

CHAPTER 7

FINDINGS AND DISCUSSION

Findings of the study are summarized below :

7.1. INFORMATION NEEDS

After factor analysis of information needs variables three variables related to information needs of medical practitioners have been identified. These are (i) conference/seminars, (ii) medical information, (iii) uptodateness. These variable are highly correlated signifying their importance. Medical practitioners need information conferences / seminars followed by medical information. This reveals that they need information about new drugs, new clinical methods and about new treatments.

7.2. INFORMATION SOURCES

For the purpose of this study information sources have been divided into two groups: printed information sources and non-printed information sources. Five variables have been identified for printed information sources and are ready references, medical sources, primary sources, secondary sources and external sources. The analysis shows that the primary source is the most important information source for medical practitioners. This includes journals,

newsletters, treatise, patents, research reports and so on. This follows by the secondary source and ready reference respectively and includes sources like discussions within hospital, patients record (Centralized Medical Record Department) internal meetings etc.

For non-printed information sources, three variables have been identified ^{after} factor analysis. These are audio-visuals, on-line electronic sources and off-line electronic sources. The three variables are highly correlated indicating their significance. Audio-visual variable ranks first and is followed by on-line electronic sources and off-line electronic sources.

7.3. INFORMATION CHANNELS

Regarding information channels, five variables have been identified and these are viz. formal channel, informal channel, electronic text searching, external/other libraries and Internet/online searches. All these five variables are significantly correlated. The formal channel variable ranks first followed by Internet/online searches variable. This shows that medical practitioners are using besides libraries Internet and online searches as the channel to satisfy their information needs. The informal channel ranks third.

7.4. INFORMATION BARRIERS

Information barriers are categorized ^{into} into two variables, namely, environmental barriers and personal barriers. Between this the

environmental barrier is the most important barrier. This indicates that, the medical practitioners do not get good library facilities and it is further restricted by unfavorable attitude of library staffs in their institution. Personal barriers include items like non-availability of time to visit the library etc. A summary of the relationships among information needs, information channels and information barriers are presented in Fig. 7.1. : Summary of the relationships among information needs, information channels and information barriers.

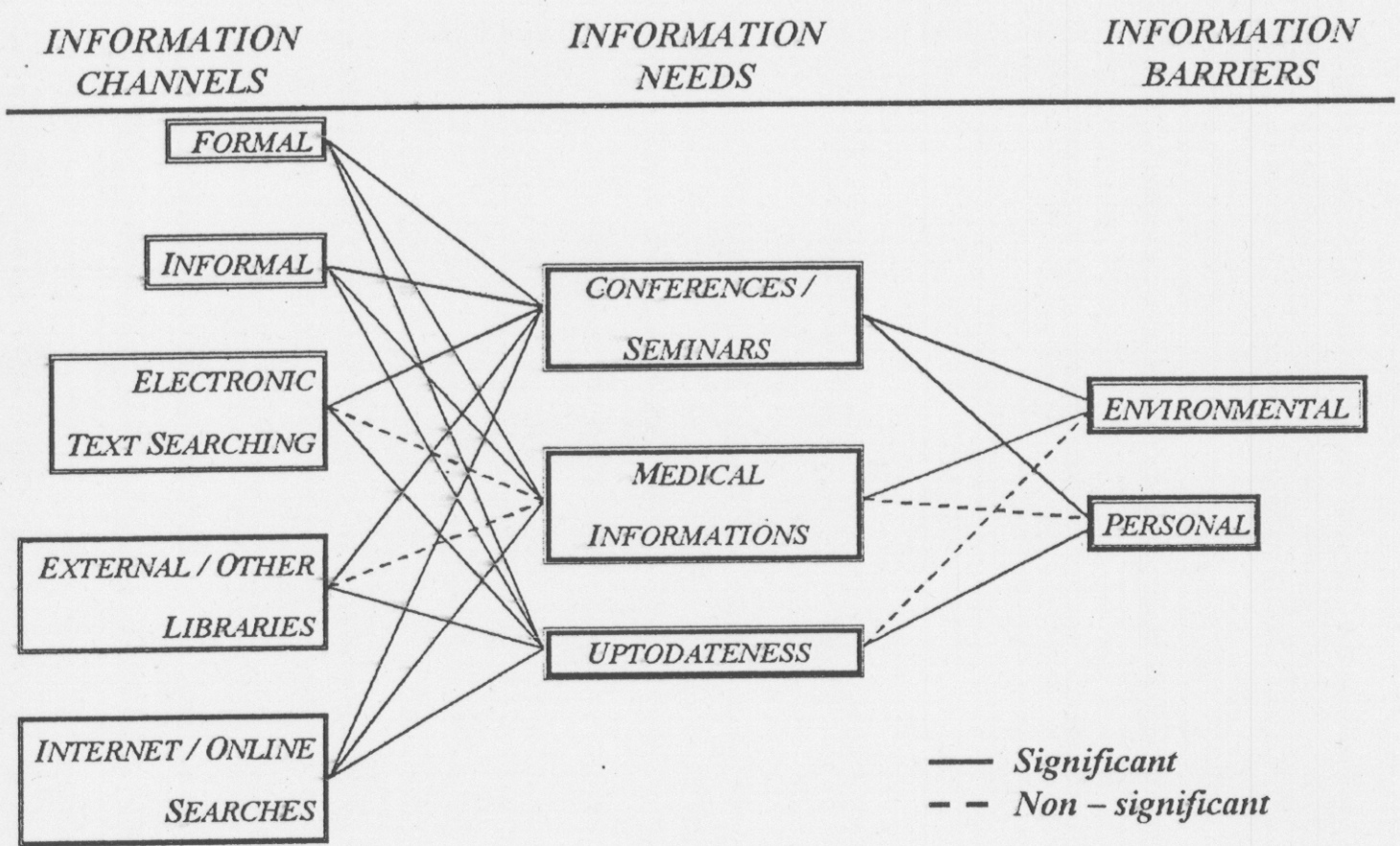


Fig. 7.1 : Summary of the relationship among information needs, information channels and information barriers.

7.5. BACKGROUND VARIABLES

A total of twelve background variables were identified and are listed in Part V of questionnaires named as ‘Personal data’. These variables are present age, joining age, sex, marital status, present qualifications, joining qualification, designation, working in present organizations,

specialization, working in profession, working in other organizations and working in present positions.

It is clear that majority (96.46%) of medical practitioners joined below the age group of 30 years and approximately more than half of them (63.70%) are below 45 years of age. 72.30% of medical practitioners are currently holding M.D. / M.S. degrees, whereas 73.30% of them were having only M.B.B.S. degree at the time of joining indicating that qualifications were acquired after joining the profession. Only 25% of them are having qualification higher than M. D. / M.S. A total of 26 specializations exist among them. Out of these 8 specializations are non-clinicians and rest are clinicians. Further it is clear that average years of working in the profession is 15 years. Whereas maximum (23.26%) are having upto 5 years of experience in the present organization. Majority of medical professionals are in the profession ranging from 5-20 years. Their promotional avenues seem better. It takes them less than five years to get promoted to higher cadre. However, they do not move from one organization to another quite easily. 46.80% of them have never changed organization and 75.70% of them have worked in only up to two organizations. It is also clear that they only move to other organization in the early stages of profession. Medical professionals enter the profession having less qualification. They acquire higher qualification / specialization later on. They have lesser chances of being promoted in the same organization and thus move from one organization to another for promotional avenues. Further, it has been observed that this happens in the early stages of

their joining profession. Higher they move on the profession, lesser are their chances of changing the institutions. A summary of the relationships between background variables, information needs and information barriers is presented in Fig. 7.2. : Summary of relationship among information needs, information barriers and background variables.

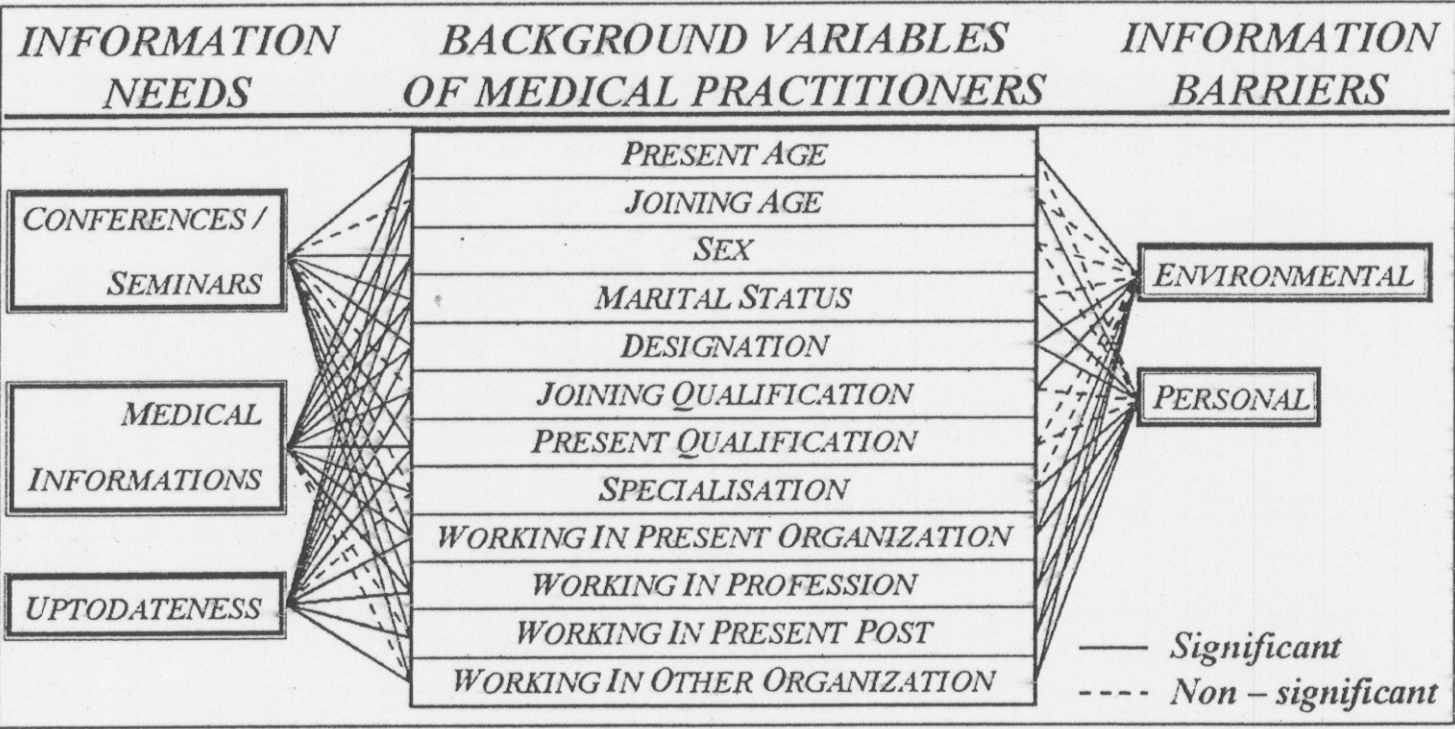


Fig. 7.2 : Summary of the relationship among information needs, information barriers and background variables.

For the purpose of this study, information seeking strategy includes information needs, information sources, information channels and information barriers.

Background variables of medical practitioners do influence the information needs. Their information needs change from one variable to another as they move up in the profession. Younger, less qualified and newly joined medical professionals depend on medical information. That is they need information on new drugs, patient’s history, new clinical methods and treatment etc. Whereas, older, more qualified, or

having specialization, experienced and having higher designations need information on seminars / conferences, and to keep themselves uptodate. This shows that initially they want to know more on treating patients and later on they want information on attending seminars / conferences, writing reviews / articles, writing projects and keeping uptodate with latest developments in the medical information.

Regarding uses of information sources, it is very clear that background variables do influence the use of information sources. This is hardly any use of secondary sources. Use of primary sources depend upon qualifications. The higher the qualifications, more they depend upon the primary sources and electronic sources. Younger medical practitioners prefer more electronic sources / internet as compared to older medical practitioners. Non-printed information sources are used by all medical practitioners. A summary of the relationship between information sources and background variables is presented in Fig. 7.3.

: Summary of the relationship between information sources and background variables.

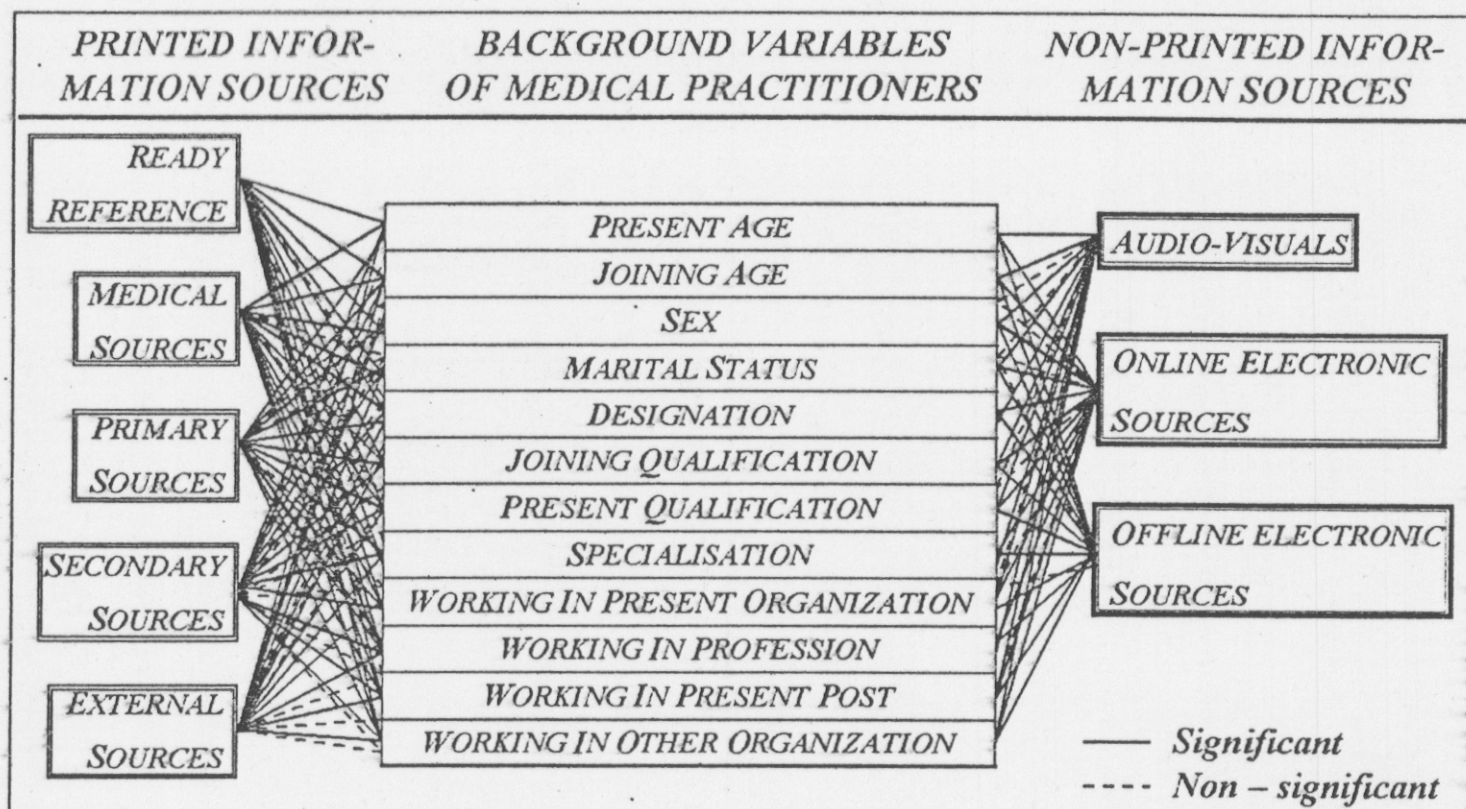


Fig. 7.3 : Summary of the relationship among information sources and background variables.

Regarding using different channels, it is very obvious that medical practitioners who are working in various institutions depend on formal channels. Formal channels include institutional libraries, attending seminars / conferences. Even present age as well as designation effects the use of formal channels. The medical professionals who have worked in more than one organization also depend on informal channels like discussion with colleagues etc. it seems that they are more aware of other channels available. Electronic text searching is being frequently used as information channel. However, it is more popular among younger generation of medical practitioners.

The two variables identified as information barriers are personal and environmental barriers. Background variables do influence these barriers. It is also seen that these information barriers i.e. environmental and personal barriers, affect the medical practitioners

to get their required information. The medical practitioners in upper age group like Professor, Associate Professor and Assistant Professor having their higher qualifications they are facing more in environmental barriers like non-availability of books, journals in the library, non-availability of duplicating facilities in the library etc. But the medical practitioners at the time of their joining age and to acquire their higher degree in the present organization they are suffering from the personal barriers like communication barriers with the library staffs, non-availability of Internet / online searches etc. A summary of the relationship between information channels and background variables is presented in Fig. 7.4. : Summary of the relationship between information channels and background variables.

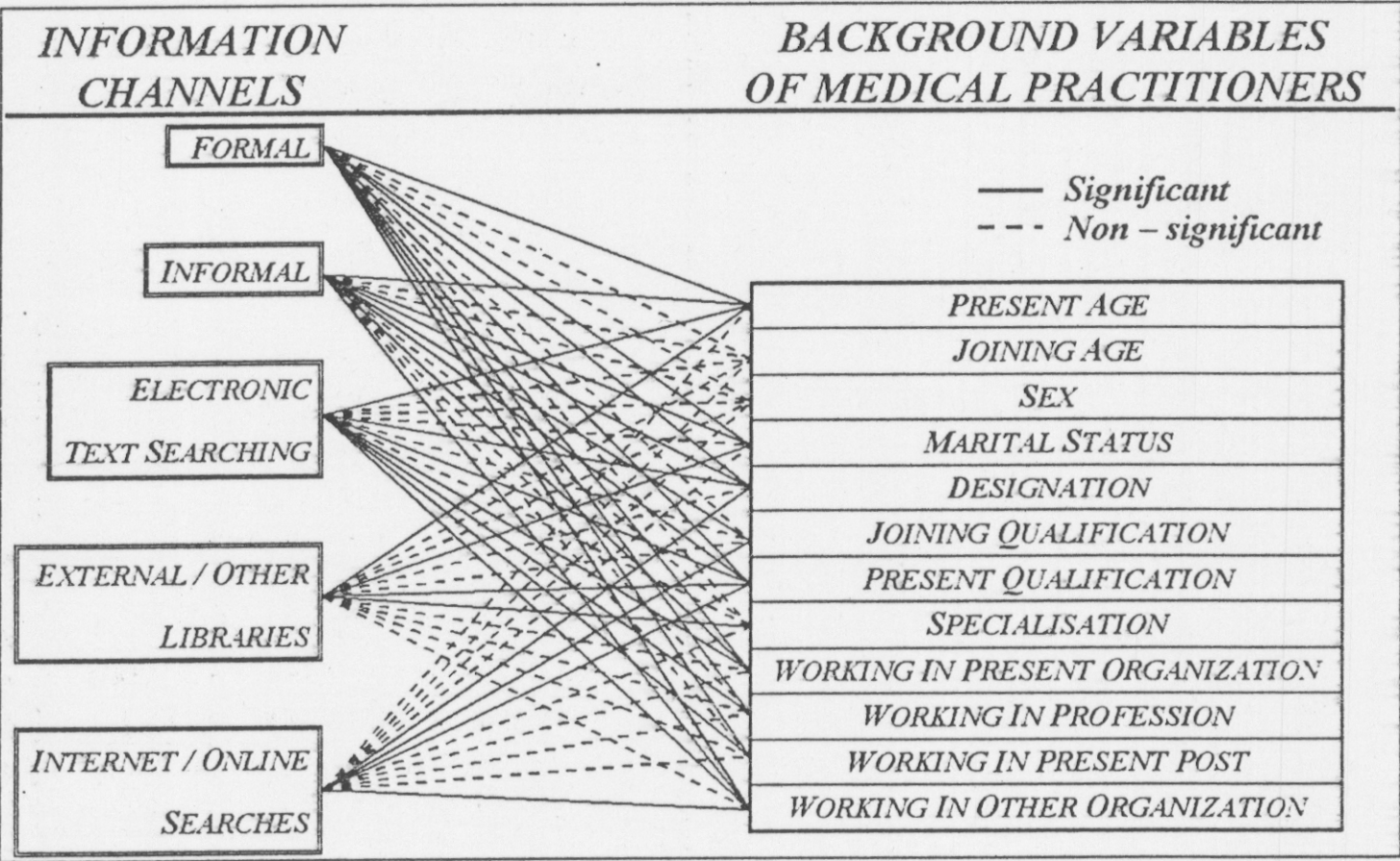


Fig. 7.4 : Summary of the relationship between information channels and background variables.

Information seeking strategy shows marked difference between clinicians and non-clinicians on one side and between Institutional

medical practitioners and Private medical practitioners on the other side. They differ in their information need, information sources they use and as well as information channels that are used. It is quite evident that clinicians will emphasis on medical information than non-clinicians. Clinicians are practicing medical practitioners will be like to have information on patient history, new clinical methods, new clinical treatments and new drugs whereas non-clinicians who are not practicing do not emphasis on this information. They do not difference regarding using information sources as far as printed information sources are concerned. Again, Ready references, Medical sources and External sources are the sources which clinicians will have to depend more for analysis and diagnosis of diseases.

Again, it is the clinicians who are using Electronic Text Searching channel more. They are under pressure to know new methods, treatments and new drugs so that it facilitates diagnosis and treatment.

Further, clinicians differ as far as personal barriers are concerned which emphasizes mostly uses of various libraries either attached to the institutions or elsewhere.

Information seeking strategies of Institutional medical practitioners and Private medical practitioners also differ. Regarding information needs, it is clear that institutional medical practitioners need more information for attending various conferences / seminars, workshops etc. whereas private medical practitioners do not bother much to attend these formal gathering. However, they do depend on various

information sources to gather information regarding new treatment and drugs. It is clear that private medical practitioners use more non-printed information sources like internet, online electronic sources rather than formal sources. It was clear while collecting data that all private medical practitioners have personal computers and internet facilities available. The information channels also show difference regarding institutional medical practitioners and private medical practitioners except one factor namely, external / other libraries. It is clear that private medical practitioners do not visit formal library attached to institution but use other channels. A summary of the relationships among information needs, information barriers, and background variables are presented in Fig. 7.5.

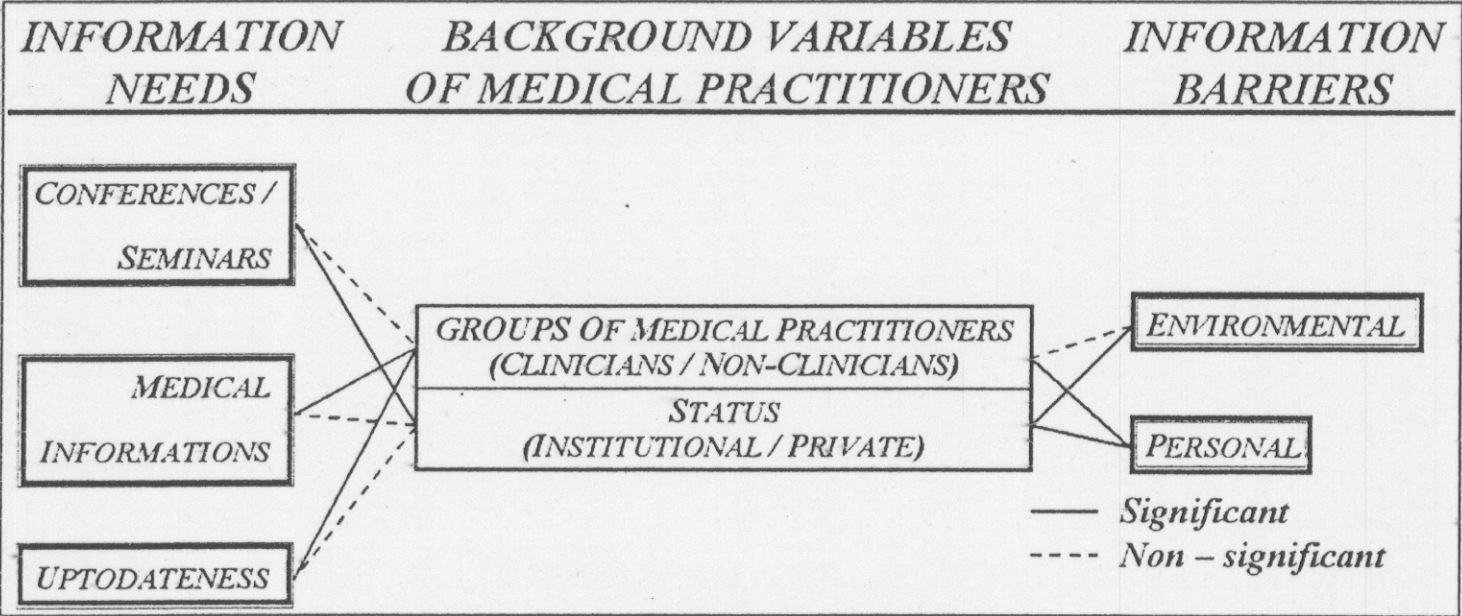


Fig. 7.5. Summary of relationship among information needs, information barriers and background variables.

A summary of the relationships between information sources, and background variables are presented in Fig. 7.6.

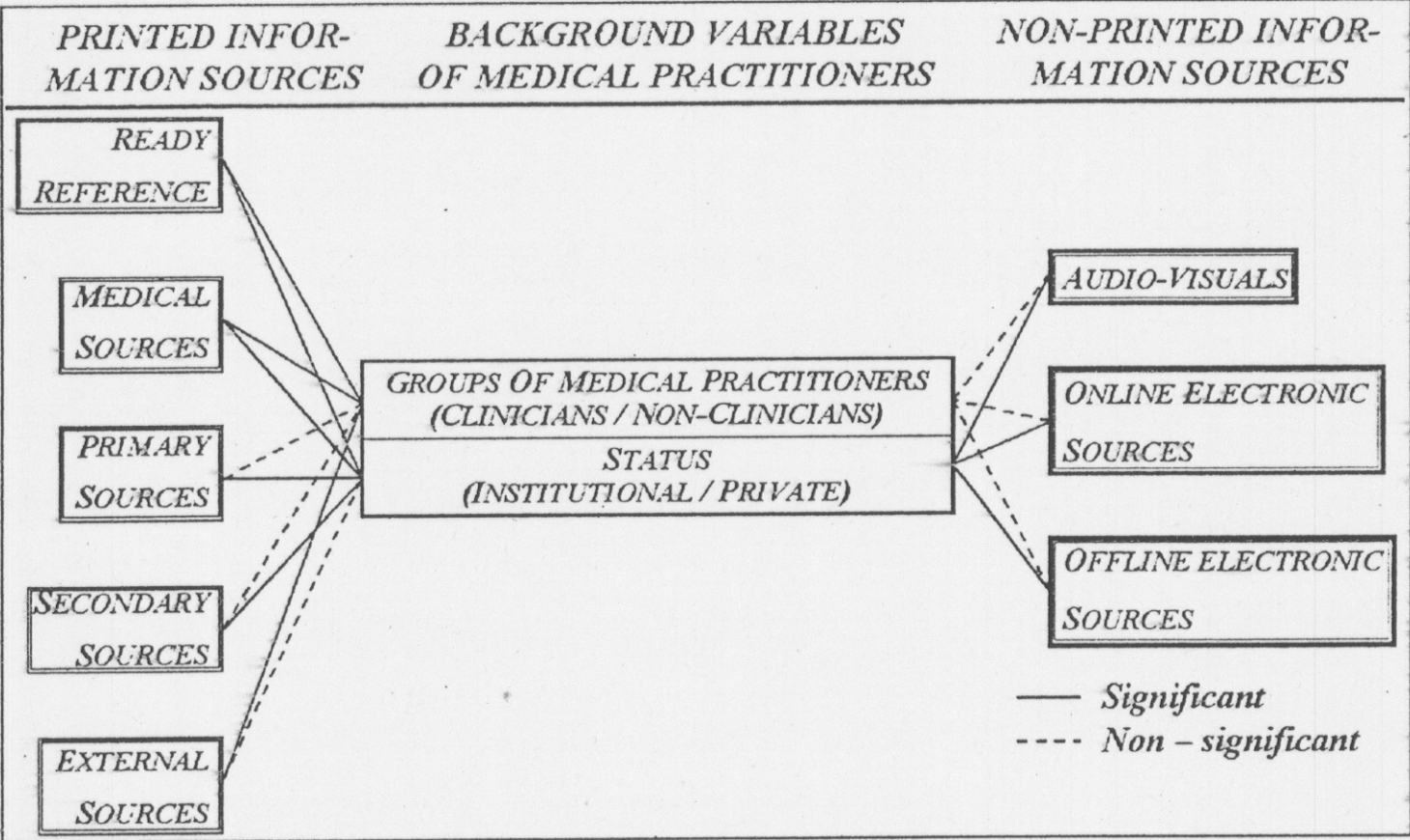


Fig. 7.6. Summary of relationship between information sources and background variables.

From the above discussion, a generic model of information seeking strategy used by medical practitioners in North-East India is graphically presented in Fig. 7.7. : A Model of information seeking strategy for Medical Practitioners.

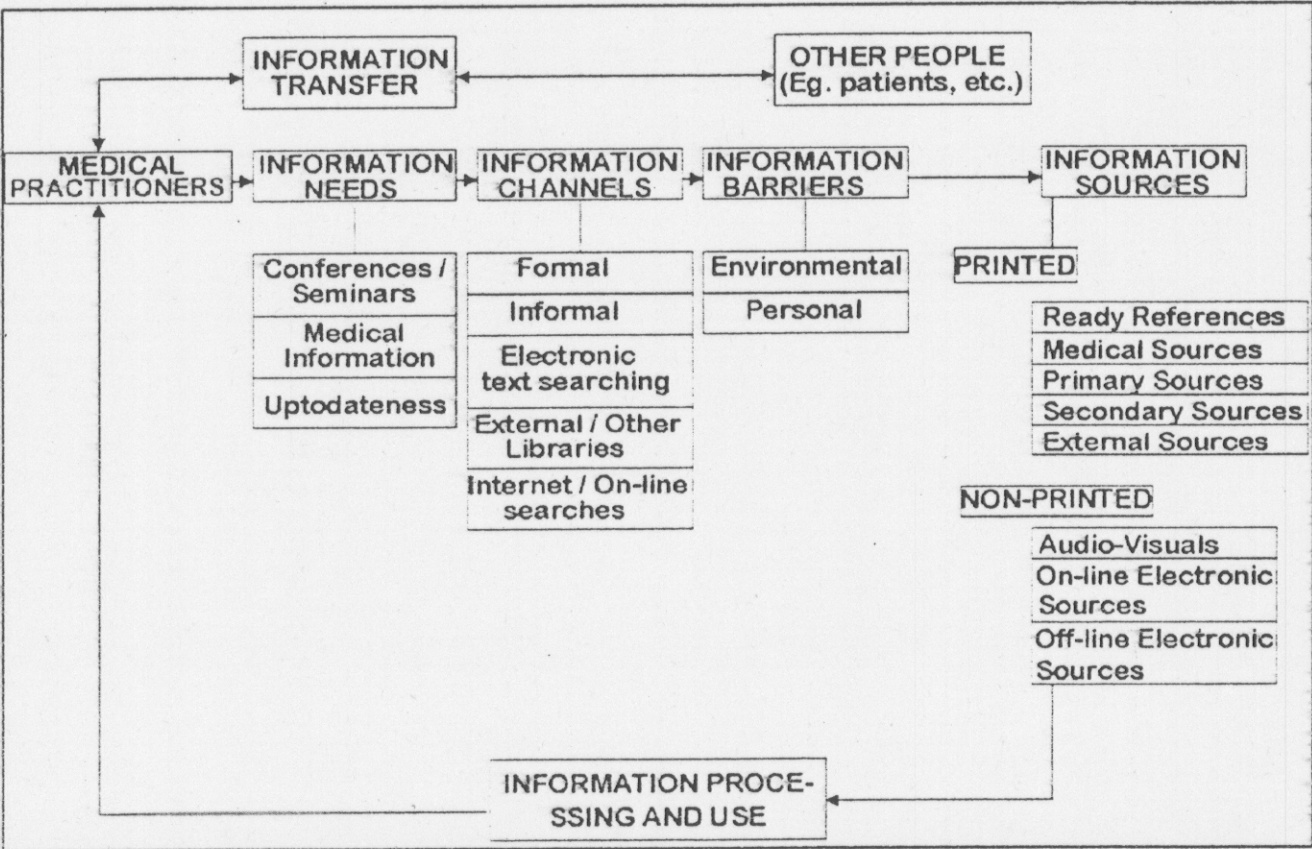


Fig. 7.7 : A Model of information seeking strategy for Medical Practitioners.

CHAPTER 8

SUGGESTIONS AND RECOMMENDATIONS

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8.1. INTRODUCTION

A total of seventeen variables on information barriers were administered to all participants. Factor Analysis reduced these into two main variables which are named as 'Environmental' and 'Personal'. The environmental factor mainly related to non-availability of latest materials, physical facilities and various services of the library. Personal barriers are to less time to visit library and communication barriers with library staff. Thus it is clear that medical practitioners face environmental as well as personal barriers while seeking information. In order to give suggestions to improve the library services, it is essential to know the existing scenario of the existing libraries. A survey was conducted with the help of structured questionnaire (Appendix II) to examine the available resources, services provided and infrastructure facilities available in all four Medical College libraries. The libraries are as follows :

- 1 Gauhati Medical College Library, Guwahati.
- 2 Assam Medical College Library, Dibrugarh.
- 3 Silchar Medical College Library, Silchar.
- 4 Regional Institute of Medical Sciences Library, Imphal.

The summary of the findings of the questionnaires are presented in

Table 8.1. : Summary of the Present Status of Library Facilities in North East India.

Table 8.1 : Summary of the Present Status of Library Facilities in North East India

Sl. No	Items	1	2	3	4
1.	Year of Establishment	1961	1947	1969	1972
2.	Collection :				
	2.1. No. of Books	24,017	27,083	13,803	26,208
	2.2. Periodicals				
	No. of bound volumes				
	Indian	17,000	7,655	4	5,039
	International				
3.	Budget :				
	(For last five years)	(Rs. in Lakhs)	(Rs. in Lakhs)	(Rs. in Lakhs)	(Rs. in Lakhs)
	1994 – 1995	2.0	2.0	2.0	14.0
	1995 – 1996	2.5	2.0	1.5	14.0
	1996 – 1997	2.5	2.99	1.5	10.0
	1997 – 1998	2.0	2.0	1.0	5.0
	1998 – 1999	1.0	1.0	7.5	2.0
	Total :	10.0	9.99		45.0
		(for both books and periodicals)			
4.	Manpower :				
	Designation & Qualification :				
	4.1. Librarian	BLISc.	BLISc.	BA	PhD
	4.2. Addl. Librarian	MLISc.	Nil	Nil	Nil
	4.3. Dy. Librarian	Nil	Nil	Nil	MLISc
	4.4. Asstt. Librarian	Nil	BA	HSLC	Nil
	4.5. Doc. officer	Nil	Nil	Nil	PhD
	4.6. Tech.Asstt.	Nil	Nil	Nil	Nil
	4.7. Library Asstt.	BLISc.	HSLC	Nil	BLISc
	4.8. Lib. Attendant	HSLC	Nil	HSLC	HSLC
	4.9. UDA	Nil	Nil	Nil	Nil
	4.10. LDA	HSLC	Nil	Nil	HSLC
	4.11. Others	Nil	HSLC	HSLC	Nil
	Total				
5.	– No. of user per day	45 – 60	50 – 60	150	NA
	– Books issued per day	50	15 – 30	30	NA
6.	Opening time of the Library	10 AM to 4 PM (College Section) 8 AM to 8 PM (Hospital Section)	8 AM to 8 PM	8 AM to 8 PM	9:30 AM to 7:30 PM
7.	Arrangement :				
	7.1. Classification	DDC	DDC	NA	Colon
	7.2. Cataloguing	AACR II	Nil	NA	AACR
8.	Service provided to the users :				
	8.1. Circulation	Yes	Yes	Yes	Yes
	8.2. Reference	Yes	Yes	Yes	Yes
	8.3. Others	Xerox	No	No	Xerox & Medline Search on CDROM
9.	Availability of Databases				
	9.1. CDROM Databases	Nil	Nil	Nil	MEDLINE
	9.2. Online Databases	Nil	Nil	Nil	Nil
	9.3. In house Databases	Nil	Nil	Nil	Nil
	9.4. Software used	CDS/ISIS	Nil	Nil	DOS

10.	Status of Computerisation Availability 10.1. No. of P.C. 10.2. No. of CDROMS 10.3. Networking	One Nil Nil	Nil Nil Nil	Nil Nil Nil	One One Nil
11.	Person trained in IT 11.1. Professional 11.2. Semi professional 11.3. Non professional	1 Nil Nil	Nil Nil Nil	Nil Nil Nil	Five Four Six
12.	Future plan for computeri-sation and others	Yes	Yes	NA	Planning to install a VSAT, e-Mail and Internet

Note : 1. Gauhati Medical College Library, Guwahati, 2. Assam Medical College Library, Dibrugarh, 3. Silchar Medical College Library, Silchar, 4. Regional Institute of Medical Sciences Library, Imphal.

SUMMARY OF THE PROBLEMS / BARRIERS FACED BY MEDICAL PRACTITIONERS FOR SEEKING INFORMATION

1. They do not have proper services available in their institutions.
2. Most of the medical practitioners depend on personal sources rather than the institutional library.
3. Latest periodicals and other important materials are not available in the libraries.
4. All the libraries are facing financial constraints, which does not allow them to grow in the proper direction.
5. All the libraries are not having sufficient professionally qualified staff, which would have helped in providing proper library services.
6. Timings of the library also do not suit most of the medical practitioners.

It is very evident from the above study that environmental factors play a crucial role in the information seeking strategy of medical

practitioners. The only solution / alternative in the present circumstances is the Resource Sharing.

8.2. SUGGESTIONS

It is very evident from the above discussion that medical college libraries are facing many problems. Services provided by them are very poor and access to the latest periodicals and other materials is unthinkable due to paucity of adequate finances. State governments are unconcerned about the status of library staff and on developing infrastructure facilities in the libraries. One of the libraries is manned by only a graduate and almost half of them have no computer available in the library. Keeping this scenario in view, there is a need for resource sharing among all the medical college libraries in the North-East India. Resource sharing means when two or more libraries are sharing their resources for the benefit of all participating libraries. It is the only realistic means of providing full range of resources needed for scholarly research so the sharing of resources among the libraries is increasingly accepted.

Today, the concept of resource sharing does not remain confined to interlibrary loan and document supply. It includes sharing of materials, functions, services and expertise.