Concurrent session 3A

Health education

Chair

P. Wolfgram

THROUGH INFORMATION TO PARTICIPATION: INVOLVING PEOPLE IN THEIR OWN HEALTH CARE

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The case for participation

In recent years increasing attention has been paid to primary care as the key element of the health care process, and the need for consumers to become more fully involved in their own treatment and in planning and use of services.

The 1978 International Conference on Primary Care in Alma Ata recognised primary care as "essential health care made universally accessible to individuals and families in the community, through their full participation at a cost that the community and country can afford" and pointed to "maximum community and individual self reliance" as the means to attaining universal accessibility and participation (1).

The individual has long been responsible for the greater part of his own health care (2,3). There is now a growing realisation that this self-reliance should be extended towards a more genuine participation in the whole health care process (4). This is the essence of the fourth point of the Declaration of Alma Ata "The people have a right and duty to participate individually and collectively in the planning and implementation of their health care".

The more recent report on New approaches to health education in primary health care (5) recognises the limitations of high-tech medicine in making further real improvement in health status and sees the hope for the future in people themselves.

The World Health Organization's commitment to this approach has been further strengthened by the European Regional Office's Targets for health for all (6). The theme running through this account is that "Health for all will be achieved by people themselves. A well informed, well motivated, and actively participating community is a key element for attainment of the common goal". The Targets recognise that health care is a cooperative activity which involves health care professionals, self help and community groups and the self care provided by individuals themselves and their families. Health care is not the prerogative of the professionals, and people cope with a wide range of health problems in their daily lives.

National governments have, in principle at least, enshrined consumer participation in their health service legislation. The Italian Health Service Act of 1978 (8) is an early example, in which health education is the first objective and the participation of citizens the operative method for planning. In Sweden a 1983 law Halso och sjukvardsnamnden gives the public a right to information about health and illness and options in treatment and care. In the United States there has been a Patients Bill of Rights since 1973.

There is no legal right to informed participation in the United Kingdom, although a Patients Charter (9) has recently been issued by the Association of Community Health Councils.

Barriers to participation

Despite the laudable objectives of international bodies and national governments, in reality most people do not feel that they are actively involved in the decisions affecting their own health. A study in Umbria illustrates this clearly (10). When asked who they thought were responsible for correcting the health risks of their everyday environment, the majority of responders replied that it is the responsibility of political bodies. Very few (2%) considered themselves responsible as citizens.

As Professor Maria Modolo of the Experimental Centre for Health Education at Perugia has pointed out (11) it is a law of human nature that every individual feels responsible for systems if he has participated in establishing them. She argues that passive patients need to be transformed into citizens aware of health issues in their widest sense, and health professionals into perceptive experts who are able to work with people and able to listen to the information given by them.

There are many difficulties. Consumers often lack minimum basic knowledge and vocabulary necessary to enter into a dialogue with professionals. For their part, doctors may be reluctant to give information freely with the erosion of power which this implies (12).

Despite increased attention given to communication between health professionals and their patients, there is abundant evidence that people are not satisfied with the information given to them (13). The number of people who write to women's magazines for health advice is indicative of a high level of unmet demand and a feeling of helplessness on the part of patients (14). The British "problem page" columnist, Claire Rayner, receives over 50,000 letters a year largely from people worried about health problems (15). Even with the best of intentions, advice given to patients may be complex and only given verbally. Ellis and colleagues in 1979 (16) found that patients had a poor understanding of verbal instructions "which we considered we had presented with great lucidity". The provision of clear, written information improved recall and understanding in all cases.

Further work has demonstrated that the informed patient copes more successfully with minor illness (17), cooperates more effectively with drug treatment (18); experiences less fear and stress and requires less pain-killing drugs (19). Yet the provision of written information is by no means routine and there is a lack of documentation centres through which this material can be identified.

Paths to participation

In 1984 an English general practitioner, Dr. Tim Paine, produced an invaluable review (20) of the changes which have taken place over the past generation in the users of health care services in the UK - their values and beliefs, knowledge and behaviour, and participation in health. In the 1950s an authoritarian, disease-orientated approach was dominant. Doctors were supposed to hold the key to good health and patients were generally treated, and behaved, as passive supplicants.

Today many people are no longer content just to be told what to do; they want to be involved, asked for their opinions, given a more active role. He points to a number of encouraging developments through which patients can become more informed and active partners in their own care; the provision of more information at the consultation, the involvement of patients in the running of the practice through patient participation groups, the growing numbers of self help groups and community health initiatives.

Patient participation groups and health centre user groups have become increasingly common in the UK since the 1970s. There are now about 80 groups in the UK and there is a National Association for Patient Participation. Most are in small towns and rural areas while only 25% are in cities (21).

Health centre users are of course not a uniquely British phenomonen. A recent article in the journal Health Promotion (22) reports on a study visit to several innovative health care projects around Naples. Here information about health centres is made available to users in a variety of formats (booklets, films, mobile exhibitions, discussion groups etc) and local women's groups, self help groups for disabled people etc., are encouraged to use the facilities at the centre (23,24).

In the UK too, community health groups are forming which concentrate on the social factors relating to ill-health (poor housing, lack of safe play space, unemployment etc). (25), While these projects may vary they have a common element: the understanding that health is a community as well as an individual matter (26).

Self help groups

Within the UK there are thousands of self help groups for almost every conceivable health problem, illness or disability. This is mirrored in other European countries though perhaps to a lesser extent than in the UK. Self help groups provide one of the most fruitful opportunities for community involvement in health care, as has been emphasised in the WHO Report Self help in Europe (27). Self help groups can be defined as voluntary, small group structures for mutual aid and the accomplishment of a common purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about social and/or personal change (28).

A recent British Medical Journal article (29) has examined the reasons for the huge growth in self help groups in the United Kingdom. The BMJ editor, Stephen Lock, suggests a number of reasons. Self help groups can offer the personal insight and support which a doctor who has not undergone the same experiences could not hope to supply. Cancer support groups are a good example. As Dr. Vicky Clement-Jones, a doctor with ovarian cancer who founded BACUP: the British Association of Cancer United Patients, their families and friends, has said "I realised other patients could give me something unique which I could not obtain from any doctor or nurse, however caring (30,31,32).

Another contemporary example of the significant contribution made by self help groups to health care is the British AIDS support organisation, the Terrence Higgins Trust. Without any official body to satisfy, the Trust has been able to fill an urgent need for non-technical and explicit literature on AIDS. Here is the supreme example of the importance of information to health. In the absence of a vaccine or cure, improved public knowledge is the only weapon we have against AIDS. In the UK last year the crucial role of information provision has been underlined by the delivery to every house in the country of a leaflet entitled AIDS: don't die of ignorance.

The potential contribution of self help groups to health promotion is enormous. Self help groups are a response by a section of the community to a problem or set of problems, and represent a practical demonstration of participation in health. They are grass roots organisations which are ideally placed to identify health promotion needs and in turn transmit health information to their members. But they also pose an enormous information problem. The sheer number of groups, their informal character and their constant changes of organiser, or contact, means that it can be very difficult to gain up to date information on the groups that exist, their activities and interests, and how they may be contacted. As a response to this need and as a contribution to the "full and continuing access to information" demanded by the WHO Targets for health for all a number of "self help clearing houses" have been established in Europe and the USA. The Help for Health centre at Southampton General Hospital in the UK is a particularly well-developed example and one which has served as the model for a number of developments elsewhere.

Help for Health

The Help for Health Information Service was established following a research project funded by the British Library (33) which drew attention to the wealth of help available to patients and the lack of an effective mechanism for communicating this information. The report recommended the establishment of a documentation centre and enquiry service. The recommendation was accepted and funding is now the responsibility of the Wessex Regional Health Authority.

Help for Health operates from Southampton General Hospital, although most enquiries in fact come from outside the hospital itself. Originally the documentation centre was based in the University Medical School block but in 1988 moved to an information centre near the main reception foyer of the hospital. The service is staffed by an information manager (a trained medical librarian) and an information assistant (both full time posts). Running costs of the service are about £30,000 p.a. consisting of staffing costs, travel and subsistence, printing of information and publicity materials. subscriptions to self help groups, and purchase of books, leaflets, and other information materials. Over 800 enquiries are answered each month. Members of the public are the heaviest users, followed by health visitors (community nurses).

The Help for Health collection consists of a microcomputer database of national and local self help groups and self help publications; a library of directories and popular medical books; a collection of several thousand information booklets and leaflets largely originating from self help groups, and subscriptions to 150 popular medical and self help journals. The database of organisations is stored on an Olivetti M24SP computer (a 20 megabyte hard disk IBM compatible) using a simple database management package. A book describing the activities of Help for Health and many other consumer health information projects in the UK and abroad was published at the end of 1986 (34).

On a national scale there has been considerable interest from other health authorities and information agencies in the establishment of schemes on the Help for Health model. The journal of health librarianship in the UK, Health Libraries Review contains a regular "patient information" column edited by the author, who is also responsible for a regular column in the British Medical Journal "What your patients may be reading". International links have been established with a number of services in the USA and Europe and visits made to several.

A particularly fruitful link has been with the Unita Sanitaria Locale 10/H in Chianti. Here local needs coupled with the enthusiasm and vision of a retired English general practitioner, Hugh Faulkner, have led to the creation of an unusual health information project. The scheme involved the establishment of an information bureau in the foyer of a local hospital, answering queries directly from members of the public. The bureau will be linked to a collection of health materials in the public library adjacent to the hospital so that enquiries which cannot be answered from the bureau can be referred to the library. The third strategy is to use a mobile caravan to take health information out to surrounding villages. The project is still in the early stages, and funding is being sought for staffing, information materials and construction of the bureau. Help for Health was approached for advice in establishing the service and last year the author of this paper visited USL 10/H as a consultant to the project. It is now proposed that an English speaking librarian should be appointed to run the project and that they should receive some training at Help for Health in England.

Conclusion

Few can now doubt the importance of the participation of individuals and communities in their own health care. There is a recognition that self-care already forms the greatest part of the health care process. When individuals become patients, informed participation helps them in restoring their health when in hospital, and maintaining their health when they go home. Further, if we listen to health care consumers they can provide invaluable data on their own health, wellbeing and perceptions. And health services which have been planned and developed in full consultation with users stand much more chance of being relevant and sensitive to their needs.

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ASSOCIAZIONI PRIVATE E INFORMAZIONE SANITARIA
A CASE STUDY

di Carolina Tosi e Andrea Pancaldi

La Biblioteca, Centro di Documentazione sull'handicap, "Tamarri-Fortini", è sorta nel 1982 per iniziativa della Associazione Italiana Assistenza agli Spastici di Bologna - AIAS grazie alla collaborazione della Regione Emilia-Romagna, del Comune di Bologna e all'impegno generoso dei cogniugi Tamarri e Fortini. La proposta principale di questa iniziativa, ideata e gestita da un gruppo di persone handicappate e non, è di ordine culturale: valorizzare il più possibile l'identità delle persone handicappate adulte dal momento che in Italia si sta vivendo oggi la primizia storica di handicappati non "spariti" ma che lavorano, producono - e producono anche libri ed opere d'arte - e fanno attività politica che sposta il centro dell'attenzione dall'efficienza all'identità.

Il Centro gestisce una Biblioteca specializzata (6.000 volumi, 210 riviste specializzate, 40 quotidiani), cura la redazione delle riviste RASSEGNA STAMPA HANDICAP (mensile) e ACCAPARLANTE (trimestrale), organizza seminari di studio e conferenze, promuove ricerche (chiesa, sessualità, mass-media) e attività di formazione (sessualità e handicap, animazione nelle scuole elemntari "Progetto Calamaio", ecc.) realizza interventi televisivi e radiofonici, attiva infine servizi di documentazione e informazione (Servizio Documentazione Handicap, Accaparlante Agenzia). Dal 1985 è sorta inoltre, per iniziativa del Centro, la Polisportiva SP.Q.R. per la pratica del calcio in carrozzina.

L'utenza della Biblioteca è estremamente diversificata ed è soprattuto costituita da studenti universitari, docenti e studiosi di scienze sociali, tecnici, genitori, amministratori. Vengono annualmente realizzate le manifestazioni "Handicap di carta" (seminario/confronto sulle riviste italiane in relazione alla voce handicap) e "Un libro per l'estate" (manifestazione di promozione libraria).

Il materiale della Biblioteca è organizzato tramite catalogo per autore e catalogo per titolo. Il catalogo per soggetti, che attualmente conta 137 voci, è stato elaborato dagli stessi operatori in funzione del tipo di materiale e delle aree di ricerca particolari che hanno imposto la creazione di descrittori fortemente finalizzati.

SERVIZI DI DOCUMENTAZIONE E INFORMAZIONE OFFERTI DAL CENTRO

1. La rassegna stampa handicap offre una panoramica completa di quanto viene pubblicato in Italia sul tema handicap; a cadenza mensile e a mesi alterni pubblica fascicoli dedicati a libri, riviste specializzate, stampa quotidiana e settimanale.

- La sezione libri segnala le novità editoriali, propone bibliografie ragionate su temi di particolare interesse come per esempio: "Il bambino handicappato nella letteratura per l'infanzia", "Sessualità e handicap", "Sindrome di Down", "Barriere architettoniche e trasporti".
- La sezione riviste specializzate recensisce 210 testate di vario tipo. Oltre ai temi più dibattuti in Italia, ampio spazio viene dato a tematiche quali: chiesa, volontariato, sessualità, famiglia, mass-media, sport. La rubrica "Sali d'argento" rivolge la sua attenzione esclusivamente alle immagini fotografiche pubblicate su quotidiani, periodici, cataloghi di mostre e d'autore.
- La sezione stampa quotidiana e settimanale recensisce una quarantina di testate a carattere nazionale e locale, di cui una decina di settimanali a larga diffusione (femminili, scandalistici, di attualità). A puntate viene pubblicata la ricerca sull'atteggiamento della stampa quotidiana italiana nei confronti dell'handicap. Sono stati già pubblicati i capitoli relativi a sport, scuola, handicappati famosi, ausili, sessualità, spettacolo e eutanasia e informatica e handicap.

La strutturazione della rivista in tre sezioni vuole sottolineare che ogni fonte di informazione è importante e deteminante nel settore dell'handicap come la televisione il cinema, la stampa quotidiana e settimanale. Prestare attenzione anche a questo tipo di informazione è molto importante perchè è questa l'informazione che raggiunge il cittadino comune.

2. <u>Il servizio documentazione handicap</u> permette agli iscritti di ottenere documentazione sull'handicp riferita alle 137 voci del catalogo per soggetti. Gli utenti del servizio sono soprattutto le UU.SS.LL. e le associazione degli handicappati. La documentazione tratta dalle riviste specializzate e dalla stampa quotidiana viene spedita in fotocopia e a richiesta si fornisce anche materiale bibliografico. Il servizio prevede l'accesso tramite abbonamento alle 137 voci del catalogo. Le richieste vanno specificate, a cura dell'abbonato, tramite apposite schede, oppure può anche essere previsto l'invio regolare ogni tre mesi da parte della Biblioteca di tutta la documentazione delle singole voci.

3. <u>Accaparlante Agenzia</u> raccoglie informazioni sull'handicap per la città di Bologna e provincia. Gli scopi principali sono soprattutto: a) tracciare un quadro complessivo del mondo del lavoro, collegandolo a strutture che spesso operano senza scambio di informazione; b) offrire una panoramica del massimo numero di "opportunità" offerte per la risoluzione di problemi connessi all'handicap (risorse umane, di servizio,

economiche, culturali). Le notizie vengono redatte in brevi testi e corredate di nome, cognome, indirizzo e telefono dell'informatore in modo da facilitare il contatto diretto. Esse vengono suddivise in base agli argomenti trattati (ad es. formazione degli operatori, famiglia, riabilitazione, lavoro, scuola, ecc.) che sono pubblicati in fascicoli a cadenza mensile.

4. *Accaparlante* è una rivista a cadenza bimestrale che pubblica interviste originali e dà ampio spazio alle esperienze dirette delle persone handicappate, per quanto riguarda l'attività della Biblioteca.

Nel 1987 è stata data risposta a 1200 richieste. Ci si basa su domande per "argomento". Molto raramente l'utente accede al servizio sapendo già quale documentazione richiedere; sono quindi scarsamente consultati i soggettari. Ciò comporta la necessità di "incrociare" il materiale in maniera molto fine, necessità dovuta sia alle particolari caratteristiche di molte richieste (patologie diverse rispetto a determinati ambiti d'intervento; ad es.: sindrome di Down/scuola, miodistrofie/aspetti patologici), sia alla necessità del centro che, proprio nell'incrocio tra le diverse aree d'intervento e la ricerca, costruisce le sue principali linee redazionali. Questo trattamento tra fonti diverse è necessario anche per poter valorizzare alcuni settori di docuVicevmentazione (riviste specializzate, quotidiani e materiale grigio) che pur essendo assai interessanti sono poco usati e scarsamente valorizzati da una cultura che vede nel libro la fonte principale se non unica cui fare riferimento per le attività di studio, aggiornamento e divulgazione.

Riassumendo la nostra è una Biblioteca in cui libri, riviste e quotidiani entrano "compatti" e escono "sbriciolati", attraverso attività di sensibilizzazione rivolte al pubblico in generale. Viceversa le informazioni entrano "sbriciolate" tramite fonti ufficiali e insospettabili quali fumetti, guide tv, fotoromanzi e ne escono "compatte" in lavori di ricerca e monografici.

Fino ad oggi proprio a causa delle particolari caratteristiche innovative della Biblioteca non era stato possibile avviare con l'esterno rapporti di collaborazione strutturati; oggi però è necessario allargare il campo delle di informazioni "particolari" per inserire la biblioteca in circuiti più vasti allo scopo di scambiare esperienze di reciproco interesse ed utilità. In questa prospettiva ci sembra che il primo passo debba essere quello di dotare la biblioteca degli strumenti necessari per effettuare questo scambio; primo fra tutti quello dell'informatizzazione attualmente in corso di progettazione. Il secondo passo riguarda un progetto di collaborazione - ancora in via di perfezionamento - che merita tuttavia un'attenzione particolare. Questo progetto si riferisce ad uno scambio di informazioni tra una biblioteca biomedica e la Biblioteca Tamarri e prevede una prima fase di sperimentazione e che prevede un lavoro nelle aree della informazione biomedica più vicine all'handicap (pediatria, riabilitazione, neuropsichiatria, ecc.). Inerentemente a tematiche fondamentali come ad esempio la prima informazione data ai genitori, il vissuto psicologico della menomazione, la filosofia degli interventi riabilitativi, l'integrazione tra servizi sanitari e sociali, la legislazione, ecc. Il progetto è previsto con la Biblioteca dell'Ospedale Santa Maria Nuova di Reggio Emilia e prevede la produzione/scambio di informazioni concernenti l'area dell'handicap. Oltre al tradizionale scambio di bollettini delle nuove acquisizioni e di altro materiale informativo prodotto si potrebbe produrre congiuntamente un Bollettino bibliografico - inizialmente sotto forma di elenco - che tenesse conto delle esigenze informative e di documentazione del personale medico, del paramedico, dell'educatore professionale, dell'operatore sanitario, dell'handicappato stesso e della sua famiglia e delle persone infine che potrebbero essere interessate a "saperne di più" in questo settore.

La Biblioteca dell'U.S.L. 9 potrebbe raccogliere gli articoli reperibili nell'ambito delle pubblicazioni scientifiche indicizzate a livello internazionale e quindi rintracciabili atttraverso una periodica ricerca on-line sulla base di dati Medline della National Library of Medicine di Bethesda; la Biblioteca Tamarri-Fortini, d'altra parte, sulla base dello spoglio delle pubblicazioni trattate potrebbe recuperare l'area del "sociale" e dello "psicologico". Lo scambio bibliografico andrà naturalmente supportato da opportune iniziative culturali e scientifiche (conferenze, convegni) per sensibilizzare le strutture sanitarie circa i temi psico-sociali oggetto della collaborazione, temi a cui spesso viene riservata una relativa attenzione all'interno dell'apparato sanitario.

E' un progetto ambizioso ma noi siamo pieni di idee e di fiducia. Va detto infine che contiamo anche molto, per poter rendere operativa e vitale nel tempo questa proposta, sulla collaborazione del bibliotecario che ci sembra possa avere re un nuovo ruolo stimolante e propositivo nell'ambito di questo nuovo progetto.

Une Bibliothèque médicale pour le grand public

Balbine CALLOU, Tù-Tâm NGUYEN
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La Cité des Sciences et de l'Industrie est née, selon son Président fondateur, Maurice Lévy, de la volonté politique d' "aider le public à se familiariser avec le développement de la science et des applications techniques, à les comprendre, à les utiliser, lui faire réaliser qu'il est acteur aussi bien qu'utilisateur" (1).

Bibliothèque multimedia proposant des livres, des revues, des documents audiovisuels et des logiciels éducatifs, la Médiathèque représente le volet documentaire de cette démarche muséologique. Le prêt des imprimés ajoute une dimension à l'offre de documents en accès direct. Le catalogue informatisé est accessible à distance par minitel (logiciel GEAC).

La Cité des Sciences et de l'Industrie a été inaugurée en mars 1986. Dans ce contexte et pour la première fois en France une bibliothèque médicale est proposée à tous, professionnels et non-professionnels de la santé, apportant ainsi un élément de réponse au difficile accès à l'information de santé.

Il semblerait en effet, d'une part que la pratique médicale hospitalière ne ménage pas toujours pour le patient ou sa famille des possibilités de s'informer : la relation médecin-malade ne joue pas à l'hôpital un rôle suffisant. Et d'autre part le jeune praticien non hospitalier se trouve parfois démuni pour faire face à une certaine remise en cause du diagnostic par le malade ou pour répondre aux interrogations véhiculées par les media.

Par ailleurs la vulgarisation médicale ne semble pas pouvoir répondre à une demande d'informations qui s'exprime de plus en plus fortement. Cette vulgarisation transmet souvent un savoir officiel, convenu, remettant peu en cause l'idéologie de la compétence (2).

Hors certains usagers ne se contentent plus de ce type d'informations. Leur demande, favorisée par le mouvement consumériste, les associations de malades et des courants de pensée venus du corps médical lui-même (3), a été renforcée par la Loi sur l'accès aux documents administratifs de juillet 1978. Cette loi suppose que si le public a droit à des informations considérées longtemps comme réservées, il a droit a fortiori à l'accès aux documents imprimés, aux informations scientifiques déjà élaborées.

Les maladies telles que le SIDA révèlent ce désir de participation au savoir des malades. Le journal "Le Monde" interviewant des médecins, écrivait que ces malades atteints de SIDA "épluchent les revues médicales et savent beaucoup de choses" (...) et que " le corps médical, face à cette maladie, se trouve démuni et redécouvre de ce fait l'art de savoir parler et écouter (4).

Mais en France, même si l'information sur la santé du citoyen fait l'objet de colloques (5,6), il faut regretter que les bibliothèques ne soient jamais mentionnées comme outils possibles de cette information qui reste principalement l'apanage des grands medias, soumis à des contraintes de rapidité et de sensationnel.

Ainsi créer des lieux permettant de trouver des compléments à l'information quotidienne, de relier les connaissances entre elles et de prendre une distance vis-à-vis de l'évènement, devient important.

Déjà existaient les centres de documentation d'associations ou d'organismes spécialisés. Ainsi pour n'en citer que quelques uns : le Centre international de l'enfance (Paris), le Mouvement français pour le planning familial...

L'ouverture des bibliothèques universitaires de médecine reste cependant suspendue à l'appréciation de leurs responsables : faute de moyens bien sûr, mais surtout en raison de la mission institutionnelle à privilégier, ces bibliothèques n'offrent que peu accès aux non-médecins, aux lecteurs non-professionnels, auxquels on n'a que peu de temps à consacrer et pas d'ouvrages à prêter, réservés qu'ils sont aux étudiants et aux enseignants (7).

Le concept de bibliothèque centrale hospitalière ouverte à tout le personnel comme aux malades ou à leur famille a été évoqué au début des années 80 par des professionnels de la documentation (8). Si ce concept est une réalité dans les pays scandinaves, sa réalisation dans notre pays est encore à l'étude. Les personnes hospitalisées ont parfois à leur disposition des bibliothèques mais leur but est davantage de distraire que d'informer, encore que cette dernière finalité s'impose de plus en plus (9).

Ainsi la création en France d'une bibliothèque médicale accessible à tous, est-elle pleinement justifiée. Son contenu doit pouvoir offrir une information pluraliste et rigoureuse à un public large, réunissants les partenaires du contrat médical.

Quel est ce public ? La Médiathèque recevait en 1987 une moyenne de 2 500 visiteurs par jour dont 53 p. cent d'étudiants et de lycéens.

Une enquête dans notre service en direction de nos usagers propres rejoint ces données. Le public est jeune, les 18 à 25 ans représentant plus de 40 p. cent, avec une forte majorité d'étudiants des filières médicales et paramédicales (45 p. cent des personnes interrogées). Les professionnels de la santé et les non professionnels sont représentés de façon à peu près égale (27 et 28 p. cent).

Une deuxième enquête est en cours et procède d'une méthode différente. Un rapide dépouillement nous montre qu'environ 50 p. cent des questions qui nous sont posées le sont dans un contexte familial ou personnel : cette enquête renforce nos espoirs de voir notre service devenir un lieu d'information sur la santé pour le citoyen.

Quels sont les documents de santé offerts à la Médiathèque ? En dehors de notre service, sont proposés dans les divers autres départements de la Médiathèque des documents sur la biologie, le génie génétique, l'alimentation, les problèmes liés à l'environnement.

Une mention particulière doit être faite de la Médiathèque spécialisée en histoire des sciences, en didactique et muséologie qui dispose :

- du fonds ancien de la Bibliothèque des Jésuites à Chantilly (ouvrages de médecine et de vulgarisation du 19e et 20e siècles) ;
- du fonds scientifique déposé par l'Institut de France, véritable image de la science médicale aux 18e et 19e siècles, y compris pour la période révolutionnaire ;
- d'un fonds d'hygiène offrant des traités pratiques et des manuels de médecine populaire de la fin du 18e et du début du 19e .

Ces fonds de littérature primaire servent de sources à l'histoire de la santé publique et offrent l'intérêt d'un rapport immédiat aux oeuvres originales, resituées dans le panorama général d'un fonds d'histoire des sciences.

A ses usagers, le service médecine-santé propose environ 6 500 titres d'ouvrages (soit 20 000 volumes) en majorité de langue française, et 500 titres de revues dont 15 p. cent en langue anglaise.

Le plan de classement maison est inspiré de la classification alpha-numérique de la documentation médicale (CANDO) et de la classification de la National Library of Medicine (Etats Unis). En H (comme le corps humain) on trouve des documents sur la médecine et ses spécialités, une place étant faite aux médecines non officielles.

En V (comme âges de la vie) sont disponibles des ouvrages sur des sujets allant de la procréation à la mort, y compris la sexualité, la psychologie, la psychanalyse.

En S (comme santé et société) sont abordés les problèmes de déontologie, de bio-éthique, d'épidémiologie, ainsi que les toxicomanies, les aspects sociaux des handicaps, la médecine du travail, du sport, la médecine de catastrophe.

En tout domaine, la politique est de proposer une information actualisée, de base, n'atteignant pas le niveau de la recherche, ni celui d'une spécialisation trop fine. Nous n'excluons pas cependant colloques et congrès d'intérêt général, témoins de la recherche médicale française dont la Médiathèque se doit d'être la vitrine.

A côté de ces documents présents également dans les autres bibliothèques médicales, figurent des ouvrages de vulgarisation, des témoignages sur le vécu des malades. Les critères de sélection des documents de vulgarisation peuvent être la réputation de compétence de l'auteur ou de sérieux de l'éditeur, la présence de références soutenant l'exposé, les nuances apportées aux affirmations, le bon sens des conseils et le talent rédactionnel. Il reste cependant difficile d'ignorer certaines demandes du public pour des ouvrages ne répondant pas toujours à ces critères.

Cependant, nous avons voulu mettre l'accent sur :

- les documents traitant des nouvelles technologies souvent abordées par les expositions temporaires ou dans les espaces permanents de la Cité ; et en corollaire sur les publications concernant le droit, la déontologie, l'éthique. En effet les courants de libéralisation des marchés exposent l'usager aux pressions des industries valorisant des techniques ou des produits dont l'utilité reste parfois à prouver, ainsi qu'à la concurrence des divers secteurs institutionnels : public ou privé. De sorte que le consentement éclairé comme la consommation de soins nécessitent maintenant une information accrue du malade et de sa famille ;
- les documents de formation et de pratique des disciplines para-médicales : les acteurs de ces disciplines ont rarement à leur disposition de grandes sources documentaires : par ailleurs les documents produits dans ces domaines sont rédigés dans un langage accessible au grand public et font état d'une pratique, d'un vécu beaucoup plus proches du quotidien des malades que les publications universitaires ;
- les documents concernant les aspects économiques, sociaux, anthropologiques de la santé qui dépassent l'aspect clinique d'une bibliothèque médicale et nous permettent d'aborder l'information sociale de santé.

Si on propose pour cerner cette information sociale de santé de la définir comme l'information non médicale permettant de prévenir la maladie et le handicap ou d'y faire face, nous intégrons donc les aspects économiques et sociaux de cette information dans les cotes cliniques du plan de classement : par exemple sous la forme des revues d'associations de malades, de guides pratiques, de documents statistiques, d'épidémiologie, ou de documents d'évaluation des campagnes de prévention.

Essayant d'aller plus loin nous prenons en compte les demandes des lecteurs qui dépassent le plan de classement initialement prévu: ainsi l'influence de facteurs tels que la télévision et le sport sur le développement de l'enfant ; ou les relations parents/enfants ; le divorce ; les problèmes de la prostitution enfantine. Sans aborder la pédagogie nous traitons la pédagogie sociale, par exemple l'échec scolaire. Nous intégrons également en psychologie les tests mentaux très demandés par les lecteurs pour déjouer les tests d'embauche.

Ainsi au bout de deux ans de fonctionnement l'idée d'une mise à disposition au public de l'information en médecine devient un sujet moins tabou. Des réticences subsistent cependant et particulièrement au niveau de la production audio-visuelle.

Même si l'exploitation des documents audio-visuels a pris un certain retard à la Médiathèque en raison de problèmes techniques, un travail important a déjà été fait. Les critères de sélection de documents médicaux audio-visuels pour le public ont été étudiés par l'ensemble de l'équipe qui s'est considérée comme un échantillon représentatif du public non-spécialisé. Le document audiovisuel devrait être actuel, plutôt court, informatif, excluant le bavardage. L'image doit contribuer aussi bien que le discours à informer. La qualité technique est requise ainsi que le respect de l'éthique.

D'autre part ce fonds documentaire, imprimés comme audio-visuels, n'est pas constitué pour des spécialistes, ni non plus géré par des spécialistes de la santé : nous apprenons en même temps que nos lecteurs.

Nous apprenons aussi à travers les exemples tels que le service "Help for Health" à l'hôpital de Southampton, ou la Bibliothèque de l'Académie de Médecine de New York.(10, 11).

Ces modèles étrangers ne vont pas sans nous poser problème : nous devrions à l'avenir dépasser le concept de bibliothèque et établir une dynamique documentaire plus intense d'élaboration de dossiers ou de notes de synthèse.

S'il est important de donner à lire, il est aussi de notre objectif d'aider à l'utilisation de cette information-santé : comment potentialiser, comment valoriser le fonds et le travail documentaire accompli pour en faire un véritable lieu et outil pour la santé publique ?... Ne s'agit-il pas de montrer à travers des exemples concrets que la santé des individus et des collectivités se détermine au travers de choix à expliciter.

Lieu de rencontre, la Médiathèque se voudrait aussi lieu de débats publics et contradictoires.

(1) Pour un Musée des sciences et de l'industrie : rapport de la mission d'étude du Musée national des sciences et de de l'industrie de la Villette par le Président Maurice Lévy, octobre 1979, p. 6.

(2) Le Partage du savoir / P. Roqueplo. Paris : Seuil, 1974, p.10.

(3) Voir par exemple : Enquête sur l'erreur médicale / F. Robin, F. Nativi. Paris : La Découverte, 1987.

(4) SIDA : à l'école des patients : "Le Monde" 25 novembre 1987.

(5) "Santé et information du consommateur" colloque, Paris, 29-30 juin 1984. Revue française des affaires sociales, janvier 1985, n° hors série.

(6) Les systèmes d'information dans le domaine de la santé et de la médecine. Prévenir, 1986, n° 13.

(7) Sur la structure des bibliothèques universitaires de médecine, voir : La Documentation médicale à Paris : mémoire / Tù-Tâm Parret, ENSB. 1982.

(8) L'Hôpital à Paris, 1981, n° 65.

(9) Les Bibliothèques d'hôpitaux / Colette Jullian. Infomédiatique, 1987, 158-173.

(10) The Diffusion of health information to the public. Bull. of the N. Y. Acad. Med., 1987, 63 (10), 919-75.

(11) Health information and the community / R. Gann.
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Concurrent session 3B

Cooperation with developing countries in health information:

a round table

Chair

J. Forget

THE STRATEGIES OF WORLD HEALTH ORGANIZATION HEALTH LITERATURE SERVICES PROGRAMME

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INTRODUCTION

This year the World Health Organization (WHO) celebrated its forty years of existence and the 10th anniversary of the challenge of Health for All by the Year 2000 – the commitment made by WHO Member States to Primary Health Care (PHC) as the esssential strategy for reaching that goal. In 1988 we have reached the mid-point between the launching of this movement and the turn of the century. It is a proper time for every programme in WHO to review past actions and future planning.

WHO's new Director-General, Dr Hiroshi Nakajima, has repeatedly stressed the importance of health education, health information and health promotion.

Within the framework of the WHO Programme for Health Information Support, the responsibility of the Health Literature Services Programme is to make adequate and relevant information, and more specifically information created by WHO, easily and quickly available to support WHO programmes at all levels. Ways and means, mechanisms and technologies must therefore be found to reach that goal. However, we know that we cannot solve the whole problem everywhere at the same time. We have to determine very specific objectives in the medium and short term in order to ensure a balance between the most important information needs and existing information resources. Several approaches and strategies have been applied. They should be constantly reviewed and their results evaluated.

Lately radical changes are being made, thanks to new technology tools, which enable us to modify the way information can be processed and transmitted. The changes however go above and beyond technicalities: they give us more than a better way of doing things; they enable us to do better things. The new information technologies have two main impacts: they enhance our processing and communication capabilities, and they help build up human resources.

The programme for Health Literature Services (HLT) has two main components: (a) a service component and (b) a development component. New strategies must therefore be built on those two elements: make maximum use of the technologies capabilities and use them to build up better human resources.

HLT AS A PROVIDER OF SERVICES

In our service component we fulfil two main functions: (a) as a direct provider of services and (b) as coordinator of other WHO documentation activities.

As a provider of documentation and information our first main duty is to maintain and provide easy access to our unique collection of WHO literature which constitutes an invaluable corpus of information. WHO publications and technical documents from headquarters and regional offices are indexed in depth in a data base, "WHOLIS", which can be searched online and from which various information packages such as listings, bibliographies and current awareness bulletins are produced. Amongst them, WHODOC: List of recent WHO publications and documents is produced bimonthly and widely distributed. The coverage of the data base, its access and distribution will be greatly enhanced by the concerted action taken recently by all the regional offices libraries and by the information units of WHO technical programmes.

WHO as a whole is a producer of health information. WHO publications from headquarters, regional offices and the International Agency for Research on Cancer (IARC) form an important part of the world's biomedical and health literature. In addition many technical documents are produced by all programmes which collate, analyze, synthesize and disseminate specialized information. Most technical programmes maintain their own collections as well as their documents which are restricted or confidential. They also build target-oriented data bases.

A network has been recently created between the Library and those information and documentation centres of technical programmes. We are actively engaged in standardizing methodologies to facilitate the sharing of information. We are promoting concerted and coordinated action for handling, recording and transferring bibliographic and documentation information by adequate use of communications technologies.

A Local Area Network (LAN) installed at WHO headquarters in Geneva already enables access to WHOLIS from every station connected to the LAN and to anyone accessing the LAN from outside.

This is the second leg of our service component. We are reorganizing the Library to function as a communication node in a wide network of information sources including documents and people alike.

The service component is mainly geared to provide relevant literature and information to all WHO programmes at various levels, i.e. headquarters, regions and in the countries. In our latest plan of activities the first target in the countries is the direct support to WHO representatives.

The second component of the programme aims to explore ways of helping the Member States to build up national capabilities to meet their needs in literature, documentation and information services.

Information on health and biomedical subjects is very unevenly distributed throughout the world. Some health workers receive far more information than they can assimilate, and have great difficulty in selecting what is really useful to them; others receive very little information of any kind. For example, more validated information is needed by health managers and administrators concerned with primary health care, particularly in the areas of planning, monitoring and evaluation. The information needs to be suitably presented and in a language with which they are familiar, and it must be disseminated rapidly and efficiently so that it has proper impact. Moreover, some developing countries have very little in the way of health library and literature services, especially outside medical faculties and research institutions. There is a need to encourage the planning of such services and promote the training of personnel for them.

HLT AS A PROMOTOR OF SERVICES

As well as consolidating the structures which have been set up during the last decade new approaches should be looked for. This is why we look upon our second facet of activities as the Research and Development component of the HLT programme.

We are now in the midst of a period of rapid change and social and professional uncertainty; there are therefore many questions to answer. To do so we must look for new understandings, innovative approaches and experimental spirit. R&D is a very practical and well targeted approach. We will select a few projects in areas where we feel that there is a well defined need and where we as an Organization will have the strength to make a change. We will develop prototypes of an integrated information service which can be tried out, modified by actual use and could then be implemented, and adapted where necessary, in various environments.

To be able to accomplish this we must be able to pool many ideas and resources and forge new professional partnerships; we must develop a network of institutions and people who want to lead the transition of the profession into the future.

CHANGE: FOR WHOM? BY WHOM?

Before selecting our projects there is a crucial question to be answered: What are the changes that we want to make?

In their communities - health librarians' and documentalists' main objective should be to make their services more responsive, more directly relevant to their community needs. They should focus on the value of their services to the users and not so much on the products. If the user community becomes aware of the value of the services, librarians would be given the status and resources to carry on and to expand their activities and be recognized as active partners in the health programmes.

Health planners and health workers should not have to be told how important libraries are for their work, they should feel it; scarce budgets are not allocated on assumptions; they go where need is expressed by powerful people. Let us not just assume that all our services are valuable; let us find out what is most needed by key people in our respective environments, and focus all available resources on developing them. Let us build our credibility on developing valuable services to a network of local strong communicators. They will carry the message to other members of the community and to the decision makers.

WHO can help the profession in the Members States by identifying leaders and giving them the support to be agents of change in their own culture and ethos. This could be done in three ways:

(1) By providing the librarians with ready-to-use packages of available information, so that only a small amount of their energy would be taken for technical processing; they will then dedicated their time and brains to understanding their community needs and trying to meet them;

(2) By building up a spirit of entrepreneurship. Change will really happen not through the mere use of techniques (which should be acquired and taken for granted) but through the individuals creating local innovative entreprises.

(3) By striving to provide financial support to the profession's leaders. Ministries of health in Member States have to allocate their WHO country allotment to the local programme they wish to foster. The ministers should be convinced to dedicate a budget line to the development of their information infrastructure and their libraries network. Indeed some have already done so, mainly for the procurement of health literature and the training of library staff. We need again to make sure that valuable results can be made visible to ministries of health if we wish to promote and expand this policy. In addition to WHO budgets, many other financial and technical sources of support are available and have been extensively used in the past.

Recently however many of them have reduced their involvement, due to economic crisis but also to a lack of confidence in the actual impact of their action.

Here again accountability is the key to continuation of international and private help. Accountability means more than being able to show how the money has been used, it means being able to show which change has occurred and how beneficial it has been to the local community.

WHO can help these actions to be carried out in using its strengths and connections; but only the local leaders can make them happen.

PARTNERSHIP: WHY?

The health librarian profession is a wonderful reservoir of caring and hard working people. It is rich in creative individuals and has many innovative achievements to its credit. Above all there is a quite unique willingness to cooperate and to share. However, the efforts, good will and investments are still too fragmented to yield the results they could have produced. If the same amount of energy and resources could be channelled into a few projects there is a greater chance of progress.

WHO can play a coordinating role by provoking and promoting partnerships between libraries and librarians; between people and organizations; between people and people.

THE ESTABLISHMENT OF A NEW SECTION ON "HEALTH CARE IN DEVELOPING COUNTRIES" (HCDC) IN A BIOMEDICAL LIBRARY

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An officially recognized Non-Governmental Organization, AISPO (Italian Association for Solidarity between People) has been created at the Istuto Scientifico H San Raffaele with the aim of stimulating collaboration in health care in Developing countries (i.e. South America and South East Asia). The establishment of a HCDC section in our library is considered of primary importance. It should function as a focal point providing scientific and technical support for the identification, evaluation, and realization of health care plans and in promoting health care studies. The HCDC project was divided into three stages. 1. Identification of the relevant literature. A preliminary estimate of charges for initial acquisitions was made using Ulrich's, Bowker's Books and Serials in Print, and other inventories, Serline and Catline databases from Medlars. 2. The establishment of a computerized database for indexing and storing information. To achieve this aim we used our own software (written in PL1 system language and SQL relational database loaded onto a IBM 3090 computer) for cataloguing the books of our library. The description of the entries follows the general indication of the ISBD(M). Key-word classification was done with the use of existing thesauri and, where necessary, we wrote new more specific ones. We carried out a search by clearinghouses to individualize thesauri dealing with our subject. 3. The addition of other information to our database derived from international online databases available. This was achieved using our online service. The databases Medline, Health Planning and Administration, Bioethics, from Medlars system, and Scan-A-Bid, from Data-Star, was searched.

Concurrent session 3C

Information use II

Chair

P. Dostatni

INFORMATION DE SANTÉ AU PORTUGAL: PRÉSENTATION D'UN PROJET

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RÉSUMÉ

On décrit de façon abrégé la methodologie, philosophie et le fonctionnement d'un Groupe de Travail pour l'Information dans le domaine de la Santé - GTIS, récemment crée au Portugal.

1 - PRÉSENTATION DU GTIS

Depuis longtemps un groupe de bibliothécaires et documentalistes de la santé est concerné de l'information qui devrait être ministrée, non seulement à ses usagers, mais surtout à tous ceux qui travaillent dans ce domaine.

La création d'un réseau d'information était considerée comme un but essentiel à atteindre, et la définition correcte et adaptée au cas portugais de la méthodologie à suivre était jugeé indispensable.

Deux voies, en sens opposé, se présentaient:

- l'une, partant d'un organisme officiel central qui prendraint soin de tout le procès de conception et organization d'un système national et qui déciderait, lui seul, imposant ses règles à tous les services participant du réseau, les professionels se limitant à suivre l'orientation reçue.
- l'autre, tout au contraire, partirait de la base, des professionels connaisseurs et conscients de la réalité existante, organisés dans un réseau imposé par soi-même, d'après son action et dynamique propres, qui serait plus tard rendu officiel.

D'après l'analyse du pays réel où nous habitons, il nous sembla plus correct d'adopter la seconde option.

Les professionels concernés voulaient, tout d'abord, participer, décider, créer son réseau nationale d'information dans le domaine de la Santé, à mesure de ses interêts, de ses possibilités, de sa créativité.

Notre facilité de relation, avec de formidables contacts humains, a été la base indispensable à l'adhésion, non seulement intelectuelle, mais aussi affective à ce projet.

C'est ainsi qu'en 1986 a été crée un Groupe de Travail pour l'Information dans le domaine de la Santé - GTIS (au sein de l'Association Portuguaise de Bibliothécaires Archivistes et Documentalistes - BAD) composé de 50 participants environ, venus des bibliothèques, services de documentation et information (publiques et privés) de tout le pays et qu'à titre personnel et non comme réprésentant les services, developpent une tâche voluntaire ayant des buts bien définis dans le court et moyen délais.

1.1 - ACTIVITÉS

Les activités developpées par ce groupe de travail méritent une réflexion. Avant tout, on les a organisé a partir du dedans, ayant pour but la formation de quelques sous Groupes de Travail, d'accord avec les tâches qu'il fallait, tout d'abord, mener à bout, et aussi avec l'emplacement géographique, les préférences et spécialisations de travail des élements que les composaient. Ainsi, le SG1 a été constitué pour l'inventaire des ressources existants, le SG2 pour l'inventaire des périodiques dans le domaine de la santé, le SG3 pour l'élaboration d'un langage documentaire et le SG4 pour élaborer un bulletin périodique informatif du GTIS.

1.1.1 - Ressources

Pour une bonne connaissance des ressources existantes on a élaboré un inventaire de tous les organismes prennant part dans ce domaine (bibliothèques, services de documentation et d'information); une enquête concernant la bibliographie existante, le profil des usagers, le personnel, et l'horaire de travail a été réalisé; à la fin on a publié un rapport contenant les réponses d'à peu près 300 institutions.

1.1.2 - Les périodiques dans le domaine de la santé

On est en train d'élaborar l'inventaire des périodiques portugais et étrangers existant dans les différents services, ayant pour but la publication d'un catalogue, qui sera, dans l'avenir, object d'une ample diffusion. On a déjà préparé, du reste, un programme qui será utilisé par les organismes qui disposent de micro-ordinateurs et que, en coopération, prépareront le catalogue mentionné.

Le but à atteindre c'est d'optimiser le prêt entre les bibliothèques et de permettre, à chaque service, la définition la plus correcte de sa politique d'acquisitions.

1.1.3 - Le langage documentaire

L'utilisation de langages documentaires en langue étrangère, dont la traduction, au moment de l'indexation mène, forcèment, à l'adoption de différents termes d'indexation; l'incompatibilité de divers langages utilisés simultanément; et le manque de terminologie dans quelques cas, voilà quelques uns des problèmes qui nous sont posés.

Face à cette situation, on a procédé à l'élaboration d'un langage documentaire redigé en portugais, couvrant, pour la plupart, la terminologie de ce secteur et qui puisse être utilisé dans tous les services appartenant au réseau.

Comme point de départ, les termes déjà utilisés dans les services interdisciplinaires ayant plus d'expérience d'indexation, sont en cours d'analyse; cela fait, ils sont validés après être comparés à la traduction portugaise du MESH, menée à bout par BIREME (Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde).

Au cas où il y a désaccord ou inexistence de termes dans ce langage, on ne procède à sa validation qu'après la consultation téchnique des spécialistes.

2 - PERSPECTIVES DU GTIS

Aprés un an et demi d'activité, on croit être corrects si on affirme que tout ce procès que nous venons d'enoncer est irreversible et que, dans un bref délai, nos objectifs seront atteints. La préoccupation basique de ce groupe est, sans aucun doute, aboutir à l'information la plus précise des usagers qui travaillent dans le domaine de la Santé, éxerçant son activité, soit dans les villes plus importantes et développées, soit dans les localités plus éloignées des grands centres, tout cela conjugué avec l'éfficacité, rapidité et actualité de l'information.

Nous pointons vers un programme, dont les points essentiels vont être énoncés.

2.1 - FORMALISATION DU GTIS

Les institutions auxquelles appartiennent les membres du Groupe ne pourront pas prêter leur appui, ni surtout le Groupe lui-même, ne pourra pas survivre seulement de "bonnes volontés". La création d'une structure autonome devient indispensable, ayant des ressources financières et techniques propres.

Pour cela, on attend l'impact que le travail déjà effectué et les projets en cours auront auprès des entités officielles et privées compétentes.

2.2 - LA FORMATION DES TECHNICIENS

Il arrive encore, en Portugal, que des personnes non diplomées avec des cours spécifiques, soient nomées pour exercer des fonctions dans des bibliothèques ou des services de documentation ou d'information.

Dans un premier étude déjà élaboré par le GTIS, on a pu vérifier que, dans les services identifiés appartenant au réseau, seulement 20% avaient des techniciens spécialisés en sciences documentaires comme responsables.

Pour la plupart, ces professionnels obtiennent leur expérience et connaissance à travers le développement de son activité et les cours de formation qu'ils fréquentent. C'est pourquoi, et aussi parce que les téchniques documentaires évoluent, étant indispensable un recyclage et réfléxion permanentes, on considère essentielle qu'une attention spéciale soit vouée à la préparation de ces professionnels de documentation.

Cette préparation devra être basée, fondamentalement, dans les principes suivants:

1 - Le point de partie pour une action de formation devra être la réalité vécue par les professionnels.

2 - Une formation integrée en documentation - santé - informatique, doit être accomplie.

3 - Les rythmes annuels de travail de chaque instituition devrontêtre respectés, en profitant pour mener à bout une relation dynamique entre la "praxis" et l'analyse théorique.

2.3 - LE PRÊT INTER-BIBLIOTHÈQUES

Pour la circulation éfficiente de l'information, la rendant accessible à tous les usagers, on aura besoin d'organiser un service de prêt de documents primaires et de photocopies, qu'une fois reglé, devra répondre aux interêts des divers services et usagers.

2.4 - ÉTUDES ET FORMATION D'USAGERS

Au Portugal, il est facile de constater qu'une grande partie des usagers ne sait pas utiliser l'information mise à sa disposition. Il ne connaît pas les ressources existantes, les sources d'information disponibles, leur utilisation et la méthodologie à suivre dans le cours de la recherche bibliographique.

Mais il ne faut pas oublier, d'autre part, que la typologie de l'usager est variée et, en conséquence, leurs besoins sont diversifiés, aussi bien que les méthodes qu'il faut utiliser pour la diffusion. Le "marketing" de l'information est une science qu'aucun téchnicien de l'information ne peut pas ignorer.

C'est en considérant cette réalité qu'on prétend, dans un ensemble d'actions convenablement programmées, entreprendre des études d'usagers et procéder à leur formation integrée.

2.5 - PROMOTION DU GTIS

Contribuer pour la diffusion do GTIS, non seulement auprès des entités compétentes, mais aussi des usagers de l'information dans le domaine de la santé, c'est une tâche qu'on ne peut pas négliger. Voilà quelques unes des étapes qu'on se propose de suivre:

- Diffusion du bulletin informatif du GTIS,

- Information des services à la disposition des usagers, à travers des feuillets spéciaux et d'informations publiées dans des périodiques concernant la Santé,
- Distribution du Répertoire des bibliothèques et services de documentation et information de Santé (en préparation),
- Diffusion du catalogue de périodiques de la Santé (en préparation),etc.

2.6 - COOPÉRATION AVEC D'AUTRES PAYS

Quelques formes de coopération avec les pays d'expression portugaise ont été déjà entamées, comme c'est le cas de l'envoi de publications portugaises. Dans des pays africans il faudra, leur proportionner la création de bases de données pour leur permettre d'accéder à l'information en portugais, aussi bien que de l'appui technique et de la formation de personnel.

L'informatisation de quelques bibliothèques et services de documentation et d'information dans le domaine de la Santé déjà en cours et la prochaine informatisation de bien d'autres, iront permettre, nous en sommes sûres, une meilleure et plus facile transfert de notre information vers d'autres bases de données à l'étranger.

Il faut dire que la récent création au Portugal, à la Bibliothèque Nationale de la PORBASE (Base National de Données Bibliographiques) a mené les services coopérants, ou qui en ont l'intention, à l'adoption du programme mini-micro CDS/ISIS de l'UNESCO, ce qui va mener, tous les services à adopter le même programme, ayant pour but la compatibilité de l'information.

3 - CONCLUSION

De tout ce qu'on vient de dire il nous semble important retenir que:

A - Malgré l'inexistence au Portugal d'un Système National d'information bâti sur des méthodes traditionnellement proposées, on à reussi à etáblir une coopération national organisée qui à abouti à des résultats humains et téchhiquement plus riches;

B - D'une limitation accentué de ressources, on est parvenu a la multiplication des ressources existantes dans chaque bibliothèque et service de documentation

INFORMATION GATHERING BEHAVIOR OF THE MEDICAL AND PARA-PROFESSIONAL STAFF AT A TEACHING HOSPITAL

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Introduction

I need not emphasize to this audience the importance of information to the medical staff, or why it is of the utmost importance that we understand how doctors, nurses, dieticians, social workers and researchers working at hospital gather information. Nevertheless, to re-enforce the point I would like to quote a passage from Information in the Academic Health Sciences Centre (Matheson Report):

> For at least 50% of their career, physicians are prescribing drugs unknown when they were students and performing operations not conceived of at the time of their graduation.
>
> (Matheson, 1982, p.36)

Summary of the Literature

Although much has been published about information and the physician, research has not led to a clear consensus, and in some cases results are even contradictory. This is a problem not only in the field of medicine, but is a general problem discussed in the literature by, among others, Maurice Line and Barbara Skelton. Some of the major conclusions from the literature with regard to information gathering behavior are:

1. Doctors regard journals and personal contacts as the two major sources of information. Some consider the first more important, while others the second.
2. The library is not considered an important source for locating information. Most come to the library looking for a specific reference.
3. Users of bibliographic services do not use them effectively. Neither do users make effective use of author, title and subject catalogs.
4. Accessibility (physical, intellectual and psychological) seem to exceed "perceived value" as a factor determining choice of an information source.
5. Most library users will not ask the librarian for assistance if they don't find what they're searching for.

These conclusions are drawn, for the most part, from research conducted in the United States, United Kingdom, Germany, Nigeria and Japan.

The Israeli Study

There were two reasons we decided to conduct a study on information gathering behavior at the Chaim Sheba Medical Center, Tel-Hashomer. First, no such study had been carried out in Israel on doctors and the para-professionals. The study was to examine a sample of an Israeli medical staff at a major hospital and compare their behavior to that reported in the literature for a similar sample. In addition, observations by library staff at Tel-Hashomer raised questions about how medical personnel gather information and whether they were making effective use of the medical library.

Methodology

The investigation used a survey tool, a pre-coded questionnaire sent to the entire medical staff excluding nurses. A total of 452 questionnaires were sent to 374 doctors, 53 scientists, 25 dieticians, social workers and physiotherapists, and a total of 293 questionnaires were returned. In all the percentage of questionnaires returned was 64.8%. Recall rate for doctors was 60.4%, for scientists 94.3% and dieticians, social workers and physiotherapists 68%.

The sample is predominantly male (71.3%) physicians (77.1%), between the age of 35-50, who received their highest academic degree in Israel (69.6%).

Results

Frequency of Library Use

The respondents were asked to describe the frequency of their visits to the library. Most of the responses fell into 3 categories: 1) 30.4% (89) visit the library when they need to; 2) 29% (85) visit the library several times a week; 3) 28.6% (84) visit the library several times a month. Only 1.4% (4) visit the library once a day, and the same number never or seldom come to the library.

These results compare favorably with other studies on doctors; however, in comparison with scientists, the doctors visit the library less frequently.

Use of Departmental Collections

Only 6.9% (20) respondents use the deaprtmental colection instead of coming to the medical library. Most of the respondents, 72.2% (210) use the departmental collections in addition to the library.

Utilization of Other Libraries

The questionnaire examined utilization of other area libraries, as in the Tel-Aviv area there are in addition to Tel-Hashomer 7 hospital libraries and 3 university libraries.

Half of the respondents, 48.5% (142), do not use other libraries. Of those who use other libraries, 86% (130) use the Library of Life Science and Medicine at the Tel-Aviv University Medical School.

Do Respondents Come to the Library Themselves?

Of the 290 who responded to this question, 86.2% (249) indicated that they made personal visits to the library, 9.3% (28) said that in addition to coming to the library themselves, they occasionally sent a secretary or other person to retrieve information for them. Only 4.5% (13) stated that they did not come to the library, but usually sent another person. All 13 were department heads.

Use of Book Catalog

The responses to this question of how users locate books are similar to the answers received in other surveys reported in the literature: library users do not use the catalogs. Of the 285 people who answered the question, 68.7% (196) go directly to the shelf, ask the librarian, or both. Only 15.4% (44) use author, title and subject catalogs. Another 15.9% (45) use a combination of all methods, which would mean that a total of 31.3% (89) maybe use the library catalogs. One significant finding was that 62% (31) of the scientists use the catalogs, while only 23.5% (53) of the doctors consult either the author/title/subject catalogs.

Use of Bibliographic Services

Index Medicus is the most heavily used bibliographic service. Of 278 respondents to this question, 94.2% (262) use Index Medicus either exclusively or in combination with other services; 24.1% (67) use only Index Medicus. Of interest was the finding that 38.5% use the annual reviews when searching for information.

Although Index Medicus is heavily used, only 32% (93) use the Medical Subject Headings (MeSH). When searching by subject, 56% (163) open to a subject they think is relevant, 10.3% (30) consult with a librarian, and only 1.4% consult with a colleague.

On-Line Searching

Of the 52.5% (154) who had asked for an on-line, 120 (78%) had requested the search in Israel, and 34 (22%) abroad. As was expected, 87% (134) asked a librarian or information officer to do the search. Only 0.02% (3) did the search by themselves, and 10% (16) participated in the on-line session.

Source of Reference

Respondents were asked to list the sources of references they have when they arrive in the library looking for information. Of the 290 respondents who answered this question, 92% (267) indicated they had the reference from either a book or an article they had read previously.

Consulting Library Staff

93.2% (273) responded positively when asked if they consult the library staff. The literature reports that most library users do not ask for assistance.

Methods of Keeping Up-to-Date

The repondents were asked to check off each source they use for keeping up-to-date. The following are a few of the answers:

1. Only 26.4% (75) respondents out of 284 rely exclusively on the library for keeping up-to-date. Another 38.7% (110) respondents regularily scan a number of periodicals in the library, but also use other methods to keep up-to-date.
2. Of the 284, 41% (116) have personal subscriptions.
3. Of the 284, 39.4% (112) regularily scan the periodicals received in the departments.
4. Only 3.1% (9) have an SDI. In the past another 24 respondents had an SDI, but cancelled because of lack of funds. Only 2 cancelled the SDI because it didn't satisfy their information needs.
5. Only 17.2% (49) go over Current Contents and request reprints. In the past, this number was larger; however, since the publishers now charge the authors for reprints, few authors are answering requests for reprints, and in turn less are requesting.

From the above we can conclude that the medical staff at Tel-Hashomer gathers current information not only in the library. They use other sources such as departmental collections and personal subscriptions, which are more easily accessible than the library.

Journal Read Regularily

The question was answered by 226 respondents (77%), who each listed between 1 and 10 journal they either read or scan regularily. In all, 411 titles were listed, and the following is a list by rank of the 25 journals listed by 10 people or more:

Rank	Title	No. of Responses
1.	New England Journal of Medicine	107
2.	Lancet	56
3.	Annals of Internal Medicine	43
4.	American Journal of Medicine	29
5.	Pediatrics	29
6.	Journal of Pediatrics	27
7.	Cancer	25
8.	British Medical Journal	23
9.	Circulation	19
10.	American Journal of Cardiology	18
11.	Chest	18
12.	Archives of Internal Medicine	16
13.	Journal of the American Medical Association	16
14.	Annals of Surgery	14
15.	Nature	14
16.	Journal of Clinical Endocrinology and Metabolism	13
17.	American Heart Journal	12
18.	American Journal of Diseases of Children	12
19.	Surgery, Gynecology and Obstetrics	12
20.	Journal of the American College of Cardiology	11
21.	Journal of Infectious Diseases	11
22.	American Journal of Ophthalmology	10
23.	American Journal of Surgery	10
24.	Jounal of Clinical Investigation	10
25.	Science	10

Of the 411 titles listed, 311 are held by the medical library. The remaining 100 titles are found in departmental collections, are received on personal subscription, or subscribed to by other libraries in the area.

Attendance at Conferences

Of the 290 respondents to this question, 82% (238) attend professional conferences regularily whether in Israel or abroad.

Discussion

In comparing the results of the survey with the literature on information gathering behavior, we can conclude that in general the behavior of the Israeli medical staff is similar to that in other countries.

They prefer looking for a book on the shelf rather than using the catalog and searching by the subject they think is relevant instead of using MeSH. The highest ranking journals are the same periodicals being read in the U.S., Europe, India and China.

The Israeli staff consult the librarian more than users in other countries. perhaps the reason lies in the fact that Israelis, for the most part, did not grow up with a public library around the corner. Even though they read medical books and journals in English, they still have a problem finding their way around the library.

Ease of access is an important factor in choice of an information source. This would explain the use of departmental collections, personal subscriptions, and visits to the library at Tel-Aviv University Medical School, where all continuing education courses are held. Since this survey was conducted, most of the departments have moved to a new building that is a greater distance from the library. This factor, in addition to others, has increased usage of the departmental collections and decreased library use. In the coming months, we plan to investigate further this problem adding more information to the issue of accessibility and library use.

Although on-line searching and SDI have been available for almost two decades, there is not much in the literature about their influence on inforation gathering behavior. At Tel-Hashomer, over 50% of the medical staff requested on-line searches and paid for them; however only a very few have SDI. Of interest is the fact that while respondents cancel their SDI because of lack of funds, there is a large group that is willing to lay out money for on-line searching. This may be an interesting point for further investigation.

When we were planning the survey, we assumed that by correlating the demographic information about the sample with the answers from the questionnaire, we would learn more about the information gathering behavior of the staff. For example, we had hypothesized that a greater percentage of catalog users and MeSH users would be found among those who had completed their education outside of Israel than among those who had studied in Israel. Those who had studied abroad in English-speaking countries were thought to have a greater proficiency in English, and therefore might find it easier to use the catalog and the bibliographic services. This, however, was not found to be the case. There was no statistically significant correlation between location of medical education and the use of the catalogs and MeSH.

Although we are still correlating some of the data, it seems from the results received so far, that there are no statistically significant correlations between sex, specialty and education, and the sample's information gathering behavior. There is a correlation between age and frequency of visits to the library. The staff between the ages of 35-50 come to the library more frequently than other age groups. The group between 50-65 use the library least. Of interest is the fact that department heads who retire at 65, but remain in hospital part-time become frequent users of the library.

The lack of significant associations may be attributed to the fact that the entire smaple works at the medical center, and that almost the entire staff is involved in patient care, research and education, including the para-professionals. Consequently, there are not many differences in their information gathering behavior. On the other hand, it may be as Maurice Line stated back in 1970 that users are simply human beings and information use is a very personal matter, and we may add, not given to generalizations and establishment of patterns of behavior.

Conclusion

The Chaim Sheba Medical Center, Tel-Hashomer is a regional hospital which receives many difficult cases referred from other hospitals. It is involved in patient care as well as research and education. Therefore, ease of access must be of primary concern if the hospital is to have high quality information use.

As there is no doubt in my mind that the library should be and can be the most important source of information, we are planning a number of changes in the library as a result of this study. We are re-examining our classification policy, and may take into account local needs rather than adhering strictly to the NLM classification system. We are investigating how to go about bringing the library closer to its users in light of recent changes in the hospital. In addition, with the automation of the technical services we are planning on making the staff more visible, and in that way make sure that each user has access in the best possible way to the information he should be using.

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LES PERIODIQUES : PRODUCTION ET UTILISATION D'UN VECTEUR DE L'INFORMATION MEDICALE PAR LES MEDECINS GENERALISTES

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La prépondérance des périodiques, sur le marché, comme vecteur de l'information médicale pour l'omnipraticien a ammené à examiner 62 titres reçus par les généralistes en exercice à Toulouse (France). Le dépouillement de ces périodiques a permis d'établir une typologie : périodiques scientifiques, périodiques d'informations diverses, périodiques mixtes, et de définir qui sont les médecins producteurs : généraliste exerçant en clientèle privée, médecin attaché à un laboratoire pharmaceutique, médecin chercheur, médecin journaliste. L'analyse des résultats d'une enquête menée auprès de ces mêmes généralistes a été utilisée pour identifier les divers obstacles à une bonne utilisation de l'information : part de la publicité dans les périodiques médicaux, quantité de documents reçus, et pour proposer des éléments de réflexion.

L'information recherchée par le médecin est de nature médicale, pour augmenter la qualité du diagnostic, et de nature thérapeutique pour connaître les spécialités pharmaceutiques. Ces données sur le médicament doivent être complétées par les résultats des diverses expérimentations faites en milieu hospitalier. L'information doit aussi être technologique : elle doit apprendre la mise au point et l'utilisation des nouveaux matériels d'investigation.

Cette information médicale, thérapeutique et technologique permet au médecin d'acquérir des connaissances qui vont accroître sa capacité à résoudre les problèmes posés par les patients. Cette fonction d'apport de connaissances, durables et utiles, et d'aide à la mise à jour d'un savoir peut être qualifiée de scientifique ou spécialisée (1).

Parmi tous les moyens d'information disponibles sur le marché, le périodique est celui que l'on rencontre le plus souvent chez le médecin généraliste : une collecte organisée auprès de 5 omnipraticiens toulousains a permis de rassembler 62 titres. Quel type d'information y trouve t'on ? Qui la produit ? Quel est l'usage qui en est fait ? L'analyse des 62 documents obtenus permet d'avancer quelques éléments de réponse.

1. Typologie des périodiques médicaux

3 types de périodiques ont pu être déterminés à partir de l'analyse des contenus.

1.1. Les périodiques scientifiques ou spécialisés

Une partie des revues destinées au corps médical (25 titres sur les 62 rassemblés) est consacrée à la diffusion de recherches scientifiques, d'études, d'essais cliniques de synthèses sur un médicament ou une maladie.

De façon générale les numéros sont thématisés. La présentation manifeste un souci de clarté et d'efficacité : l'information pratique est mise en valeur dans le texte, le lecteur est invité à faire le point de ses connaissances par des questions-réponses et des fiches signalétiques reprennent les éléments à conserver en mémoire.

Ce type de revue couvre tous les aspects techniques de l'acte médical.

1.2. Les périodiques d'information générale

Tous les périodiques n'ont pas une vocation d'information spécialisée. Le médecin est un individu, membre d'une société donnée à un moment donné. Il gère un cabinet, a une opinion sur l'économie et la politique. Il vit en dehors de son travail, il a des loisirs : il va au théâtre, au cinéma, part en vacances.Une partie de la presse médicale (8 titres sur les 62 rassemblés) s'intéresse à tout cela : elle est presse d'opinion, magazine de détente, bulletin syndical, bulletin de l'ordre, presse d'information juridique et de gestion.

Ces revues strictement réservées au corps médical, car elles sont porteuses de publicité pour des produits pharmaceutiques remboursés par la Sécurité Sociale, s'apparentent aux revues destinées au grand public. Les critiques sur des sujets ayant un rapport avec la médecine y sont toutefois plus développées. Ainsi par exemple les émissions médicales diffusées à la télévision sont mises en évidence et longuement commentées. Les petites annonces. outre les rubriques réservées à l'achat, la vente ou la location d'objets divers, concernent les demandes et offres de remplacements ou d'associations pour constituer des cabinets de groupe.

1.3. Les périodiques mixtes

Une 3ème catégorie de périodiques que l'on peut qualifier de mixtes propose à la fois des données spécialisées et des données générales. La place consacrée à ces informations diverses varie d'un titre à l'autre. Parfois elles sont rassemblées dans un numéro complémentaire. Les annonces spécialisées de congrès, colloques, journées d'études, listes des consultations des mèdecins dans les hôpitaux, programmes et calendier des séances de formation continue, conférences proposées par l'Université côtoient les critiques de l'actualité.

Les exposés scientifiques sont brefs, accompagnés de tableaux et manifestent ici aussi le souci d'informer rapidement.

On rencontre dans ce 3ème groupe la presse porte-parole de la vie associative dont le contenu est constitué de comptes-rendus de séances, de listes de membres et d'articles spécialisés.

2. Qui informe ?

Les articles destinés à des médecins sont préparés par des médecins. Comme dans tous les corps de spécialistes un membre peut communiquer avec le corps auquel il appartient et vice versa, car ils parlent le même langage.

2.1. Le praticien

Le médecin confronté à la pratique quotidienne depuis plusieurs années peut être sollicité par une revue pour faire part de son expérience. Ses récits portent alors, en général, le titre : "mon expérience de ..." et se rapportent le plus souvent aux remarques sur l'efficacité de tel ou tel produit utilisé, ou sur l'étude d'un cas où l'affection a été particulièrement difficile à diagnostiquer.

Le médecin spécialiste peut aussi être sollicité par un périodique. Son propos est surtout celui des soins d'urgence. Les textes sont intitulés " conduites à tenir devant...".

2.2. Le médecin attaché à un laboratoire pharmaceutique

L'industrie pharmaceutique possède des services d'information dans lesquels un ou plusieurs médecins sont chargés d'informer les généralistes.

Leur rôle s'apparente à celui d'un journaliste : ils pratiquent des interviews de spécialistes connus sur l'utilisation d'un médicament, rédigent des textes de synthèse sur des maladies ou des thérapeutiques, commentent les résultats d'enquêtes menées auprès des prescipteurs des médicaments du laboratoire auquel ils appartiennent.

Ces médecins attachés à un laboratoire n'ont pas de clientèle privée. Leur rôle est de collecter,traiter et diffuser des informations.

2.3. Le médecin chercheur

Le généraliste doit être informé sur les recherches entreprises dans le domaine médical. Les commentaires d'expériences menées en milieu hospitalo-universitaire, les résultats d'essais cliniques, des études de cas sont données de façon synthétique par des médecins chercheurs dans la presse destinée aux omnipraticiens.

2.4. Le médecin journaliste

Enfin, une partie des articles est rédigée par des médecins journalistes attachés à un périodique médical. Ils couvrent les évènements médicaux : colloques, congrès...pratiquent des enquêtes, des interviews et des reportages. Ils commentent ou critiquent l'actualité culturelle, économique, sociale ou politique : ils donnent le point de vue d'un médecin sur la vie quotidienne.

2.5. Les rédacteurs n'appartenant pas au corps médical

Une petite place dans les périodiques mixtes est faite à des spécialistes n'appartenant pas au corps médical mais qui s'intéressent à lui du point de vue sociologique, économique ou autre. Les articles sont des résumés de 2 à 3 pages de travaux universitaires ou de livres.

Des journalistes spécialisés dans l'information médicale participent à la presse quotidienne.

Un grand choix de lectures est donc offert au généraliste mais une enquête que nous avons menée révèle que la presse écrite est peu lue. Nous avons essayé d'identifier les obstacles à une bonne utilisation de ce vecteur d'information.

3. Les obstacles à l'utilisation de l'écrit

Lire, prendre des notes, suppose d'avoir du temps devant soi. Or, le temps est ce qui manque le plus au médecin, même dans les zones géographiques françaises où la densité médicale est importante, ce qui est le cas de Toulouse (2). On peut estimer que dans les périodes de l'année où les épidémies sont fréquentes, le temps de travail du généraliste peut atteindre 60 heures par semaine dans le cas d'un exercice de groupe. Au temps des consultations et des visites il faut ajouter celui des tâches qui ne peuvent pas être déléguées comme la correspondance avec les confrères ou l'hôpital.

3.1. La part de la publicité

L'omnipraticien reçoit chaque jour des périodiques qu'il n'a pas demandé : certaines revues distribuent gratuitement 1/5 parfois 1/4 de leurs numéros, par tirage. Si l'opération est gratuite pour le praticien il n'en reste pas moins que celui-ci se sent un peu contraint à utiliser ce qu'on lui propose.

L'ensemble de la presse médicale a auprès de ses utilisateurs potentiels une image ternie par celle qui participe à son financement : l'industrie pharmaceutique. Le seul périodique lu et conservé est celui qui a été choisi et pour lequel un abonnement a été volontairement souscrit.

La part de la publicité est importante dans l'écrit, même si celle-ci, taxée depuis 1983, a diminué de 21 % (3). Conformément à la loi, les annonces publicitaires ont un rôle informatif dans la mesure où elles donnent le signalement du médicament (effets, posologie, indications etc...). Les articles de synthèse et les résultats d'essais clinique reprennent en partie ces données.

Ajoutons à cela que certains périodiques sont des produits de services d'information des laboratoires, qui naissent et meurent en fonction de la durée des campagnes de lancement de nouveaux médicaments auxquels ils sont entièrement consacrés.

3.2. La quantité de documents écrits reçus

L'écrit peut être un support d'information personnalisé. Ainsi aux périodiques, livres et brochures adressés par l'industrie pharmaceutique s'ajoutent des lettres circulaires qui invitent à l'utilisation ou rappellent l'expérience de la pratique quotidienne de tel ou tel médicament dans un contexte précis, celui de la clientèle particulière à l'aire géographique d'exercice (quartier neuf : population jeune, cités dortoirs : population active etc..).

Le médecin est aussi un consommateur. Il reçoit des plaquettes publicitaires de promoteurs immobilier, de ventes d'objets d'art ou de collection, d'éditeurs d'encyclopédies ou de livres anciens, de fournisseurs de matériel divers : matériel de bureau, matériel médical, accessoires nécessaires aux auscultations. Enfin la presse grand public a aussi sa place, elle est destinée à être déposée dans la salle d'attente pour les patients.

- Conclusion

Ainsi le document porteur de l'information recherchée pour répondre à la question du moment se trouve noyé. Cette masse de documents écrits, souvent redondants, ne donne-t-elle pas au médecin l'impression d'être la cible privilégiée des divers secteurs de l'activité économique et plus particulièrement de l'industrie pharmaceutique par laquelle il a le sentiment d'être toujours sollicité ?

Les périodiques mixtes, alliant informations scientifiques et informations diverses ont un rôle important à jouer dans la documentation du généraliste dans la mesure où ils couvrent la plupart de ses besoins. Toutefois leur utilisation est étroitement liée à la souscription d'un abonnement, acte significatif d'une volonté de s'informer.

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Concurrent session 3D

Library services to nurses

Chair

T. Tharaldsen

INFORMATION SOURCES AND RESOURCES FOR NURSES

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Trained nurses need information. They need to retain the knowledge which they may have acquired some time ago, they need to keep up-to-date and they need to learn new skills and about other subjects.

Most nurses in Britain work for the National Health Service, although the private sector is growing. Over 800,000 people are employed in the Health Service in England alone. In 1985 401,151 almost half were nursing staff of whom 329,959 were employed in hospitals (including 85,375 learners).[1] Nursing is not merely an adjunct to or a speciality of medicine. Provision of information in the health service should not be concentrated on doctors and managers who make decisions. Quality and continuity of care are equally important and nurses are in a position to understand the health service, as they range from nurse managers tonurses providing practical nursing care. Clinical knowledge is not enough, as they do not function in isolation. The National Health Service is a complex organisation which is not static, but subject to change. Indeed there has been so much change recently that literature on the management of change is very much in demand. There is a need for management skills including staff selection and budgeting and awareness and knowledge of recent reports such as _kõrner_ (on health services information) and the _Griffiths Report_ (_the National Health Service Management Inquiry_). I am going to concentrate on the needs and reading habits of qualified nurses. Student nurses have access tonursing college libraries, although the size, quality and amount of money spent varies widely.

In the past the results of surveys of nurses' reading habits have not been regarded as encouraging. Later surveys have focussed on research findings and their application in practice. Both Wells in 1980 and Barnett in 1981 were disappointed with the results of surveys of nurses' reading research reports.[2,3] They do of course seek out information on practice in a Health District. Other health professionals may be a source of information. The concentration of health professions and specialities in large hospitals eases communication.

Purchase of journals is a means not only of keeping up-to-date, but of gaining basic knowledge. _The Nursing Times_ is the most popular British nursing journal; copies are bought not only by individuals, but also by hospital departments and libraries. Nurses often have their own collection of books and journals. With several other sources of information libraries may not be seen as the most important or may even be seen as a 'last resort'. In terms of time, it maybe quicker to consult a colleague than go to a library and find references and possibly have to wait for literature to be returned or to arrive on inter-library loan. A few minutes instead of a few weeks. Similarly, there is the 'business syndrome'. Education may be 'continuing', but there may be little time to continue it. Reading may not be seen as working. Moreover, with an increase in publications either more time must be spent reading or there must be more selectivity. The publication of literature may be seen as a means of helping people's careers rather than as a means of enhancing nursing knowledge. The methodology and presentation of results in research reports may be more intended to impress than communicate. Lack of understanding of research will detract from its importance. In broader terms, some nursing theories and 'philosophies' may seem far removed from nursing practice. Continuing education may be seen as short courses and study days rather than reading. Thus the idea that someone must be 'taught' in order to learn about a subject is perpetuated. A subject may be equally well covered by reference to the relevant literature and libraries.

The increased demand for research literature underlines the importance of libraries. Research cannot be carried out with reference to only a few well-known journals and textbooks. A literature search should be carried out as a prelude to research, it has even been suggested that some nurses equate research with literature searching.[4] In July 1988 the Nursing Times published a letter from the Royal College of Nursing Adviser to the Research Society which reads: 'Many of us in the profession are bombarded with requests for literature searches, help with questionnaire design and other issues related to research which are quite clearly being carried out at an inappropriate level for the complexities of the tasks which are being undertaken.' He continues, 'I have become increasingly concerned at the number of people who feel that because they have undertaken a literature search, they have completed a research project.[5] It seems that nurses have come a long way - from no one reading a few years ago to everyone nowadays doing research! The idea that all nurses are doing research is becoming just as much a popular myth as the idea that nurses do not read.

The use of libraries is often limited by lack of awareness of what is available. Far more is being published and nursing libraries are greatly improved compared with those of 15 years ago. Conversely, expectations of libraries may be too high, readers may expect everything written on a subject to be immediately and freely available without consideration of photocopying costs and copyright laws! The view that nurses do not read may have been used as a justification for poor or non-existent library facilities in the past. Surely we are asking the question the wrong way round. We should be asking 'What are the information needs of nurses and how can we supply them?' not 'What are the reading habits of nurses?'

Access for nurses to the periodical literature has improved and there is increased usage of indexes and current awareness services. The American indexes, International Nursing Index and Cumulative Index to Nursing and Allied Health Literature are available in the larger libraries and on-line searches are carried out in some libraries. The main British index is the Nursing Bibliography of the Royal College of Nursing Library which is invaluable.

There has been great improvements in the past decade in National Health Service libraries. Thecensus of staff providing library services to health service personnel carried out in December 1985 showed that there had been an increase in staff of 72% since the 1978 census. The largest single growth sector was amongst qualified librarians in schools of nursing; the number had increased from 43 to 130.[6] However, these figures disguise an enormous amount of regional variation. Nursing school libraries are funded for student nurses rather than trained nurses, although in practice some may be open to all nurses. However, the 1987 Library Association statement to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting prepared bythe Nursing Information Sub-Group of the Medical, Health and Welfare Libraries Group states, 'The position at present gives cause for great concern. Provision for nurses in training is often poor. According to anecdotal evidence provision for trained nurses is, in general, non-existent. They rely on being allowed access to school of nursing libraries which are rarely geared to their needs.'[7] Proposals on publishing on Providing a District Library Service were published in 1985 following a series of workshops held in 1983 organised by the National Health Service Regional Librarians and the Department of Health and Social Security.[8] They are based on the idea that each District Health Authority should supply a library service for each group with some groups having no service at all. Some Districts have a multi-disciplinary library service, but in some cases it may still be a matter of nurses being 'allowed' to use the medical library.

Nurses attending courses based in universities, polytechnics and colleges will have access to their libraries. The largest nursing library in Britain is the Royal College of Nursing Library. It is available to members only, but in 1987 there were over 257,000 members.[9] Nurses like other professions can use public libraries. Perhaps this usage is underestimated. Several nurse authors who registered under the Public Lending Right Act found that their books were being borrowed far more than they expected.[10] Theoretically the resources of all libraries are available to everyone because of inter-library loans and library co-operation.

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Access to Information and Literature in Basic Nursing Education - a review of Library Needs and Facilities for Undergraduate Nursing Students in Danish Schools of Nursing

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I am going to present you with some ideas on access to information and literature in basic nursing education in Denmark. With a wiew to this I am going to describe to you in a brief outline how undergraduate nursing education is organized in my country, the library needs of undergraduate nursing students, and to review the the present library facilities in Danish schools of nursing.

I am also going to offer you some ideas on how to establish an adequate library service in basic nursing education and last, but not least I hope to discuss with you ways and means of obtaining this goal.

There are 31 nursing schools in Denmark the majority of which are run by the county authorities.

Present nursing education in Denmark is governed by provisions contained in a Royal Decree of Nursing Education and a corresponding National Board of Health circular both issued in 1979.

According to these provisions basic nursing education consists of 3 1/2 years of theory and practice. The aim of basic nursing education - quote the National Board of Health circular - is to enable the student nurse to acquire the qualifications necessary to practise as a nurse with responsibility for general health and nursing care including the associated functions of organization, instruction and education, to renew and adapt her professional activities concurrently with the scientific and social development, and to understand and accept her responsibility as a health practitioner. Basic nursing education is based upon health, natural, social and behavioural sciences, the main emphasis being on nursing as one of the health sciences.

The introduction of the provisions of 1979 was the result of a major revision of earlier basic nursing education statutes. Theoretical instruction was increased by 50%, the circular recommended reciprocal integration of the subjects taught, and a high degree of coordination of theoretical instruction and clinical practice. The circular put special emphasis on the teaching of the nursing process. In the intervening decade considerable change has been brought about in basic nursing education. The teaching of the nursing process has called for new teaching methods. Teaching basic nursing formerly based itself on a strict syllabus relying heavily on textbooks and each subject being taught separately. Now student nurses work problem-oriented departing from real clinical problems or case studies and thus integrating the various subjects in nursing and its allied sciences. In consequence basic nursing education can no longer rely on textbooks alone, but requires access to a wide range of information.

This need of access to information in various forms brought about by the changing teaching and learning methods in basic nursing education accentuates the need for well functioning professional nursing school libraries. The explicit aim of Danish nursing education to enable the nurse to renew and adjust her profession furthermore puts special emphasis on nurses' access to information and literature and thus on the nursing school library. In this context the nursing school library also takes on an educational role - the role of teaching nursing students what a library is and how to search information and literature. In other words the nursing school library is the tool by which basic nursing education can utilize existing information and literature and so maintain and further develop the professional standard of nursing.

Having thus demonstrated, I hope, the need for professional nursing school libraries in modern basic nursing education the question is how Danish nursing school libraries correspond to the needs brought about by the change in basic nursing education in Denmark.

To answer this question I carried out a survey of Danish nursing school libraries in 1985. The survey covers all Danish nursing schools. I visited every school for 1 day; during the visit representatives from the nursing school were interviewed on the basis of a standardized questionnaire. After the interview I inspected the library facilities and made a standardized assessment of the library holdings, the card indexes and the accomodation in general. The results of the survey were published in a report in 1986.

The main conclusion was that there is a remarkable discrepancy between the demand for professional libraries created by the aims and needs of basic nursing education and the actual library facilities at hand in the nursing schools. I shall try to substantiate this conclusion by the main results of the survey.

The majority of the nursing schools describe their teaching as problem-oriented with a high degree of subject integration. Although textbooks are in use the schools now also rely heavily on other sources of information, articles and monographs within the nursing field being the most used supplementary literature. The majority of the schools consider the students' active search of literature an important educational goal.

However, although the Danish nursing schools now seem to have implemented the educational changes brought about by the revised decree of 1979 they do not have library facilities that correspond to the demands of modern teaching methods.

All nursing schools have some sort of room assigned for library use and all nursing schools have a collection of books, but very few schools possess what we understand by a professional library.

12 out of 31 nursing schools have a librarian working in or affiliated to the nursing school library. In the remaining 19 schools there are no professional librarians at all - secretaries or nursing instructors look after the library usually much to their dissatisfaction or even dismay.

Financial resources are mostly very limited. The holdings of the libraries are quite small approximately 2000 books and 30 journals on an average. Many of the books in the libraries are outdated; the buying of books is often based on acute needs rather than on a carefully coordinated selection of available material; there is no listing of the complete accession or the complete holdings of the libraries. The majority of the nursing schools have no bibliographies in their holdings. The card indexes are an enormous problem; many schools use a homegrown classification system which quickly becomes unmanageable and those schools that try to use an orthodox classification system have difficulties implementing this if they do not have a professional librarian. The process of cataloguing the books also presents numerous problems, and on an overall basis it was evident that although much time was spent on classification and cataloguing the card indexes were practically useless with regard to the retrieval of the school libraries' own holdings. The lack of routines for how to take out and return books, lack of routines for the recall and reservation of books also make it difficult to utilize the schools' own holdings. In addition the nursing school libraries are on the whole cut off from other libraries both public and scientific. The majority of the nursing schools were aware of the said problems and all schools except 1 wanted better library standards and professional help to reorganize their libraries.

The existing problems, as I see them, derive from the fact that the nursing schools lack overall objectives for their libraries as part of the schools' organization. The library is not considered a task in its own right in the schools and there is no tradition for library work being performed by professional librarians.

The remainder of the report containing the survey is dedicated to showing possible ways of solving the existing library problems in Danish nursing schools.

In dealing with the question what a nursing library is and what functions it should fulfil I chose to operate with the following 4 functions:

- the library is a collection of materials
- the library is an information centre
- the library is a service centre
- the library is a teaching library

To me the most characteristic functions of a nursing school library are those of information- and service centre. The most common inquiry in a nursing school library seems to be the request for information and literature on various subjects about which the users normally do not know of any references before they turn to the library for help. This kind of inquiry is usually solved by literature search in both the schools's own card index as well as in various bibliographies. When the school does not itself possess the wanted material the library functions as a service centre by tracing and borrowing the literature from other libraries.

The educational aspect of the nursing school is the help to self-help the library gives the users when they come looking for information and literature and then are shown how to use the card index and the bibliographies. However, formal teaching in groups or lectures on the usage of libraries and methods of literature search are equally important in the library's function as a teaching library.

The library's function as a collection of materials is the oldest and most traditional of library functions. In building a collection of materials for basic nursing education one needs to cover many subjects as nursing as an art and a science relates to many other fields; one also needs a variety of materials both printed and otherwise, and catering for both students' and teachers' needs materials on many levels are required. In choosing materials for basic nursing education I believe one should strive to include in one's own holding only what is requested by the users' recurring demands; rarely used types of materials and literature on rare topics should rather be borrowed from other libraries. This however requires a library equipped to enter into interlibrary borrowing and -lending as well as suitable libraries to borrow from.

At the moment the majority of Danish nursing school libraries neither fulfil the basic functions of a library nor are they equipped to cooperate with other libraries.

What other libraries are suitable partners for the nursing library to cooperate with? In my experience nursing school libraries need several partners. The nursing library is a hybrid from the point of view that it both needs to cooperate with highly specialized research libraries and with the public library system. In Denmark the research libraries in question are first of all the libraries in the Schools of Advanced Nursing. These two libraries are affiliated to university libraries, but they are internal libraries primarily serving their own students, and basic nursing education can not rely on them for loans. They, however, are the obvious choice when one thinks of appointing a main national nursing library.

Among other specialized libraries the nursing school library needs to cooperate with medical libraries, with those libraries specializing in hospital administration and primary health care and with libraries specializing in education. However, public libraries on a large scale which in my country are highly developed hold a lot of the literature that the basic nursing school library needs as general background so the nursing school library should also cooperate with this kind of library.

In the search for possible models on how to organize the nursing school library I looked at trends in nursing school libraries in the other Scandinavian countries and at trends in other kinds of basic education in Denmark.

Basic nursing education in Sweden and particularly in Norway is very similar to Danish basic nursing education. In these countries most nursing school libraries are run by professional librarians and the libraries have reached a fair standard. There is no one way of organizing the nursing school libraries in these countries, but a Swedish report on nursing school libraries suggests an organization based upon a regional network of libraries.

In Denmark 4 years before my survey teachers' training colleges, which are comparable to nursing schools, were granted professional libraries by decree. The resulting libraries were often affiliated to the local public library in the sense that the public library supplied the college with a librarian and the supplementary materials.

In my report I suggested 3 models for the organization of the nursing school library:

The 1. model is based upon the nursing school library being affiliated to the local public library. The librarian is employed by the local public library and is stationed permanently at the nursing school. In this model the nursing school may also be affiliated to a large regional public library rather than to a local one.

The 2. model departs from the fact that the nursing school employs its own librarian and does not cooperate with other libraries concerning the organization of the nursing school library.

The 3. model is based on the idea of a network of nursing school libraries or allied health libraries in the same region. In a flat network structure all the libraries in the region are equal, but may cooperate by deciding fx to each take a batch of journals and then supply one another. A flat structure entails a minimum of cooperation, but would break the present isolation of Danish nursing schools libraries both from each other and the existing library system. In a hierarchial network structure one library in the region is appointed the main library and might as such organize joint buying of books and journals and joint registration of materials. The main library may also be appointed to have the largest holding of books, journals and reference works and so supply the others; yet another function might be the organizing of interlending on behalf of the libraries in the region.

This model is practised with good effect in Sweden.

A regional structure whether flat or hierarchial implies efficient utilization of all the materials available in the region.

Even in a regional structure there is however need for national cooperation and a regional model should be linked to the existing national library system.

Whichever model chosen it is still vitally important to appoint a national main subject library which is responsible for the buying and interlending of nursing literature on a higher level.

This was how things looked in 1985; now 3 years later the situation is practically unchanged as far as the nursing school libraries are concerned. Most libraries in Denmark are governed by a body of library laws. Libraries in basic educations of medium length such as basic nursing education are not, however, included in the library laws and are as such optional and without financial appropriation.

When I wrote my report I was hoping for a joint solution of the library problems in the schools of basic nursing education in the shape of a library decree covering all the schools. I based my hope on the decree that was bestowed earlier upon the teachers' training colleges which are comparable to basic nursing schools.

This has not come about, but hopefully this autumn a task group might be set up by parliament for the purpose of solving the library needs of basic educations of medium length.

Basic nursing education, however, is being much discussed in Denmark on the assumption that major changes are needed to adjust to the WHO targets of Health For All.

Much of the of the discussion about basic nursing education is on issues concerning the duration of the education, the relation between theory and clinical practice, the possible approximation of basic nursing education to university studies, and research in nursing.

Such changes, of course, will accentuate the need for nurses' access to information and literature even more. Unfortunately, this aspect and the implicit need for good libraries are hardly ever brougth into the discussion.

At this time when public spending is cut drastically in my country I am no longer confident or hopeful that basic nursing education will be granted libraries. I believe the nursing community must recognize their needs for access to information and literature to the extent that they make a financial contribution towards the creation of professional library service. This will require a good deal of thinking along new lines, but this is essential, I believe, for the development of basic nursing in a long perspective.

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LA BIBLIOTHEQUE DE LA FACULTE DE MEDECINE
OUVERTE AU PERSONNEL SOIGNANT
COMMENT L'EXPLOITER ?

Monique van HOOF

SOINS INTENSIFS DU CENTRE HOSPITALIER UNIVERSITAIRE VAUDOIS

Le Centre Hospitalier Universitaire Vaudois à Lausanne exploite 1318 lits avec une dotation de 950 infirmiers (ères) diplômés (ées). Mon lieu de travail se situe aux Soins Intensifs. Permettez donc que je vous présente ce milieu particulièrement "chaud" de l'Hôpital.

La Médecine intensive a pour but la prise en charge des malades dont la vie est menacée dans l'immédiat par une défaillance ou par une instabilité des organes vitaux, mais dont le pronostic est potentiellement bon. Elle implique la mise en oeuvre sans délai d'un ensemble de mesures diagnostiques, thérapeutiques et de surveillance, comprenant l'emploi d'appareils, de médicaments et de techniques de soins spécialisés.

Pour accomplir ces tâches, les unités de Soins Intensifs disposent en permanence d' un personnel médical et soignant "spécialisé".

Cette définition de la médecine intensive découle directement de celle établie par la Société Suisse de Médecine Intensive (SSMI) qui est l'organe de référence en Suisse pour la reconnaissance des unités de Soins Intensifs.

Le concept des soins intensifs est basé sur la conviction que les patients atteints d'affections médico-chirurgicales complexes vont bénéficier d'un environnement qui comprend une observation constante et directe, des soins infirmiers spécialisés et une approche thérapeutique coordonnée.

Les Soins Intensifs de notre Etablissement sont constitués de 31 lits répartis comme suit :

- deux unités de soins intensifs de Médecine : - unité coronaire = 7 lits
  - unité respiratoire = 7 lits
- une unité de soins intensifs de Chirurgie = 12 lits
- une unité pour "grands brûlés" dite "Centre des Brûlés" = 5 lits

Pour soigner ces différents patients, la dotation est de 108 infirmiers (ères) pour un total de 130 infirmiers (ères) (à cause des pourcentages), répartis (ies) selon les catégories suivantes :

- Infirmiers (ères) diplômés (ées) certifiés (ées) en Soins Intensifs
- Infirmiers (ères) diplômés (ées)
- Infirmiers (ères) diplômés (ées) qui suivent le cours de Soins Intensifs en première ou deuxième année
- Elèves infirmiers (ères) et stagiaires.

Le cours des Soins Intensifs dure 2 ans et se déroule en cours d'emploi.

PRESTATIONS DE LA BDFM (Bibliothèque de la Faculté de Médecine) :

Notre bibliothèque a publié un petit fascicule qui est à disposition à la BDFM et distribué dans chaque service. Les prestations de cette bibliothèque sont :

- la recherche de documentaires informatisés, notre BDFM ayant accès à plusieurs banques de données informatisées pour le domaine bio-médical ou tout autre domaine scientifique
- des collections qui sont en majeure partie d'accès libre
- près de mille abonnements de périodiques et revues médicales représentant la littérature médicale du monde entier
- des livres médicaux, classés par cotes de la National Library of Medecine, Bethesda, Wash (USA)

- des thèses de doctorat de la Faculté de Médecine de l'Université de Lausanne. Ces dernières se trouvent dans un local d'accès limité.
- une Médiathèque qui comprend une large collection de moyens audiovisuels (MAV), vidéo-cassettes, cassettes sonores, moyens de simulation, disquettes pour enseignement assisté par ordinateur ainsi qu'une large collection de diapositives. Ces ouvrages sont libres d'accès et peuvent être visionnés sur place dans des locaux prévus pour le visionnement individuel ou en groupe.
- on peut demander un prêt interbibliothèque (articles, livres ou même documents audio-visuels). Un très large réseau de prêt interbibliothèques ayant été mis en place à l'échelle nationale et internationale.

Pour répondre à votre demande : "Qu'est-ce que les infirmiers (ères) attendent des bibliothécaires ?", j'ai fait une enquête au sein du personnel infirmier des Soins Intensifs.

Pourquoi ?, parce que 70% de nos infirmiers (ères) y suivent une formation post-diplôme ou l'on terminée.

De plus, l'environnement des Soins Intensifs, demande un intérêt, une motivation et une éducation permanente pour appliquer les meilleurs soins dans ce milieu dynamique.

Chaque infirmier (ière) a reçu un questionnaire et 55% ont été retournés.

Ceux qui n'ont pas rempli ce questionnaire sont des personnes très contentes des services de la BDFM et qui ne voient aucun changement nécessaire ou des personnes qui n'y vont jamais.

Hors enquête, d'autres collègues ont été consultés et leurs remarques se trouvent aussi dans les propositions faites.

Il ressort de cette enquête que :

- Les élèves du cours de soins intensifs utilisent le plus la BDFM.
- Cette utilisation diminue une fois que les infirmiers (ières) obtiennent leur certificat.
- Pour les infirmiers (ières) diplômés (ées) par contre, la fréquentation augmente proportionnellement avec les années post-diplôme.

Le personnel infirmier qui fréquente la BDFM, y va pour (par ordre d'importance):

- consulter des livres "soins infirmiers"
- consulter des livres de pathologie
- lire une revue "infirmière"
- chercher des références
- lire une revue "médicale"
- regarder une cassette Viudéo.

Quand y va-t-il :

Surtout pendant les moments creux durant le travail mais aussi sur leur temps libre.

Il est aussi intéressant d'étudier le pourquoi de la non-fréquentation de ceux qui n'y vont jamais ou rarement, soit 19%.

Entre paranthèses :

Ne pas aller à la BDFM ne signifie pas que l'on étudie jamais.

Une première raison est que chaque Unité des Soins Intensifs, possède une "mini" bibliothèque avec :

- des classeurs qui contiennent les photocopies des cours Soins Intensifs
- des photocopies de divers articles traitant les différentes pathologies spécifiques à l'Unité
- quelques livres
- une revue "Soins Infirmiers".

Ces "mini" bibliothèques sont sous la responsabilité de l'infirmier (ière) Chef de l'Unité de Soins (ICUS) et heureusement, elles sont très bien consultées.

Pour que ces "mini" bibliothèques gardent un contenu adéquat et actuel, il est indispensable que les infirmiers (ières) Chefs d'Unité soient bien informés sur les nouvelles acquisitions de la BDFM. C'est une demande unanime qui a été faite sous la rubrique "propositions aux bibliothécaires" de l'enquête.

Autres raisons de la non-fréquentation de la BDFM :

- une classification peu ou pas évidente ou plutôt une méconnaissance des prestations de la bibliothèque (BDFM)
- se sentir mal à l'aise dans une bibliothèque où le silence pèse lourd, la salle de lecture est prise comme salle d'étude par beaucoup d'étudients en médecine.

En plus de la demande d'une information régulière, diverses propositions ont été faites :

- un dépouillement informatisé des revues francophones de soins infirmiers, comme pour les revues anglophones (en Amérique SIVAL)
- une personne de référence des soins infirmiers pour l'indexation de la littérature infirmière
- une représentation du corps infirmier dans les organes de la bibliothèque (par ex. : quelqu'un de la Formation Continue)
- un local avec des fauteuils, des plantes vertes et de la musique. En somme, un endroit sympathique où l'on puisse consulter les revues infirmières pendant la pause et où ce silence "lourd" n'existerait pas, un local où l'on puisse discuter
- une bibliothèque séparée en deux :
    - une partie médicale
    - une partie pour les soins infirmiers

  je ne suis pas favorable à cette proposition
- un accueil aussi personnalisé que pour les médecins
- une information sur les revues infirmières du monde entier et pas uniquement de l'Europe et des Etats-Unis, avec la possibilité de demander des copies.

Personnellement, je pense que l'infirmière connaît encore mal toutes les possibilités de la Faculté de Médecine.

Il incombe à l'infirmier (ière) chef de service ou de l'unité de faire connaître la BDFM à son personnel, de cerner les demandes particulières et de les exposer à la bibliothécaire.

Cette dernière pourra alors mettre en oeuvre son savoir faire professionnel afin de répondre à nos besoins.