from developed to less developed countries and major
emphasis is being placed worldwide on (a) quality of health care; (b) evidence based medicine;
and (c) the use of information for medical decision making, little is known about the capability
and empowerment of hospitals in less developed countries to respond to such needs.

2. Purpose

The purpose of this work is to present the preliminary results of a research in progress on
the existing virtual positioning of electronic libraries among hospitals in Latin America and
the Caribbean (LAC). The final goal is to obtain webometric indicators related to virtual
hospitals in the LAC regions so as to support managerial decision making on health
services provision, R&D collaboration, science policy, social empowerment and e-library
consortia.

3. Method

The study was conducted in the following three phases:

1. A pilot study to identify the appropriate search engines and search terms. This was
limited to Mexico and the pilot was conducted in November-December, 2004.

2. An Internet search in Google, HotBot and Yahoo to identify hospital websites in 34
LAC countries, both in Spanish and Portuguese. This search was conducted in
March-April, 2005.

3. A selection of those hospitals owning a website and holding a virtual library within
the LAC regions.

The results of the pilot study were presented in the 1st. Latin American and Caribbean
Congress on Hospital Librarianship, in February, 2005 (Macias-Chapula, et al., 2005). As a
result of this preliminary exercise, the search engines selected in the second phase were
Google, HotBot and Yahoo; and the search terms used were hospital(s), hospitais, clinic(s),
medical centre(s), and sanatory(ies). The 34 countries identified were those recognised by
the US National Library of Medicine’s Medical Subject Headings (MeSH), for the LAC
regions. Hospital terms were then intersected to each and every one of the 34 selected
countries. This strategy resulted in a list of those LAC hospitals that could be identified
through the Internet both, with and without a hospital website.

In the third phase of the study, only hospital websites were listed and classified by country,
using Excel (2001). This allowed for a selection of those LAC hospitals that could be
searched electronically through their own website. Within each hospital website a further
search was conducted to identify the existence of a virtual/electronic library; here, the type
of Internet services, online users and structure was also identified. Figure 1., illustrates the rationale followed in the study.

BIREME’s Virtual Health Libraries (BVS) were excluded from the study since the information regarding the overall organisation and development of this programme is well documented in the Internet and among participating LAC countries (PAHO, 1998; OPS, 1999; Packer, 2000; Valdez, 2002; Veiga, 2001). Other organisations excluded from this study corresponded to ministries of health; basic and experimental research and academic institutes along with professional associations and schools and faculties of medicine. The reason being the limitation of the study to those clinical/hospital settings were medical decision making is being supported by electronic information sources. Clearly, those institutions conducting clinical research, and teaching hospitals either private or public, were included in this study.

4. Results

A total of 2,523 LAC hospitals were found through the Internet. Only 501 (19.85%) however reported a website; and 56 (11.18%) stated to own a library, although only 17 (3.39%) reported to hold an electronic library. Ten countries contributed with 2075 (82.24%) referred hospitals through the Internet. These countries were the following in descending order: Mexico (775 hospitals); Brazil (627); Chile (251); Argentina (99); Panama (95); Cuba (66); Venezuela (58); Peru (50); Colombia (30); and Equator (24). This distribution changed however when looking at hospital websites and availability of electronic libraries within each hospital website. Table I provides a distribution of these indicators. Here, we can see that the remaining countries with hospital electronic libraries in descending order were Mexico (9); Brazil (4); Argentina (3); and Venezuela (1). Twelve out of seventeen electronic libraries display their services and structure; and five do not provide access to such services. Table II, describes these findings. Here we find an heterogeneity of services; however, they were mainly related to full text access to books and journals, as well as online access to secondary sources of information, online public access to catalogues (OPACs) and general library holdings.

5. Discussion and conclusion

Developed countries have acquired and applied the new information and communication technologies among their health sectors. This has resulted in the improvement of quality of health care services; the efficient management of health care resources; and the empowerment of health consumers (Korp, 2005; Shaw and Kitzinger, 2005; Gaston and Mitchell, 2005; Sandber et al, 2005; O’cathain et al, 2005; Broom, 2005). Clearly, these elements are closely related to the improvement of quality of life, equity, and social well being. Developing countries, while aware of the difficulties involved in the transference of information technologies since the eighties (Eres and Bivins, 1985; Slamecka, 1985), are still finding it difficult to appropriately incorporate such technologies into their organisations. This is the case of hospitals in the LAC regions. The results of this study while preliminary helped to conclude on the low electronic access to hospital information
and services (less than 12% own a website) and an even lower access to their libraries (less than 5%).

These basic results reflect the need to continue this work of research in order to establish a diagnosis of the existing situation in terms of infrastructure and information and communication technologies developments so as to improve the access and use of scientific and technical information among LAC hospitals. BIREME’s role in developing virtual health libraries in the LAC regions is clearly fundamental in orchestrating the political will of LAC governments; health administrators, and local health librarians. Different goals have been met like the creation of the Latin American and Caribbean Health Sciences Literature Database (LILACS) and the Scielo project (PAHO, 1998; Packer, 2001). However, more information is needed in order to learn from these experiences.

Further research needs to be conducted to identify indicators related not only to electronic library developments but also those related for example, to health R&D; continuing medical education; impact on the delivery of health care services; and empowerment of the end user within virtual hospitals in LAC regions. The identification of these indicators can help to improve the activities of the different actors that participate in a health system; mainly medical/paramedical staff; information providers; health managers; librarians and patients. Clearly, information access and use is related to each and every one of these elements. Technologies are being transferred to improve such access. Are we ready to measure improvements of quality of life as derived (among other elements) from the use of new information and communication technologies? The social implications of the results of such research would be, no doubt, tremendous.

6. References

22. Godbolt S; Williamson J; Wilson A. (1997). From vision to reality--managing change in the provision of library and information services to nurses, midwives, health visitors and
Table I.
Hospital virtual libraries in Latin America and the Caribbean. Distribution by main participating countries (Google, HotBot, and Yahoo; March-April, 2005).

<table>
<thead>
<tr>
<th>r</th>
<th>Countries</th>
<th>No. of hospitals</th>
<th>No. of web sites</th>
<th>No. of libraries</th>
<th>No. of Virtual libraries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mexico</td>
<td>775</td>
<td>114</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>Brazil</td>
<td>627</td>
<td>157</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Chile</td>
<td>251</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Argentina</td>
<td>99</td>
<td>26</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Panama</td>
<td>95</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cuba</td>
<td>66</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Venezuela</td>
<td>58</td>
<td>28</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Peru</td>
<td>50</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Colombia</td>
<td>30</td>
<td>18</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Equator</td>
<td>24</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td><strong>2075</strong></td>
<td><strong>476</strong></td>
<td><strong>56</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>
Table II.
Hospital virtual libraries services in Latin American and the Caribbean (2005).

<table>
<thead>
<tr>
<th>Code N</th>
<th>Institution with VML</th>
<th>Countries</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hosp. Alemán</td>
<td>Argentina</td>
<td>X X</td>
</tr>
<tr>
<td>2</td>
<td>Hosp. Italian of Buenos Aires</td>
<td>Argentina</td>
<td>X X</td>
</tr>
<tr>
<td>3</td>
<td>National Hosp. Dr. A Posadas</td>
<td>Argentina</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Hosp. Virtual Brasil</td>
<td>Brasil</td>
<td>X X X X X</td>
</tr>
<tr>
<td>5</td>
<td>Private Hosp. of Hermosillo</td>
<td>Mexico</td>
<td>X X</td>
</tr>
<tr>
<td>6</td>
<td>National Institute of Perinatology</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>7</td>
<td>Mexico General Hosp.</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>8</td>
<td>National Instit. of Pediatric</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>9</td>
<td>Hosp. Juarez of Mexico</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>10</td>
<td>Medica Sur</td>
<td>Mexico</td>
<td>X X</td>
</tr>
<tr>
<td>11</td>
<td>CENAIDS - IMSS</td>
<td>Mexico</td>
<td>X</td>
</tr>
<tr>
<td>12</td>
<td>Centre Med. The Trinidad</td>
<td>Venezuela</td>
<td>X X X</td>
</tr>
<tr>
<td>13</td>
<td>INCMN Salvador Zubián</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>14</td>
<td>Pediatric Private Hosp.</td>
<td>Mexico</td>
<td>X X X X X</td>
</tr>
<tr>
<td>15</td>
<td>Hosp. of Saint Antonio</td>
<td>Brazil</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Hosp. Monte Sini</td>
<td>Brazil</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Hosp. Miricús of Venta Porto A</td>
<td>Brazil</td>
<td>X</td>
</tr>
</tbody>
</table>

Key

1. DBs | Databases
2. BioColl | Biomedical Collection
3. DNML | Digital National Medical Library
4. VHL | Virtual Health Library
5. CGO | Conferences of Gynecology and Obstetrics
6. Med D | Medical Links Directions
7. EE / D | Electronic Encyclopedia / Dictionaries
8. Far.I | Pharmacological Information
9. EBM | Evidence Based Medicine
10. MDC | MDConsult
11. LPath | Information services in Pathology
12. CME | Continuing Medical Education
13. EJ | Electronic journals
14. LL | Links to libraries
15. OPAC | Online Public Access Catalogue

Web Site according to Code N*

1. www.hospitalaleman.com .ar
2. www.hitalba.edu .ar
3. www.hospitalposadas.org .ar
4. www.hospit .org.br/
5. www.hermosillovirtual.com
6. www.facmed.unam .mx/inper
7. www.hgm.salud. com
8. www.pediatria. gob.mx
9. www.facmed.unam .mx/hjm/
11. http://edumed.imss. gob.mx
13. www.imnsz. Mx
15. http://.hospitalsantoantonio.vilabol.uol.com. br
17. www. hmv.org.br
Figure 1. Rationale followed to identify hospital virtual libraries in Latin American and Caribbean countries (2005).