

# “I’m Not Sure If That’s What Their Job Is”

## *Consumer Health Information and Emerging “Healthwork” Roles in the Public Library*

Members of the public are expected to assume increasing responsibility for their own health and keep themselves informed about health issues. Here we describe a study of library users’ and staff members’ expectations about the public library’s role in supporting citizens’ “healthwork.” We conducted our research in a public library in the United Kingdom that operates on a model of patron self-service. Data were gathered through in-depth interviews with library patrons and staff members as well as a written survey of patrons who had visited the library because of a health concern. Our findings suggest that the library’s users regard the public library as a highly trusted source of health information. The majority of surveyed users were in search of books relevant to their health concern, and more than half were able to locate what they needed on their own. While generally self-sufficient, some of the survey respondents as well as those who took part in the interviews indicated that they had consulted library staff for help, although they appeared uncertain about the level of reference support they should expect. Members of the library’s reference desk staff who took part in the interviews expressed frustration over policies that limit the time available to support patron’s inquiries, and many lacked training, particularly in online

health information resources. The results raise important questions about the emerging “geography of responsibilities” in health-informing work arising from changing information technology and new emphases in health policy

---

### PURPOSE OF THE STUDY

As governments and private sector organizations look to control health-related costs, citizens face growing pressure to take responsibility for their own health. An important element of this responsibility involves staying informed about health matters, one of the tasks described by Mykhalovskiy, McCoy, and Bresalier as “healthwork,” which they describe as “the broad terrain of everyday/everynight activities through which people look after their health.”<sup>1</sup> In a recent book, Wyatt, Harris, and Wathen discuss the complex and shifting “middle ground” of health information work and introduce the term health “info(r)mediary” to describe “the various configurations of people and technologies that perform the mediating work involved in enabling health information seekers to locate, retrieve, understand, cope with and use the information for which they are looking.”<sup>2</sup>

The purpose of the research pre-

**Roma Harris, Flis Henwood, Audrey Marshall, and Samantha Burdett**

**Roma Harris** is Professor, Faculty of Information and Media Studies, The University of Western Ontario, London, Ontario, Canada. **Flis Henwood** is Professor and Head of the Social Informatics Research Unit, School of Computing, Mathematical and Information Sciences, University of Brighton, United Kingdom.

**Audrey Marshall** is Senior Lecturer, Information and Media Studies, School of Computing, Mathematical and Information Sciences, University of Brighton, United Kingdom. **Samantha Burdett** is Senior Policy and Research Analyst, The Ontario Trillium Foundation, Toronto, Ontario, Canada. Submitted for review January 7, 2009; accepted for publication February 28, 2009.

Reference & User Services Quarterly, vol. 49, no. 2, pp. xx–xx  
© 2010 American Library Association. All rights reserved.  
Permission granted to reproduce for nonprofit, educational use.

sented here is to explore this middle ground in the context of a public library—specifically, the roles and expectations of patrons and staff with respect to the library's role in enabling citizens' health information work.

---

### **THE OBLIGATION TO BE HEALTH-INFORMED**

Irvine explains what is expected of people in the current health care climate:

As health consumers, people are meant to develop new relations with health care providers, policy makers and themselves. At the level of practical conduct they are admonished not to act unthinkingly and not to defer to the sovereign will of health care providers. Rather they are encouraged to seek out information, for example, finding out the side-effects of prescribed medicine, consult books for guidance on how to cope with illness, and investigate and evaluate the available medical services.<sup>3</sup>

There is considerable evidence that many members of the lay public comply with this expectation and are active health information seekers, often relying on the Internet to locate information for themselves and on behalf of others. Reports from the United States, for example, suggest that 80 percent of “connected” citizens have searched online for information about health topics.<sup>4</sup> In Canada, a random telephone survey of rural residents indicated that of the nearly 75 percent who had looked for health information in the previous year, 60 percent had searched online.<sup>5</sup> Despite its power and convenience, however, the Internet is not a panacea that can entirely satisfy the public's need for health information. Not only do most Internet information seekers use less-than-optimal search strategies that may produce “misleading or unrelated information,”<sup>6</sup> but lay searchers often have difficulty judging the reliability of the health information they retrieve, and few actually check sources or dates of the information they find online.<sup>7</sup> Health-related information, even that which is specifically intended for lay use, may not meet “the quality criteria required for unbiased evidence-based patient information.”<sup>8</sup> Moreover, the volume, complexity, and potentially distressing nature of health and medical information encountered online may lead searchers to look elsewhere for help and emotional support.<sup>9</sup> Numerous studies have shown that lay researchers

often have difficulty retrieving relevant items.<sup>10</sup> In fact, it could be argued that in the case of online health information seeking, technology has actually added to the workload of ordinary citizens.<sup>11</sup> As Oudshoorn explains, “The introduction of new technologies often leads to redistribution rather than a reduction of work,” and she argues that emerging medical technologies that require active self-monitoring by patients create a new “geography of responsibilities” that produce new obligations and “competences for healthcare professionals and patients.”<sup>12</sup>

Although Oudshoorn's remarks are directed at the work of patients and health care providers, they could equally apply to new health-related work roles and obligations that are (or could be) fulfilled by public reference library staff and library users. Not only are public libraries well positioned to address the digital divide by providing physical and intellectual access to online health resources, but they “represent a promising, yet relatively untested, source of assistance for helping people find and use desired health information, and for making referrals to local health services/programs.”<sup>13</sup> As Gillaspay points out, although public librarians “can never diagnose or prescribe or recommend one course of treatment over another, they can provide the expertise in health information resources that will direct consumers to trusted sources that will aid them to work with their health care providers in making decisions about their care.”<sup>14</sup>

---

### **PUBLIC LIBRARY ROLES IN PROVIDING HEALTH INFORMATION**

Public libraries that support lay users' healthwork can be found in several countries. In the Netherlands, for example, some public libraries have consolidated health-related resources in “health information points” and also provide access to specially trained reference librarians that are available to assist patrons with their health inquiries.<sup>15</sup> Similar initiatives exist elsewhere but, unfortunately, in most countries the national, regional, and local policies that direct the design and delivery of health care and public library systems are often silent, inconsistent, or unclear about the public library's role with respect to public health. This is evident, for example, in Canada where (1) consumer health information is not explicitly identified as a priority in the planning documents of regional organizations that give direction to public library service, and (2) public libraries are not identified as important sources of health in-

formation in government health policy directives. In the United Kingdom, where policy documents produced by the Department of Health and the Museums, Libraries, and Archives Council suggest that public libraries "have an opportunity to interpret the role they can play as information providers in helping provide 'informed choice for all' about health, mental health, healthy lifestyles, healthy eating, exercise and all public health priorities,"<sup>16</sup> other significant policy documents, such as a national report on the state of UK public libraries, make no reference at all to the provision of health information among many recommendations for improvements to the public library service.<sup>17</sup>

In the United States, a pilot project to evaluate the role of the public library in providing consumer health information conducted on behalf of the National Library of Medicine (NLM) revealed that, even though health was recognized to be among the top topics of interest for public library patrons, "few of the participating libraries had health information centers" and "many librarians were not yet comfortable providing reference assistance to patrons in part because of concerns about providing misinformation and possibly intruding on patron privacy."<sup>19</sup> Although the NLM project was undertaken more than a decade ago, today there are few U.S. public library mission statements that refer specifically to health as a responsibility even though, in practice, many public libraries do play a role in providing consumer health support. For instance, a survey of North Carolina public libraries revealed that not only did all of the participating libraries provide health-related reference services and nearly all made health information resources available, but more than 80 percent also taught users how to search for information.<sup>20</sup> Therefore, even though there are many excellent examples of individual public libraries that offer consumer health information programs in countries with well-developed public library systems, these programs are not universally available, nor is there a single standard to be met in terms of the scale or scope of these services.<sup>21</sup> As a result, from one community to the next, there is considerable variability in the degree to which consumer health is emphasized in the resources and reference services provided in the local public library.

A commentary published in *The New England Journal of Medicine* raises worrisome questions about policies that emphasize personal responsibility for health, suggesting that they may lead to a reduction in access to basic health benefits for the poor and those suffering from chronic medical conditions.<sup>22</sup> If this scenario unfolds as predicted, and as ordinary citizens face increasing pressure to

be informed health "consumers" and play a more active role in providing their own care, the public library could be an obvious go-to site for help that may not be available elsewhere.

---

## WHAT DO USERS EXPECT FROM PUBLIC LIBRARIES?

Given the uncertainty about the public library's health mandate, at least at the policy level, how is the public library perceived by users and staff members to support the healthwork of ordinary people? This question has received little attention in the research literature, although a few studies have addressed the issue, at least in part. In one study, an exploration of rural women's health information-seeking, more than half of the women interviewed said they would consider using a public library for support in dealing with a chronic health concern.<sup>23</sup> For some of the women in that study, the public library was seen as potential source of health-related help because it provides access to the Internet, trustworthy print materials, and support and advice from library staff. Others were less confident about the library's value and raised concerns about confidentiality and the age of public library resources. Some respondents also suggested that the Internet has replaced the function of the public library. In another study, a random telephone survey of residents from a rural region in central Canada, only 7 percent of the respondents who had looked for health information in the previous year had actually used a public library to help in their search.<sup>24</sup> Of those, most went to the library in search of helpful books, although a few mentioned that they had been helped by members of the library staff. In another study, Borman and McKenzie analyzed public library staff members' accounts of health-related reference interactions.<sup>25</sup> Their results suggest that staff members see the library as providing a potential solution to the barriers people encounter in the health system, such as a lack of time on the part of health professionals to answer patients' questions. They described the library's role as "guiding, directing, and connecting users to outside sources" and providing "a welcoming place where staff will take the time that other information providers are not able to provide."<sup>26</sup>

---

## THE STUDY

In this article we describe the results of a study conducted in a British public library in which we investigated the library's health information

role. The site of the study was of particular interest because the United Kingdom's national health policy explicitly identifies patient "self care" as one of the "key building blocks for a patient centered health service."<sup>27</sup> Also, the particular library in which we conducted the research has adopted an organizational model that emphasizes patron self-service. In the Borman and McKenzie study of health reference encounters, the personal accounts of public library staff members were analyzed to identify barriers to success. In this study we also relied on the personal accounts of staff members but, in addition, we sought input from library users. As well as exploring participants' experiences of health information-seeking in the library, we inquired about their expectations about the positioning of the library within the broader health-information landscape. We also considered how the Internet factored into library users' search for health information and at what points in their help-seeking processes the public library and particular resources within it (including the library's staff) became relevant, and in what ways.

To some extent, our work falls in the tradition of "everyday life information seeking research."<sup>28</sup> We explore the experiences of health information seekers in a particular context: a single, busy, city-center library that does not offer a specific consumer health program but features self-checkout, renewal and return of books, public Internet access, the integration of the reference collection into the main collection, and a general reference service that is staffed both by professional librarians and library assistants (known as "officers"). Our focus on how Internet technology and health policy influence the "work" of health-information consumption also is informed by the field of science and technology studies (STS), an area of scholarship that explores, among other things, how technological innovation affects society, politics, and culture.<sup>29</sup>

---

## METHOD

In this study we used a mixed-methods approach that encompasses both quantitative and qualitative elements, including a print questionnaire administered to adult library users (eighteen and over), semistructured interviews with library users that were looking for health information, library staff members that work directly with library users, and with three librarians who hold senior managerial positions in the library.

To recruit participants, over a period of four months beginning in spring 2006, visitors entering

the library were approached by a trained research assistant who was present in the library at different times of the day for two to three hours on varying days of the week. The research assistant asked the visitor whether they planned to look for health information during their visit. If so, they were invited to participate in the study and, if they were willing, they were given a questionnaire to complete and directed to a box in which they could deposit it. Also during this period, library patrons that sought assistance for health-related inquiries from members of the library staff were invited by staff to participate in the study. Those who agreed were provided with the questionnaire and shown the box in which they could deposit it. In total, 202 visitors completed the questionnaire, which includes 34 detailed, primarily closed-ended items designed by the investigators and pretested with library staff members. These items include a series of questions about respondents' general use of the Internet, as well as how they find, use, and assess the value of various health information sources, including the public library, what role library staff members play in support of their health information seeking, and how they intend to use the health information they locate in (or through) the library. Although the questionnaire respondents included only those who were in search of health information on the day they were surveyed, as a group they closely resembled, in demographic terms, the general profile of the library's users: two-thirds of the respondents were women, more than 60 percent were between the ages of twenty and forty-four; most were white (87 percent), a somewhat lower proportion than the percentage of white residents in the city (94 percent); and 40 percent were employed, a somewhat lower proportion than the percentage of employed city residents (50 percent).

At the end of the questionnaire, respondents indicated if they were willing to be contacted for a follow-up interview and, if so, to give their contact details. The research assistant randomly selected names from those who agreed and contacted them to arrange an interview. Through this process, the research assistant was able to conduct semistructured interviews with fifteen library users. The interviews were recorded with the permission of the interviewees. To increase the reliability of our results, as well as to allow for the in-depth exploration of key issues, the interview questions were designed to parallel those in the written questionnaire, that is, to cover a similar domain of information. The interviewer asked respondents to describe their experiences in making health-related inquiries in the library, including what had

lead them to the library, what they had expected of the library, how they had used the Internet in relation to health concerns, and the resources they had used in the library, including encounters with library staff.

In this library setting, general reference is provided by staff members who work from all-purpose "enquiry" desks. The most heavily used of these desks, on the main floor of the library, is always staffed by at least one librarian and one paraprofessional library officer. With the permission of the library's management team, enquiry staff members were invited to participate in interviews via a letter of invitation from the researchers. Sixteen staff members (ten librarians and six library officers) agreed to participate and were contacted by the research assistant who conducted individual semistructured interviews that were recorded with the permission of the interviewees. During the interviews, staff members were asked about their experiences in providing health-related support and services, their views on the library's role in consumer health support, and their use of the library's resources as well as the Internet in responding to health-related inquiries.

The research assistant also interviewed three members of the library's senior management team about the role of the public library with respect to consumer health information.

**Table 1.** Sources of Health Information Consulted Prior to Library Visit

Source	Respondents (%)
General practitioner/doctor	16
Internet	16
Health books/magazines	13
Other health care professional	10
Friends/family	7
Public libraries	4
Pharmacist	3
Health food store	3
Walk-in health centre	1
National Health Service direct telephone service	1
Other	3

## ANALYSIS

Descriptive statistics were calculated [by whom?] for responses to questionnaire items with the statistical software package SPSS. These data provided useful background information about the health information-seeking activities in which the library visitors engage and the sources they consulted or hoped to use. The recorded interviews with library patrons, staff members, and managers were transcribed. The resulting text was analyzed to identify important recurring themes using NVivo qualitative data analysis software.

## RESULTS

### Consumer Healthwork in the Library

Prior to visiting the library, 37 percent of the respondents who completed the questionnaire had tried to find information elsewhere prior to their library visit (see table 1). Half of the questionnaire respondents came to the library in search of information about a specific health problem or condition (see table 2). Most of the respondents needed the information for themselves (75 percent), although some were searching on behalf of others, often family members (16 percent).

In response to the question "What do you usually do when you need health information or advice?" the most frequently occurring answers were to "look on the Internet" and "ask my general practitioner/doctor" (see table 3). Interestingly, even though only 27 percent of the questionnaire respondents indicated that they would be "most likely" to turn to the public library for health information, public libraries emerged as one of the respondents' most trusted sources of health information, second only to their doctor.

**Table 2.** Type of Health Information Sought

Topic	Respondents (%)
Specific health problem or condition	50
General self-help material	27
Specific treatment	25
Diets/food	25
Exercise	19
Other	13

Consistent with the emphasis on user self-service in this library's organizational arrangements, most of the questionnaire respondents expected to be self-reliant when it came to their health-related search activities in the library. Most users did not expect to receive reference assistance at the library. On the day of their visit, very few of the users that were surveyed (4 percent) indicated that they had planned to seek help from library staff, and few actually did receive any help from staff members during their visit (see table 4). The majority of the respondents indicated that they came to the library for books related to their health concern that they intended either to borrow or use in the library. In response to the question "Which one of these statements best describes the outcome of your search today?" the majority of respondents (59 percent) reported that they found what they had been looking for on their own during their visit (see table 5).

**First Steps: The Public Library's Role in Health Information**

The interviews with library users, staff members, and managers revealed a considerable convergence of opinion about the library's role in providing health information. Many of the interviewees perceive the public library to be a starting point on a continuum in a health information seeker's journey:

[The library provides] a first-step information in a nonmedical setting. [Manager #3]

I think it is more for the layman . . . the people who have had something happen to them or somebody they know and want to find out, sort of start off. [User #4]

It's an absolute central point for people to come to because, say, there weren't any libraries. What would people do? You have to have a starting point and the library is the starting point for finding out. [User #3]

**Table 3. Sources Most Likely to be Consulted for Health Information & Sources Trusted**

Source	Consulted (%)	Trust somewhat, completely (%)
Internet	40	32*
General practitioner/doctor	38	79
Health books or magazines	31	40
Friends/family	28	46
Public Library	27	63
Other health care professional	14	57
Health food store	10	25
Pharmacist	9	52
National Health Service direct telephone service	3	34
Walk-in health center	3	26
Other	3	2

\*The wording of the "trust" question referred not to the Internet per se, but to the National Health Service's NHS Direct online service and non-NHS Direct online services.

Managers, library users, and staff members also see the library as an important resource for health information because of its "neutral, nonthreatening environment" [Manager #2] and because its services are available at no cost to the user. As one visitor commented,

[A website] tells you what books you can look at. But the books, I don't know if most health books are like it, but they're about 15 pound [about \$25] and I just couldn't afford that. . . . So, I looked online on the library catalogue and ordered some books from there. They've just been really helpful. That was my first thing. [User #13]

The library visitors and staff members who were interviewed also seemed to agree on the role of the library in relation to the larger health care system. Their comments suggest a shared recognition of the inability of traditional health care providers, particularly doctors, to meet the information needs of some of their patients. For some, the public library provides a means to fill information gaps as well as to provide reassurance and a deeper understanding.

**Table 4.** Library Services Respondents Intended to Use and Actually Used for Their Health Information Search

Service Type	Intended to Use (%)	Actually Used (%)
Books to borrow	67	58
Books to use in the library	47	49
Internet access	15	12
Newspapers/magazines	5	4
Staff help in finding relevant information	4	4
Staff help in using the Internet	0	0
Staff help in understanding and interpreting information	0	0
Other	3	3

**Table 5.** Respondents' Health Information Search Outcomes

Outcome	Respondents (%)
I found what I was looking for on my own	59
I was doing fine on my own but ran out of time	10
I could not find what I was looking for on my own and gave up	3
I had help from library staff and they found what I needed	2
I had help from library staff but they could not find what I needed	2
I had help from library staff and found them caring and supportive	1
I didn't feel I had enough privacy to search for the health information I needed	1

We should be able to go to our libraries and we should be able to talk to people to find information. Because when you go and see your [doctor] . . . I'm always very scared and I never ask the questions I want. Even if you write them down, soon as you get there, you're like that little school girl again and he's the headmaster. [User #5]

It's much more frequent that you've actually got a diagnosis and they're completely at sea

about it . . . and you've really got to find a book that's right for them . . . I actually feel that doctor's surgery should be doing that more . . . and you think, "Well, how could somebody send you away without even the vaguest idea of what it is?" [Staff Member #1]

It's a supporting role, really, that we can provide reading around a subject. Things that perhaps doctors don't have time to go into with patients, so it gives them a fuller understanding . . . it probably has an important psychological role. [Staff Member #9]

### Drawing the Line: Interpreting Health Information

The library managers and staff members who were interviewed appeared to be in agreement about the significance of interpreting health information and giving advice to users. As the following comments suggest, members of both groups regard these activities to be outside the role of library staff:

I think that we're all quite clear that we're not here to give advice as such, we're here to help people find what they want, but we don't want to get involved in actually giving advice. [Manager #1]

You quite frequently get people coming in who are in a bit of a state, and then you can try and redirect to the most—what you think is the most—but without actually giving any health information yourself. It is absolutely crucial that you obviously don't do that. [Staff Member #1]

Despite this apparent clarity, for several of the staff members the boundary of what actually constitutes "advice" and "interpretation" seemed somewhat blurry in practice:

We don't give advice. We do only give information. And, yes, sometimes people say, "what do you think that means?" and I suppose you sort of give your opinion or something like that. Maybe that's not quite

giving advice. [Staff Member #10]

The things that people fall into is when some little old lady or somebody is really worried about something . . . and you suddenly realize that you've actually interpreted . . . and you haven't meant to, you're trying to comfort them. And that, I think, it's a really dangerous area. [Staff Member #16]

I do [have boundaries] but then I sometimes end up getting drawn into things . . . and you try not to. I mean I think that the library has a very important role in giving people access to resources that includes search, use the catalogue, use the Internet, find things and give them the tools to finding it, and in an ideal world interpreting that for themselves as well. [Staff Member #3]

Despite the obvious anxiety on the part of staff members about possibly stepping over the line with respect to interpreting health information, it is worth noting that none of the library users raised this issue as a concern either during the interviews or in their comments on the questionnaire.

### Sorting out Healthwork Roles in the Public Library

When the library visitors who took part in the interviews were asked about the most important resources the library provides in support of health information seeking, most said "books." When they were asked the same question, library staff members also focused their answers on books, as well as reference materials and the 'Internet'; however, when it came to the role of staff as a resource for health information work, both library users and library staff seemed less certain. It is telling, for instance, that none of the staff members mentioned librarians, library staff, or any person-to-person front-line services, including the reference service, as important health information support resources, and, as the following comments suggest, some of the library visitors were unsure about what they could expect from staff members in terms of support:

I would hope that they [the library staff] would be able to find me any book—eventually. It wouldn't necessarily have it in stock locally, but they could eventually find any book that I needed or wished to see, really. I *think* that is what the library is there to do. [User #2]

We come to the library for printed material. So, anything that you can think of that is printed, we should assume that the library should have. But I do not know how far it is the library's responsibility to supply this sort of stuff [health information] to us. *I am not sure if that is what their job is.* [User #10]

For library staff members, uncertainty over the library's role, not only with respect to consumer health but more broadly, was often woven into their responses.

I think there's a kind of identity crisis within public libraries. It's like, what are we going to do? What are we going to focus on? . . . So it's choosing what we do and maybe it should be health. . . . It's something we should look at but, do we have the training for it? I don't know. [Staff Member #3]

Health information, nobody covers it. . . . Nobody is really assigned a subject as such and within that nobody has got a responsibility for promoting certain things . . . it is quite piecemeal. There is nothing really together about it. [Staff Member #15]

In this library, staff members who work at the reference desk are expected to limit the amount of time they spend when responding to users' questions. As one of the managers explained, this practice reflects the library's self-service philosophy:

There isn't much time for inquiry desk (reference) staff to do more research intensive questions. I think we would normally say a maximum of ten minutes per inquiry and if they can deal with them in less time then so much the better. It's really the lower end where it's really necessary in finding the answer but giving the means for the person to be able to find out the answer, referring to some books and websites, or materials that can be used. . . . At the inquiry desk we might provide sort of short answers to questions but then we would normally channel people to the resources that they can find out themselves. [Manager #2]

Several staff members expressed concerns about whether they could meet users' needs within the constraints imposed by this policy.

I suppose we have a responsibility, but I don't know if it's an official responsibility, it's kind of a moral responsibility, to find

the information for somebody and make sure it's trustworthy. But when you're that rushed and other people are in the queue, jumping up and down, and the phones are ringing, it's very hard. . . . It's not our fault, we do the best we can and I know we're not nearly meeting the needs of people. [Staff Member #2]

People want you to spend time . . . they want to tell you a bit about it, so you need to be able to listen, I think, and spend that time. But sometimes you're conscious that obviously there's a queue of people and you can't spend the time. . . . It's all to do with time, isn't it? Being able to give each person that time. [Staff Member #10]

The tensions underlying these comments were echoed in remarks made by library visitors, some of whom told the interviewer that they serve themselves to avoid the lineups at the reference desk. Others commented on the quality of the interactions they have with staff that do, or do not, take time with them.

I suppose I'm sort of a bit of a child, I expect them to find the answers if I ask them something. . . . I left there really thinking . . . it's not something that affects her directly, she doesn't really care. I think she gave me about eight minutes of her time. [User #5]

I was asking the lady about [irritable bowel syndrome] and she was, bless her, she was really helpful. She had no clue what she was talking about, you know. She knew, basically, wheat intolerance and stuff and we went to the food section and cook[ing] and we went to health and she was really helpful, cross-referencing, and looking up on the computer. Bless her, she didn't have a clue what she was looking for really, but she found all the information I needed. [User #6]

Nevertheless, most of the library users who took part in the interviews, like the questionnaire respondents, seemed resigned to the library's self-service ethos and felt obliged to look after themselves.

If you have a problem you should try and sort it out yourself before you go and start asking for help from other people. [User #10]

If I get stuck or if there's something that I really really want and I can't find it . . . that's the only time I ask [for help from a librarian]. Most of the time I just wander. [User #13]

Occasionally, staff members' comments hinted of morale problems arising from the library's policies. Several of them made remarks contesting the boundaries of the library's self-service model, and the positioning of the Internet within this model, in terms of its value to users.

I personally think they've thrown the baby out with the bathwater . . . they've actually forgotten what libraries are about. . . . I mean with people in it, physical human beings who as well as helping people with IT technology, who actually know what they're talking about can give that sort of advice across a whole range of subjects. . . . There's no need for us, IT services replaced it all. [Staff Member #1]

We are spending less time on the inquiry desk and I think that is the nature of where public libraries are going, in general. They are being popularized. So it is not about clarity and depth and precision of the information anymore. It is about point and facilitating rather than gatekeeping and providing. I think that is the difference. I think that is why librarians, especially in public libraries, feel that their little bit of ground is slowly being squashed into nothing. [Staff Member #15]

I think people's expectations are higher than we are meeting. . . . I don't think they are too high. I think our expectations of ourselves have changed. The things that we do in this building, as an organization, the organization wants new ways of working that the public don't like, and we've been developing. I think that perhaps we went too far . . . all this emphasis on self-service. [Staff Member #6]

These tensions were visible to library users and seen to be linked to the challenge of integrating changing technology into the public library service. As one library visitor told the interviewer,

I think they're quite depressed, really. . . . I feel they've lost their role and maybe they feel that they're not needed as librarians because there's so many other things going on

in the library, like the computers, the videos downstairs, the DVDs. [User #5]

The conflict between the beliefs of some staff members regarding their service obligations and the structure of the library organization with respect to the delivery of that service led some of them to perform their reference duties in ways they regarded as outside the bounds of their jobs, especially in support of patrons with health concerns.

I possibly do a bit more than I should in some circumstances. . . . I'll make phone calls for somebody where, in different circumstances, I might just give them a phone number . . . that extra bit. [Staff Member #1]

I won't just direct them. If it's a health issue, I usually go with them to the shelves. I mean, if it's other inquiries, and again it depends on who you're got waiting, etc., then I'd go with them for health issues and try and find something for them. Not just give them a number. [Staff Member #10]

There is something emotional about somebody coming in and because it is personal to them. A lot of the time to be able to find the right information they do need to give you a bit of information [about] what is going on and you tend to find about the operation that they had, and headaches they have been getting, or the fact that they have just been diagnosed with cancer. It makes it more personal. You have to give that little bit more, do you not, on the inquiry desk? [Staff Member #15]

### They Come for the Books

Occasionally, it appeared that library users' health-work efforts were thwarted by the library. For example, several of the questionnaire respondents wrote comments reflecting their frustration with the organization of the library's collections, such as "all health issues are mixed together. If they are in categories, they are not clearly marked" and "no mixing health books with quackery and woo books." Others were disappointed with the collections themselves, writing comments such as "not enough books!" or "the library doesn't have many books dedicated to health." These sentiments were echoed in the interviews with library visitors, some of whom were disappointed when they found that the library health books were out-of-date, hard to

find, or unavailable because they are either on loan to others or not part of the library's collection.

[The librarian] looked and she suggested a few books but . . . I'm not going to bother because everything I look at is too old. [User #3]

I was particularly looking for nutritional information. Unfortunately, it is a library. It is good that it is a library, but it is bad because other people take all the books that you want out. [User #10]

The challenge of meeting users' expectations for health books also was evident in the interviews with staff members, one of whom commented,

In a library, half of it's on loan and all the good stuff's on loan. So quite often what you get on the shelf is the stuff that people don't want to borrow that isn't as up to date, isn't as good. . . . I think that's very off-putting because if they come a couple of times and the stuff's not there, then they don't come back. [Staff Member #16]

To overcome the limitations of the health collections in the library, some staff members said that they sometimes tried to meet patrons' needs by quickly retrieving material for them from the Internet. However, as the following comment from a library patron suggests, this strategy is not always welcome.

Books you can keep referring back to again, whereas the Internet, you don't know whether the site you looked at four or five years ago is still going to be there, is still going to have the same information, whereas books you can always count on. [User #6]

Indeed, for a large number of the users who took part in this study, their willingness to take the time and trouble to make a visit to the library is based on their considerable trust in the library's book collection. They came for the books, sources they perceive to be reliable because they have been vetted, not only by publishers, but by the library, providing a level of quality control that they do not attribute to much of the information that can be retrieved (often more easily) via the Internet.

### The Fastest Googler in the West

Nowhere in the results of our study was the shifting terrain of health informing work more obvi-

ous than in relation to the use of the Internet. It is important to note that the visitors who came to the library for health information were not inexperienced Internet users. The majority of questionnaire respondents reported that they had not only used the Internet (85 percent), but many of these users (60 percent) had Internet access in their own homes (only one-third reported that they usually connect to the Internet from the library). They used the Internet for a variety of purposes, including e-mail, to visit chat rooms and to search online using popular search engines, especially Google. Many of them (74 percent) reported that they had searched online for health information. Consistent with results reported in other studies, many of the questionnaire respondents who had used the Internet to search for health information indicated that they rely on keyword searches in popular search engines (71 percent). Fewer than one-third (31 percent) indicated that they visit specific websites that they know of or that had been recommended to them, and only 10 percent reported that they had any favorite health information websites. Despite their apparent lack of knowledge of online health resources and advanced search techniques, a considerable proportion of these respondents (42 percent) reported that they felt very confident about using the Internet to search for health information. Despite their confidence about being able to find health information online, many of the questionnaire respondents, as well as the library visitors that were interviewed, had concerns about information quality. Several of them described some of the health information available on the Internet as overwhelming or frightening, and others did not trust the information they found or preferred to receive important information about their health from another person or from sources they regard as more authoritative, especially books.

I do go on the Internet but I do find it can be quite frightening sometimes . . . because there's such a lot of information. . . . If you're of a nervous disposition . . . I think you get too much. [User #7]

As noted earlier, most of the library visitors who participated in this study relied on themselves to meet their health information needs. However, a few did turn for help to the library staff, and it was clear through the interviews that library staff members are aware of the special needs of users who are looking for health information. While staff members may work hard to respond to inquiries, it also was apparent that they often lacked the neces-

sary skills to provide the level of health information support users require. Not only did some staff members have no special knowledge or training in health reference per se, but many also seemed unaware of significant health information resources, especially those available online, and several of them expressed concerns about the reliability of health information available via the Internet.

I'm a bit wary of using the Internet for information because I'm wary about who might be providing the information on there and the source of the information because obviously we all know that the Internet could be supplied by anyone, and you really don't know whether that information is accurate or not or whether that information is up-to-date. [Staff Member #4]

This and other similar comments suggest that some of the staff members who work at the reference desk are unaware of or do not know how to navigate their way to "safe" or reliable online health resources. Indeed, as illustrated in the following exchanges, when asked specifically if they had any special expertise in the area of health reference or whether they had received any training, most said they had not.

*Interviewer:* What is your role in health reference?

*Staff Member #2:* To find the answer . . . to match the information they require or the help they require or the health information or website address, whatever, just to answer somebody's inquiry to whatever level, whatever depth they need it.

*Interviewer:* Do you have any specialized training or knowledge?

*Staff Member #2:* No, nothing like that, no.

*Interviewer:* No special training?

*Staff Member #2:* No, there's never been anything.

My knowledge of online help resources? Oh, it is pitiful. Not good. . . . I mean I do not really know any specific websites. Since we have been here we have had no training at all, no training. We have never had any training . . . we do not have time. [Staff Member #11]

It was evident from the interviews with staff members that they depend heavily on the Internet as a support tool in their work; however, their approach to Internet searching is similar to that of

library users. For instance, to locate health information, many of them reported that they rely on keyword searching in popular search engines.

*Interviewer:* Have you had any online training?

*Staff Member #14:* No, I think I've taught myself. I think I've learned through experience. . . . I am the fastest Googler in the West. . . . I can pull up a load of sites very fast, but my knowledge of online health resources is not as good as it could be.

If it's a general inquiry, it would be about books that they're wanting. If not, then possibly if they're looking for a particular disease or something like that, I might go onto the 'Net and put it in and see what comes up about that. . . . Google, I think, yes. [Staff Member #13]

If you stick it into Google it will give you a hand on how to spell it for a start. Then it will give you something that you know is a good site, like Wikipedia, and you can go from there. [Staff Member #15]

The limited knowledge of online searching reflected in these comments was not lost on library users, one of whom remarked,

They're not Internet savvy. I don't think a lot of them are trained actually. [User #5]

---

## DISCUSSION

In an article describing the challenges of providing consumer health information in public libraries "from both sides of the reference desk," Koaume, Harris, and Murray suggest that librarians and library users may have different views about the appropriate level of depth in the libraries' collections, especially for "special needs" health consumers, as well as different understandings about the balance between the "advice" and "information" when librarians are responding to health inquiries.<sup>30</sup> Some of our observations from "both sides of the desk" echo these differences in perspective, but we also found that library users and staff members share considerable common ground in their understanding of the public library's healthwork support role. They agree, for example, that the public library provides an important starting place to fill information gaps about health concerns that formal health care providers don't have time to provide.

For many of the library visitors who took part in our study, their need for health information frequently emerged because of interactions they (or a family member) had had with the formal health system, often prompted by a visit to the doctor, a recent diagnosis, or a physician's directive to improve health habits such as diet or exercise. In some instances, the emotional support and patient education that one might expect to have taken place between physicians and their patients had obviously not been forthcoming and, as a result, these individuals turned elsewhere for support and advice. For these users, the public library played a role in meeting important needs that were not addressed by the formal health care system, suggesting that, whether intended or not, the public library is "in" the health business.

Although most of the library visitors who took part in our study were Internet users, the majority of whom had searched online for health information, many of them do not trust the information they retrieve via the Internet and do not view the Internet as a substitute for the public library. The participants in our study looked to the library for something more. Generally, this was the library's collection of books, especially books about specific health problems or health conditions, that can be taken home and read at the user's own pace. The library visitors' views converge with those of the library staff in that they value the library for its neutrality (of place and in the material it provides) and trust it for its role in information quality control. They expect that, in the selection of material that appears on the library's shelves, unreliable or "poor" quality sources will have been sifted out. Even taking into account the fact that all of the users who participated in the study had come to the library specifically to find health information and were clearly predisposed to have a positive view of the library, one of the more striking findings to emerge from this exploratory study is that these library users have a great deal of faith in the public library as a source of health information, rating it in trustworthiness second only to physicians.

---

## THE SELF-SERVICE LIBRARY

Our purpose in writing this article is not to suggest that our findings can be generalized to all public libraries. Rather, our intent is to provide a case study of a particular public library in a particular country. As we noted earlier, one of the significant features of this library is its emphasis on patron self-service, which made it an interesting and valuable site for research. One of the managers interviewed in the study described the library's

self-service approach as a means to "empower" users to locate and use information on their own. This description of the library's service philosophy is very similar to a significant theme in contemporary health policy discourses that emphasizes patient self-care and describes health care users as "consumers" who are expected to be empowered by taking personal responsibility for their health, including keeping themselves informed.<sup>31</sup>

A cynic might describe the library visitors in this study as "twice-empowered" in that they not only took up the challenge of personal responsibility for health by trying to inform themselves, but they executed this challenge in the context of an "informing" institution in which they are supposed to find information on their own. While many of the library users who took part in the study appear to have been willing to take care of themselves when visiting the library, some clearly did so in order to avoid lineups at the reference desk or, possibly, because they had little confidence that the library staff would be able or willing to offer them much more than they could do on their own. Nevertheless, for many of the users who participated in the study, the self-service model in the public library seems to have been successful in supporting their healthwork. On the other hand, even though more than half of those surveyed indicated that they had been able to find what they needed without help from the library staff, it seems reasonable to ask whether this level of support is actually enough. In other words, does the public library's mandate to support the needs of community members end when users have reached the limits of their own capacity to search for information? Although they make up only a portion of those who took part in the study, some library visitors did seek help from library staff. Staff members' accounts of trying to respond to such users revealed serious concerns over whether they can provide an appropriate level of service, particularly given the time constraints they face when working at the reference desk. In addition, a number of staff members were obviously hampered in their ability to respond to health inquiries by a lack of skills and training, particularly when it comes to online resources.

Oudshoorn's observations about technology and a new "geography of responsibilities" are consistent with users and staff members' descriptions of role ambiguity in health informing work. The interviews revealed uncertainty about the role of the library staff, both on the part of the library's users as well as staff members themselves. Expressions of uncertainty arose not only with respect to health information, but also much more generally,

often in connection with the ways in which information technology intersects with the library's self-service philosophy. In fact, in some respects librarians seem to have been almost written out of the script when it comes to the operations of the public library we studied. In reading the transcribed interviews with library users, staff, and managers, we were struck by the invisibility of librarians and their work. The idea of creating a library space in which staff are invisible and librarians provide little direct service to users is consistent with trends in library practice that have been observed elsewhere and are described by Harris and Marshall as "a giant step back from the front."<sup>32</sup>

In this study it appears that the offloading of health-related work and responsibility from health care systems onto patients and system users (under the rubric of patient empowerment) is being replicated in the public library. Yet, in view of the obvious health information needs of lay citizens, the absence of health-knowledgeable staff on the front lines of library service is worrisome, as was the staff's uncertainty about how to deliver information within the expected bounds of "noninterpretation." If citizens are unable to find relevant answers to reasonable questions about their health from the health care system and if policies concerning public health, health insurance, and employer health benefits continue to evolve in ways that emphasize the personal responsibility of "consumers," just where are people to turn if alternative sources of information such as the public library are unable to provide individualized information services, adequate resources, or appropriately trained staff? The obvious good will and trust in the public library on the part of the patrons who participated in this study suggest that efforts to develop and sustain viable consumer health information services in these settings continues to be a worthwhile and important response to the pressures on citizens to take responsibility for their own health.

## References and Notes

1. Eric Mykhalovskiy, Liza McCoy, and Michael Bresalier, "Compliance/Adherence, HIV, and the Critique of Medical Power," *Social Theory & Health* 2, no. 4 (2004): 323.
2. Sally Wyatt, Roma Harris, and Nadine Wathen, "The Go-Betweens: Health, Technology and Info(r)mediation," in *Mediating Health Information: The Go-Betweens in a Changing Socio-Technical Landscape*, ed. C. Nadine Wathen, Sally Wyatt, and Roma Harris (Houndmills, Basingstoke, UK: Palgrave Macmillan, 2008): 1–17.
3. Rob Irvine, "Fabricating 'Health Consumers' in Health Care Politics," in *Consuming Health: The Commodification of Health Care*, ed. Saras Henderson and Alan Petersen (London: Routledge, 2002): 35.

4. Susannah Fox, *Online Health Search 2006*, Pew Internet and American Life Project, www.pewinternet.org/Reports/2006/Online-Health-Search-2006.aspx (accessed Nov. 11, 2008).
5. Roma Harris, C. Nadine Wathen, and Jana Fear, "Searching for Health Information in Rural Canada: Where Do Residents Look for Health Information and What Do They Do When They Find It?" *Information Research* 12, no. 1 (Oct. 2006): paper 274, <http://informationr.net/ir/12-1/paper274.html> (accessed Nov. 11, 2008).
6. Amanda Spink et al., "A Study of Medical and Health Queries to Web Search Engines," *Health Information & Libraries Journal* 21, no. 1 (2004): 45.
7. Fox, *Online Health Search 2006*.
8. I. Mühlhauser and M. Berger [first names?], "Evidence-Based Patient Information in Diabetes," *Diabetic Medicine* 17, no. 12 (Dec. 2000): 824.
9. C. Nadine Wathen and Roma M. Harris, "'I Try To Take Care Of It Myself.' How Rural Women Search for Health Information," *Qualitative Health Research* 17, no. 5 (2007): 639–51.
10. For instance, without awareness of controlled vocabularies, lay searchers who are looking for information about disease conditions are likely to use search terms that may result not only in the retrieval of many irrelevant items but, more importantly, failure to retrieve many items that are central to the topic of interest. See Timothy B. Patrick et al., "Evaluation of Controlled Vocabulary Resources for Development of a Consumer Entry Vocabulary for Diabetes," *Journal of Medical Internet Research* 3, no. 3 (2001): E24. Most lay searchers would not know, for example, that to search for information about nose bleeds, it would be helpful to use the medical term "epistaxis." See Mary Ellen Cullinen Sievert, Timothy B. Patrick, and John C. Reid, "Need a Bloody Nose Be a Nosebleed? or, Lexical Variants Cause Surprising Results," *Bulletin of the Medical Library Association* 89, no. 1 (2001): 68–71. Although recent improvements to commonly used search engines, such as Google, have increased the likelihood that links between lay and scientific medical expressions are more evident to searchers, library users who are coping with complex health concerns may still have much to gain by access to knowledgeable librarians who are aware of a range of online information sources and have the skills not only to navigate but *explain* how to locate and use terms that will improve search results.
11. Roma Harris, "Cyber-Burdens. Emerging Imperatives in Women's Unpaid Care Work," in *Gender, Health & Information Technologies in Context*, ed. Ellen Balka, Eileen Green, and Flis Henwood (Houndmills, Basingstoke, UK: Palgrave Macmillan, forthcoming).
12. Nelly Oudshoorn, "Diagnosis at a Distance: The Invisible Work of Patients and Healthcare Professionals in Cardiac Telemonitoring Technology," *Sociology of Health & Illness* 30, no. 2 (2008): 272, 273.
13. Laura A. Linnan et al., "Public Librarians as a Resource for Promoting Health: Results from the Health for Everyone in Libraries Project (HELP) Librarian Survey," *Health Promotion Practice* 5, no. 2 (2004): 183.
14. Mary L. Gillaspay, "Factors Affecting the Provision of Consumer Health Information in Public Libraries: The Last Five Years," *Library Trends* 53 (Winter 2005): 491–92.
15. Sidsel Hindall, "Health Information in Public Libraries in the Netherlands," *Scandinavian Public Library Quarterly* 37, no. 2 (2004), [www.splq.info/issues/vol37\\_2/09.htm](http://www.splq.info/issues/vol37_2/09.htm) (accessed Nov. 11, 2008).
16. Marcus Weisen, *New Directions in Social Policy: Health Policy for Museums, Libraries and Archives*, (London: Museums, Libraries and Archives Council, 2004): 14. See also UK Department of Health, *Choosing Health: Making Healthy Choices Easier* (London: Department of Health, 2004).
18. House of Commons, Culture, Media and Sport Committee, *Public Libraries. Third Report of Session 2004–2005*, vol. 1, HC 81, 10 Mar. 2005.
19. Fred B. Wood et al., "Public Library Consumer Health Information Pilot Project: Results of a National Library of Medicine Evaluation," *Bulletin of the Medical Library Association* 88, no. 4 (Oct. 2000): 314–22.
20. Linnan et al., "Public librarians as a Resource for Promoting Health."
21. See, for example, the Iowa City Public Library ([www.icpl.org](http://www.icpl.org)) or the Toronto Public Library ([www.torontopubliclibrary.ca](http://www.torontopubliclibrary.ca)).
22. Robert Steinbrook, "Imposing Personal Responsibility for Health," *The New England Journal of Medicine* 355, no. 8 (2006): 753–56.
23. Roma Harris and C. Nadine Wathen, "'If My Mother Was Alive, I'd Probably Have Called Her.' Women's Search for Health Information in Rural Canada," *Reference & User Services Quarterly* 47, no. 1 (Fall 2007): 67–79.
24. Harris, Wathen, and Fear, "Searching for Health Information in Rural Canada."
25. C. Brandi Borman and Pamela J. McKenzie, "Trying to Help Without Getting in Their Faces. Public Library Staff Descriptions of Providing Consumer Health Information," *Reference & User Services Quarterly* 45, no. 2 (Winter 2005): 133–46.
26. *Ibid.*, 136.
27. UK Department of Health, Self Care, [www.dh.gov.uk/en/Healthcare/Selfcare/index.htm](http://www.dh.gov.uk/en/Healthcare/Selfcare/index.htm) (accessed Oct. 30, 2008) [URL now broken].
28. See, for example, Amanda Spink and Charles Cole, "Introduction to the Special Issue: Everyday Life Information-Seeking Research," *Library & Information Science Research* 23, no. 4 (Winter 2001): 310–14.
29. See, for example, the Society for Social Studies of Science (4S), [www.4sonline.org](http://www.4sonline.org) (accessed Nov. 12, 2008).
30. Gail Kouame, Margo Harris, and Susan Murray, "Consumer Health Information from Both Sides of the Reference Desk," *Library Trends* 53, no. 3 (Winter 2005): 464–79.
31. Flis Henwood et al., "'Ignorance is Bliss Sometimes': Constraints on the Emergence of the Informed Patient in the Changing Landscapes of Health Information," *Sociology of Health & Illness* 25, no. 6 (Sept. 2003): 589–607.
32. Roma M. Harris and Victoria Marshall, "Reorganizing Canadian Libraries: A Giant Step Back from the Front," *Library Trends* 46, no. 3 (1998): 564–80.