



‘READ THIS, IT’S GOOD FOR YOU!’

**USING QUALITATIVE METHODOLOGIES
TO EXPLORE SERVICE USER NEEDS AND
STRATEGIC AIMS**

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A DISCLAIMER



Image © Hulton/ Getty/ British Medical Journal



A HIERARCHY OF EVIDENCE

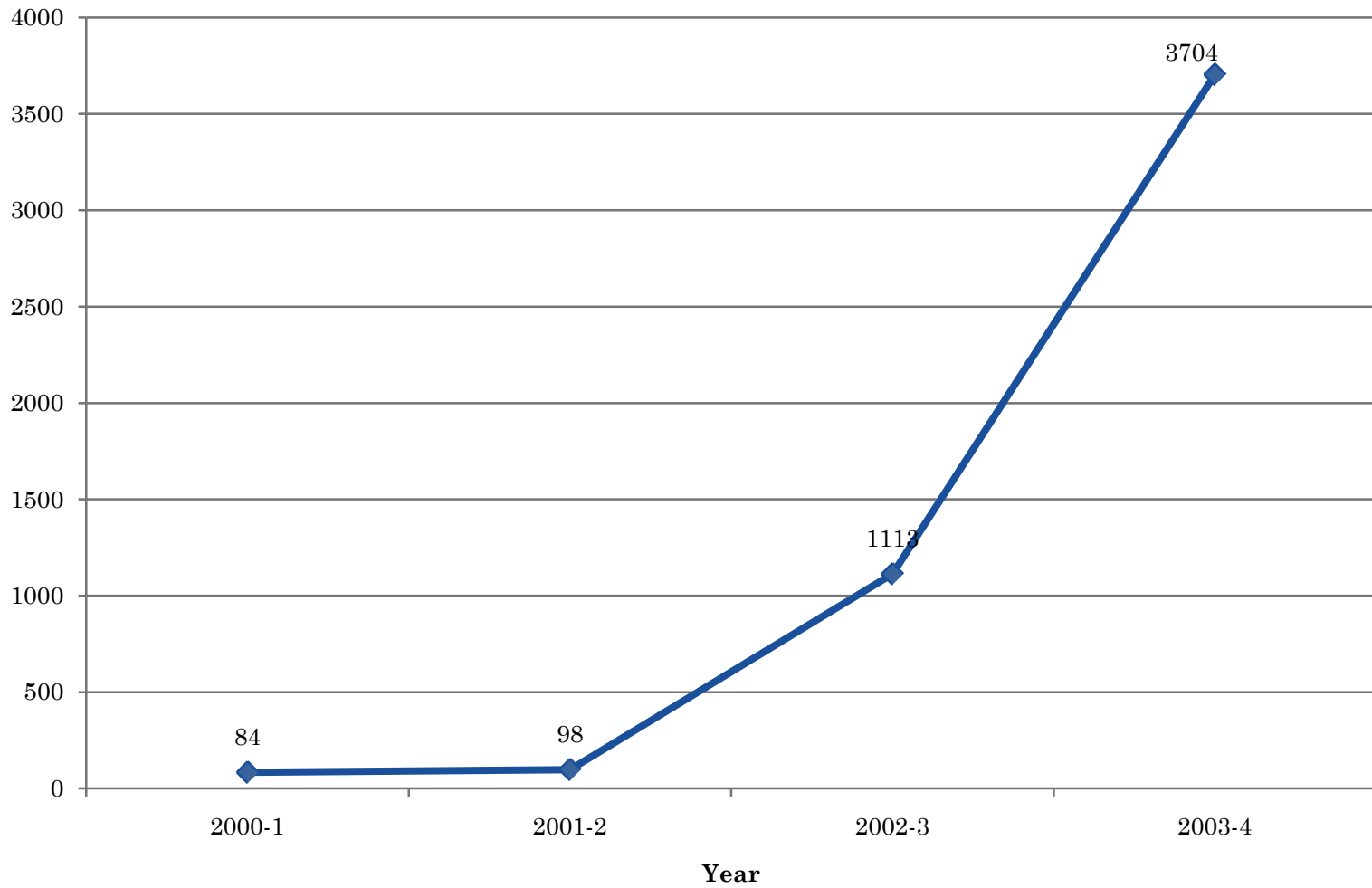


“We should not be surprised that the embryonic evidence hierarchy appears to have outlived its usefulness.”

(Booth, 2010)



WHAT ABOUT YOUR LIBRARY?



Measuring
what we value,
or valuing
what we can
measure?

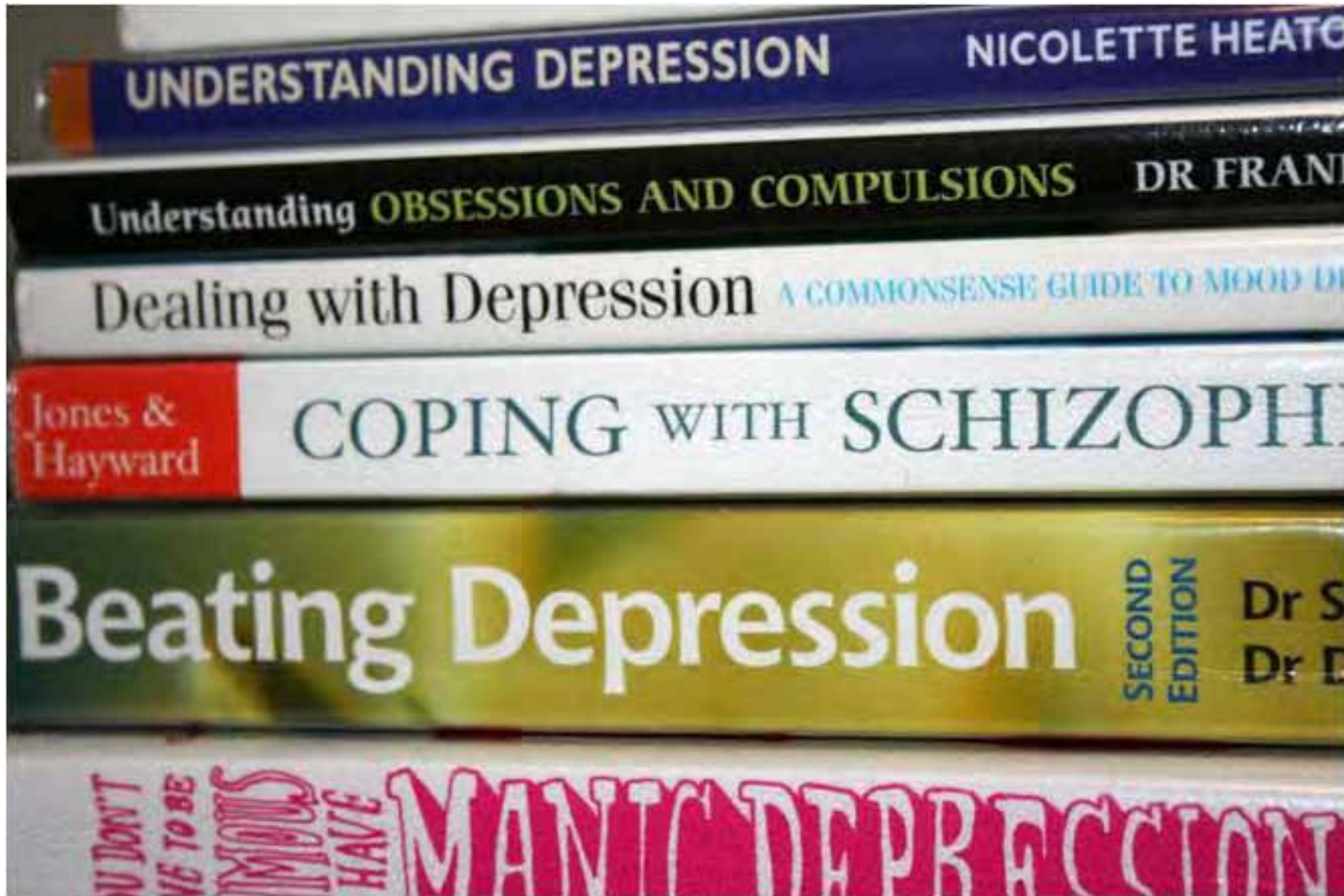
(McMenemy, 2007)



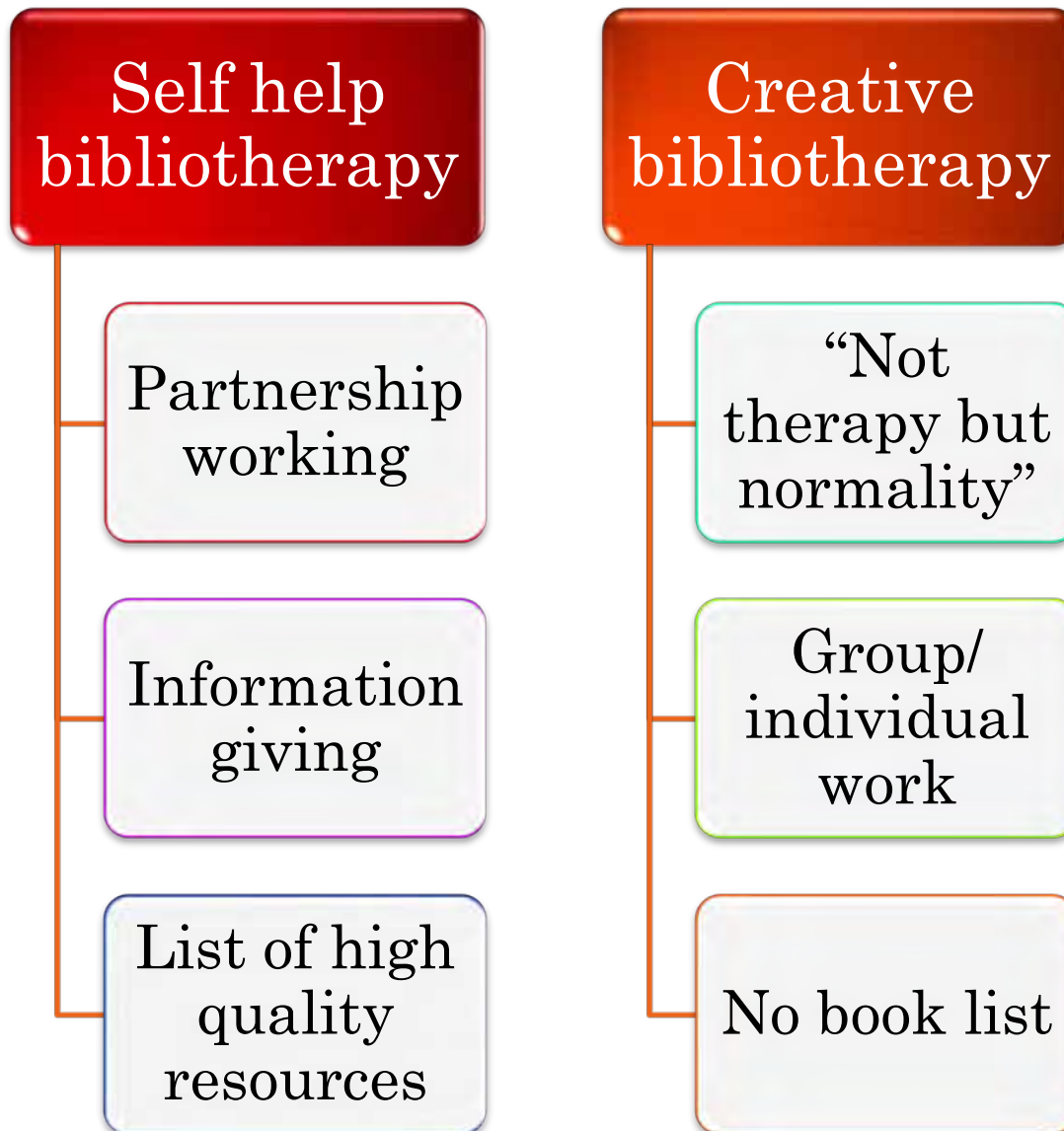
A GAP IN THE EVIDENCE BASE?



BIBLIOTHERAPY



THE MAIN THEMES



‘No amount of monitoring of book loans will tell you whether the items borrowed were actually read, let alone whether the targeted users were in any way affected by what they read, or whether they learnt anything.’

Markless and Streatfield (2006)



Date:

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

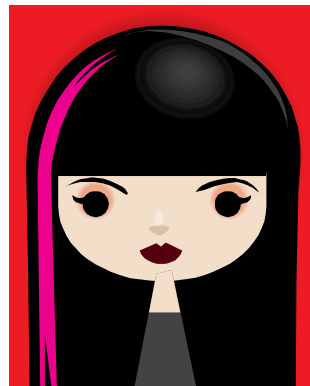
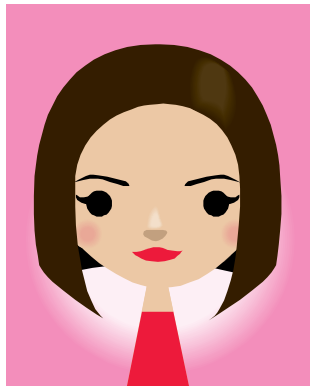
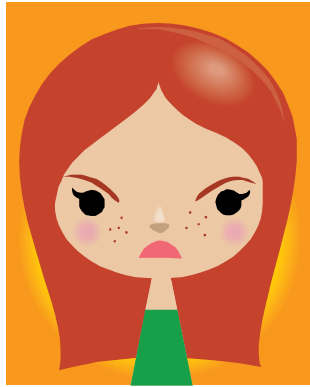
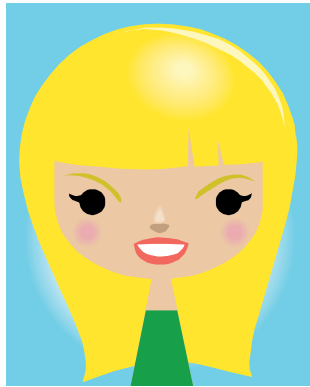
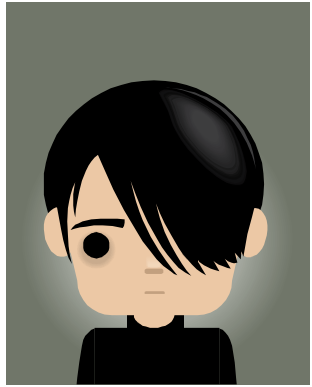
- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.





‘A service user’s experience of distress and service usage brings a perspective to research that could not otherwise be achieved’

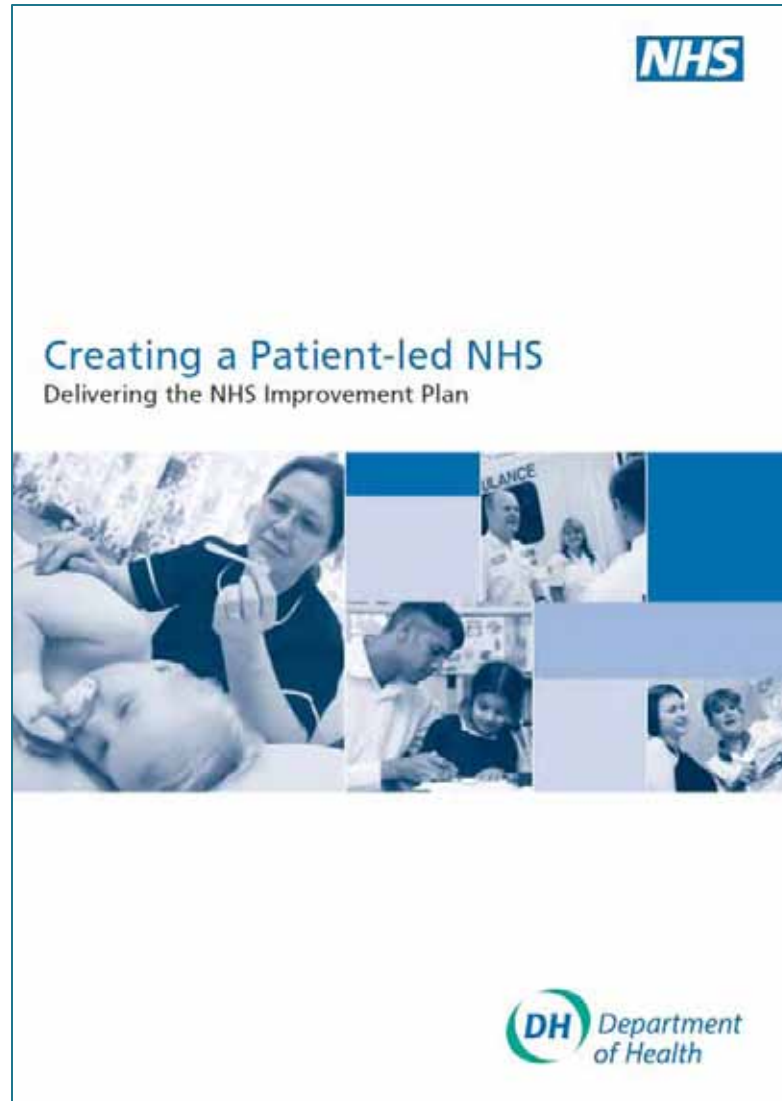
Lucock, Mirza and Sharma (2007)



SO WHAT?



WHY SHOULD WE DO SOMETHING DIFFERENT?



PATIENT CHOICE AGENDA

NHS

Choice matters:
Increasing choice improves patients' experiences

choose and book

Patients, GPs and practice managers talk about their experiences of choice and Choose and Book

Progress on patient choice is data and plans for the future

NHS

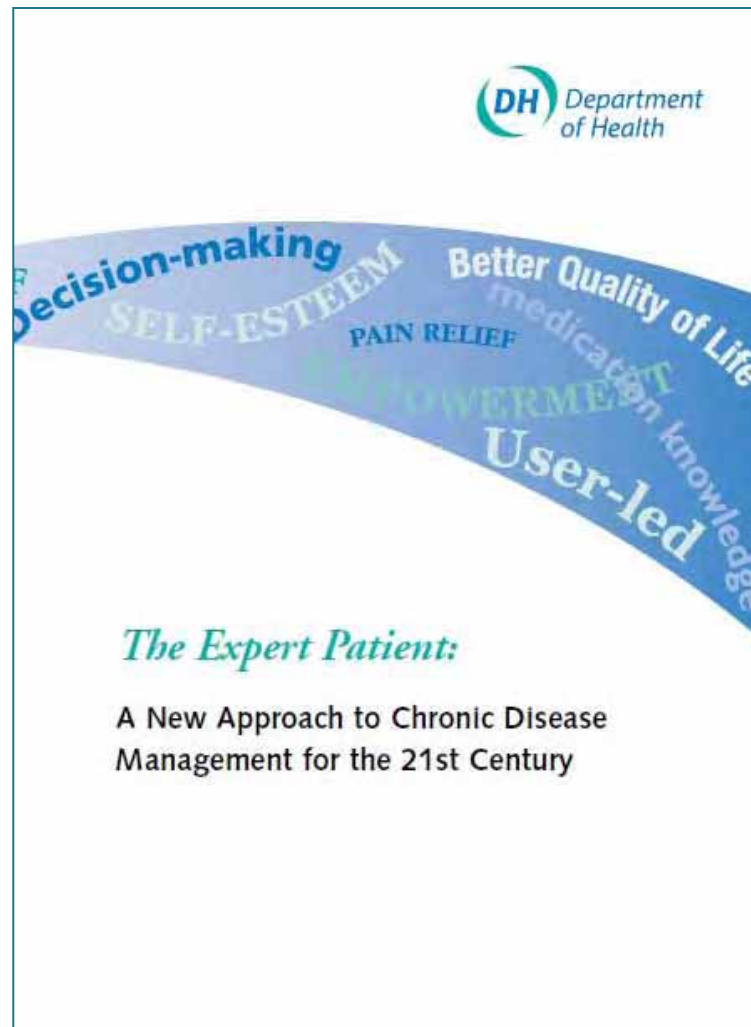
Choice Matters
Working with libraries

اینہ خیارک
 चेत प्रमी' नवली पै
 Waa sidaad rabto
 A escolha é sua
 Tvoja volba
 你可隨意选择
It's your choice
 आप खुद चुन सकेंगे
 Wybór należy do ciebie
 আপনার ধর্যোজন মত বেছে নিতে পারেন।
 فیصلہ آپ کو تاپے


"I chose a hospital that can treat me quickly."




EXPERT PATIENT AGENDA



PERSONALISATION AGENDA



Our health, our care, our say:
a new direction for community services

Health and social care working together in partnership 



Better information, better choices, better health

Putting information at the centre of health



IN OTHER WORDS...

‘Service user produced knowledge - or ‘evidence’ – uses different methods to mainstream research and consequently produces a different view of the world.’

(Rose, 2008)



HOW DO WE DO SOMETHING DIFFERENT?



ASK DIFFERENT QUESTIONS

- How do service users experience bibliotherapy schemes?
- How are the strategic aims of bibliotherapy schemes constructed?

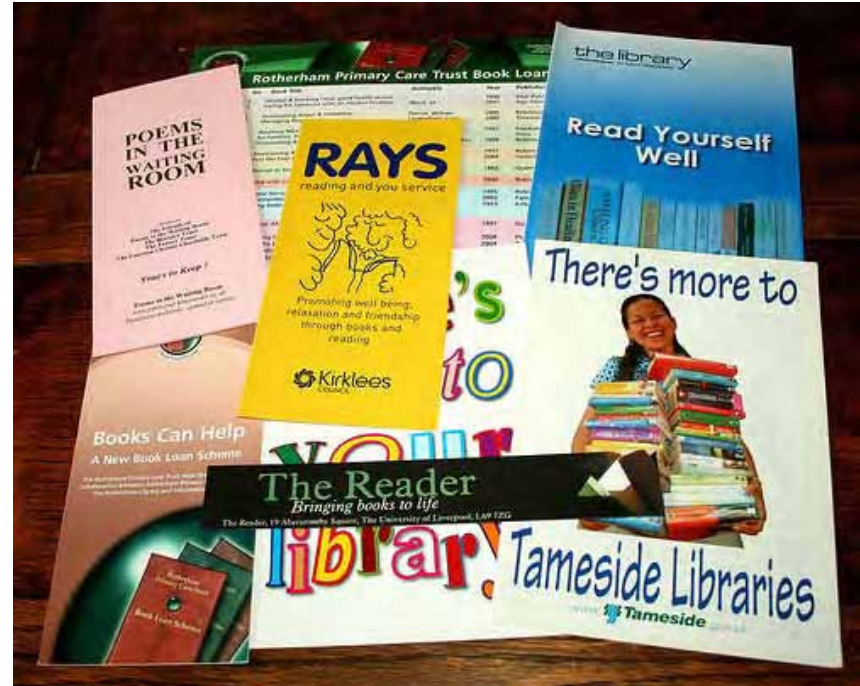
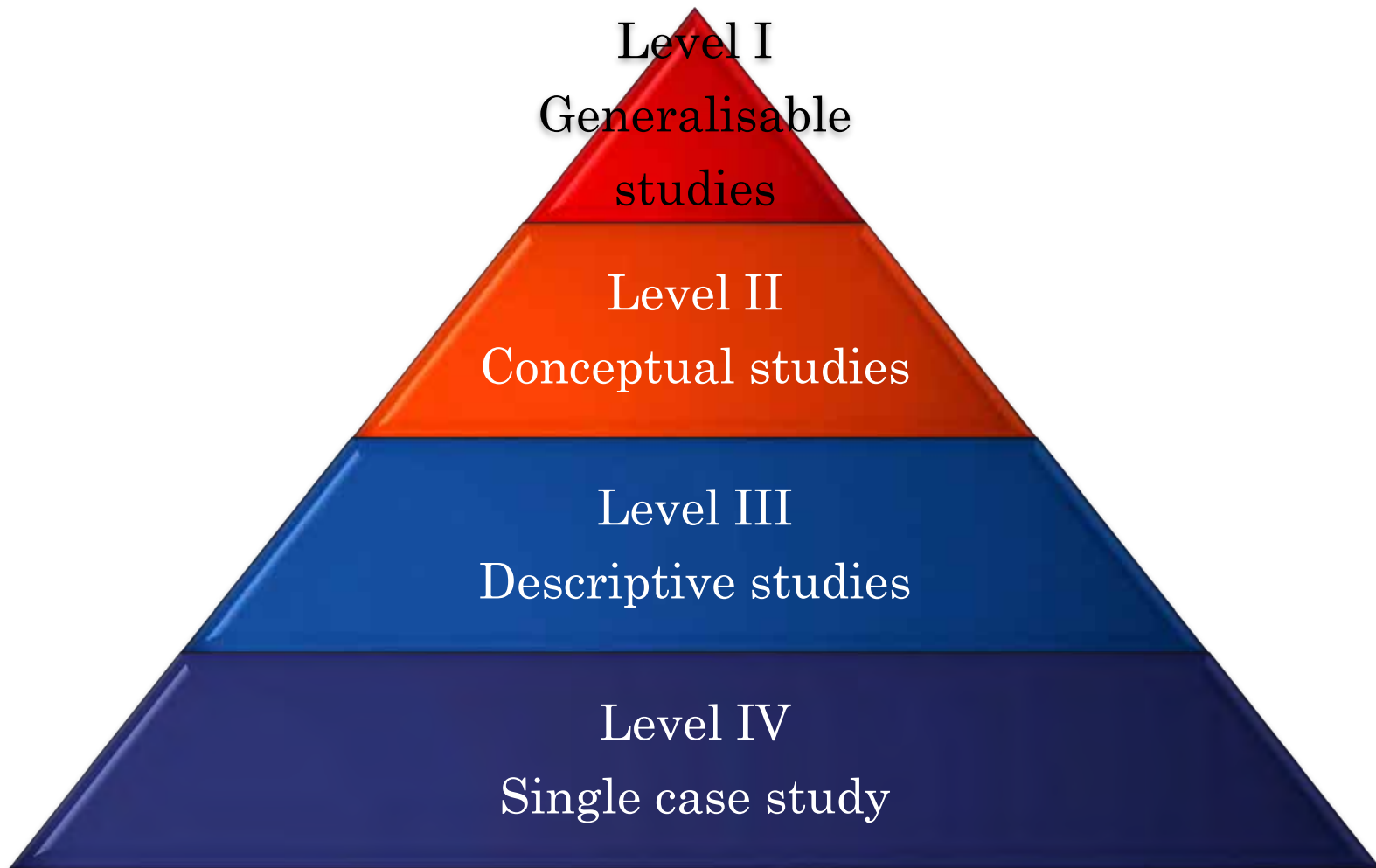


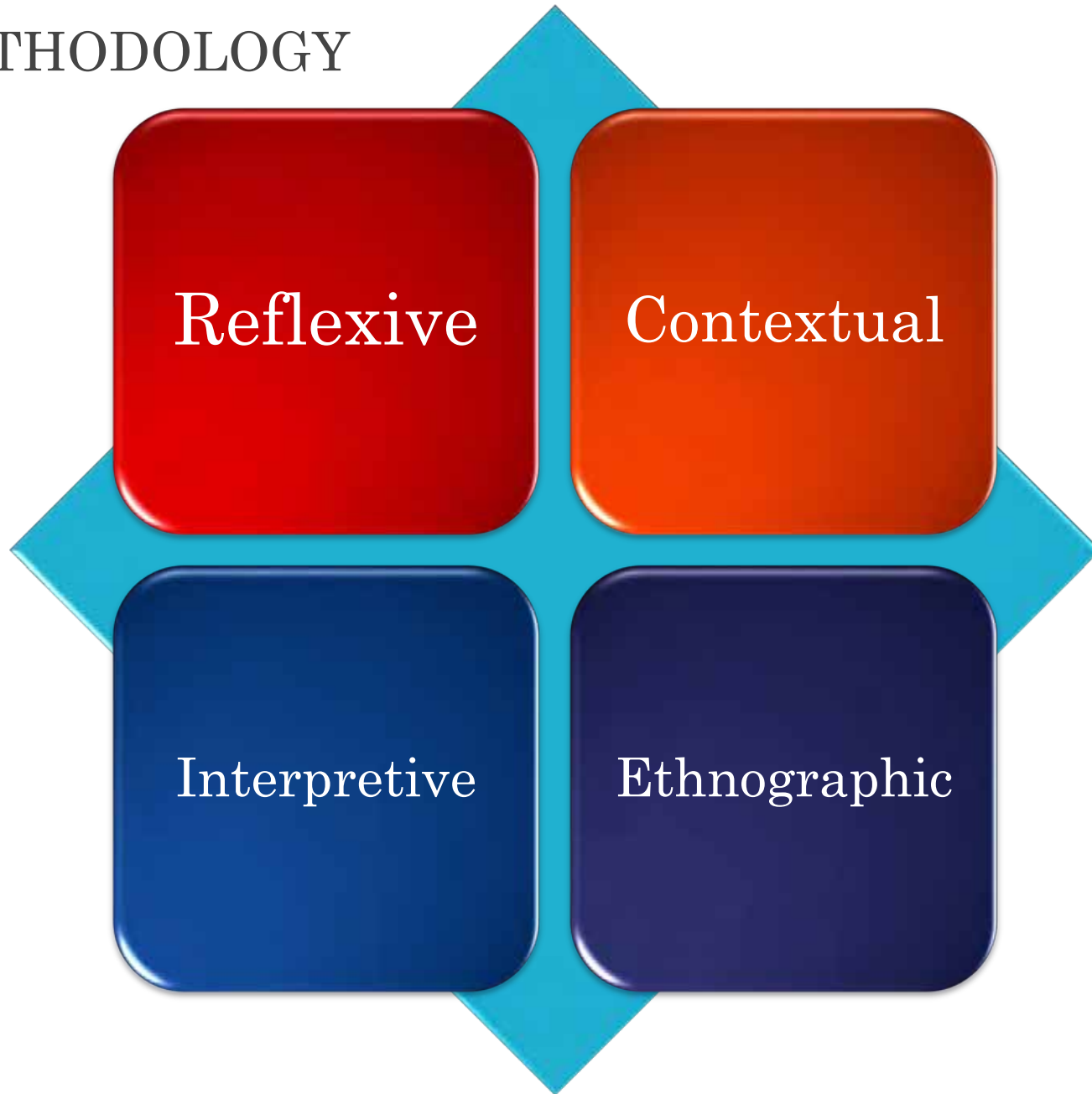
Photo © Mo Adams



THINK ABOUT QUALITY



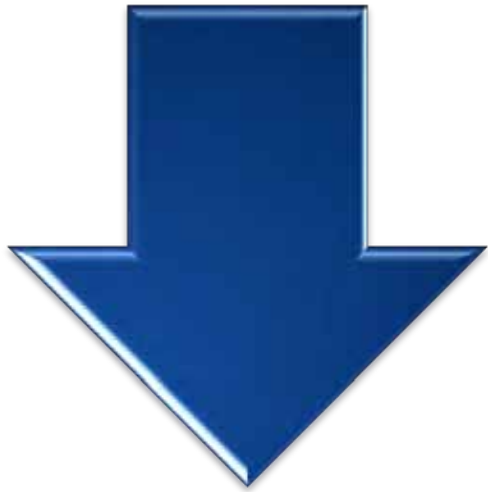
METHODOLOGY



INTERPRETIVE INTERACTIONISM



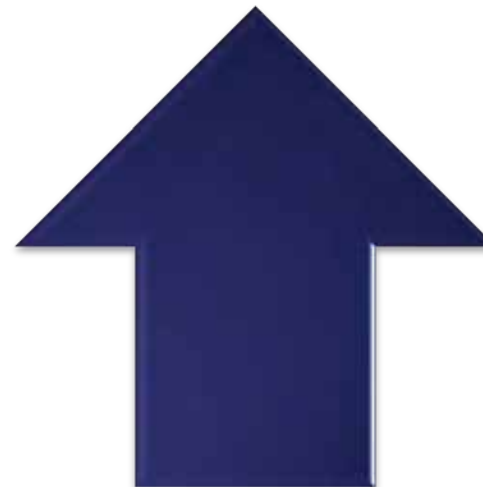
INTERVIEWS



Openness
Meaningful data
Informed perspective



Time consuming
Concerns about subjectivity
Complex analysis
Cost



Search

See all conditions

Cancer

Nerves & brain

Mental health

Dying & bereavement

Chronic health issues

Intensive care

Heart disease

Bones & joints

Pregnancy & children

Carers

Living with disability

Medical research

Later life

**“True stories are...nutritious and sustaining.
They feed the mind with information and
the heart with hope and strength..”**

Philip Pullman

**People's stories: see, hear and
read their experiences...**

Healthtalkonline is the award-winning website of the DIPEX charity and replaces the website formerly at [dipex.org](#). Healthtalkonline lets you share in other people's experiences of health and illness. You can watch or listen to videos of the interviews, read about people's experiences and find reliable information about conditions, treatment choices and support.

The information on Healthtalkonline is based on qualitative research into patient experiences, led by experts at the University of Oxford. These personal stories of health and illness will enable patients, families and healthcare professionals to benefit from the experiences of others.



PARTICIPANT OBSERVATION



DOCUMENT ANALYSIS



WHAT ARE THE PROBLEMS WITH THIS?

Lies, damn lies... and more damn lies?

Objectivity

Analytical skills

Real life is complicated... so is
research



CONCLUSIONS FROM MY RESEARCH

Supply and demand

Changes in reading habits

Measuring impact



IN CONCLUSION

“Read this...
it’s good for
you?”



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