

ROLES OF THE HOSPITAL IN SUPPORT OF THE RIGHT OF READING

--FROM INVESTIGATION IN 2007 OF JAPANESE HOSPITAL PATIENT'S LIBRARY--

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A recent change of scene over the right of patients influences cognitive behavior of the hospital staff. For example, the importance of informed consent is recognized than before. In consequence a change in the hospital patient's library is expected.

Meanwhile, nobody tries to research actual national situation of the hospital patient's library after 2000 year. This is reason why I decided to investigate the situation for the first time.

The number of the patient library which satisfied three conditions of "manager", "document" and "reading room" was 43 according to the investigation performed by Kikuchi in 2000. This time hospitals increased to 114. There were 41 hospitals which have a plan to set up a reading room in the future. Judging from these, it may be said that hospital patient's library is spreading now under an extremely great influence.

1. Introduction

The hospital patient's library is an information service in the hospital to a patient mainly on the book. It is a different from the medical library in that a service target is a patient but not a doctor. Japan is now faced with the problem of increasing population of the aged. There are many serious problems, for example, increase in the medical cost, increase in the medical dispute, right of patients and others. The medical examination and treatment of the principle of paternal authority is still followed. A claim on a right of the patients is not readily approved. For the status breakthrough, it should be studied by a viewpoint to increase the number of hospital patient's library. For the status breakthrough, it should be studied by a viewpoint to increase the number of hospital patient's library.

2. Materials and Method

2.1 The Purpose of the Study

The change of scene over the recent right of patients gives big influence in the recognition of the hospital staff. The role of the book for the patient was understood mainly on "the care of the heart" before. In contrast, relevance with the medical ethic attracts attention recently. A role to support informed consent and a book offer as the second opinion lead to burden reduction of the hospital side and become a help for medical dispute reduction. Relations with a doctor and the patient have begun to be attached much importance to as a medical ethic by the medical education.

The self-act effort of the patient has been taken seriously. A change of the hospital patient's library is expected.

On the other hand, Yu Kikuchi researched the national actual situation of the hospital patient's library in 1974 and 1984 and 1994 and 2000). However, after 2000, nobody investigates it. The influence that a social environmental change gives to a real number of the hospital patient's library is 6 5 not necessarily clear. Therefore I received a grant by Ministry of Education, Culture, Sports, Science and

Technology this time and decided to investigate the national actual situation for the first time in seven years.

2.2 The Purpose of the Investigation

The main purpose of this investigation is to compare it with past fact-finding whether there is the number of hospital patient's library in a tendency to increase.

Second, about the institution where there was hospital patient's library, I examined the person in charge, the kind of the book, a user, a method. I aimed at grasping it in limited resources by the double post card.

Third I examined it from the viewpoint of reading environment of an outpatient and the inpatient. I arranged the question item to understand the present conditions of the relation with a hospital and the book including the case that there was not a reading room in a hospital.

Fourth, I paid my attention to the role of the hospital as the base of the local health information.

Therefore I investigated the cooperation situation and possibility with the public library.

2.3 Method of the Investigation

By the investigation of 1974, the number of the target Hospital was 400 organizations.

By the investigation of 1984 and 1994, the number of the target Hospital was 1200 organizations. By the investigation of 2000, the number of the target Hospital was 2000 organizations. Aiming at the investigation of the same scale, I extracted 2410 hospital institutions more than 100 beds from hospital information database WAM NET of Welfare And Medical Service Agency2).

I sent a double post card to each hospital during November from September, 2007. I dispatched it during November from September, 2007 and collected it.

2.4 The Contents of the Question

The question consists of six. I intended for all hospitals during to question 5 from question 1. The questions from question 6 to question 8 are limited to a hospital to own the independent reading room. I made free text field for an address side.

Question 1

Is there the public library in the neighborhood?

1. Foot less than five minutes
2. Foot less than 20 minutes
3. There is not the public library near
4. Do not understand it

Question 1 and question 2 is the item which identifies a cooperation status with the hospital as public library.

At first I asked having public library or not in the neighborhood with question 1.

The choice called foot less than five minutes assumes strong cooperation possibility with public library and the hospital. I assumed that an outpatient went to the hospital on foot after having borrowed a book in public library. It is the distance that the inpatient can go out temporarily easily. The choice called foot less than 20 minutes assumed the range where the outpatient who visited a hospital for treatment by car could drop in at.

In addition, I thought that it was the turning point of the degree of difficulty of mutual cooperation with a hospital and the public library.

Question 2

Is there the cooperation with public library and the hospital?

1. Cooperate
2. Do not cooperate
3. Do not understand it

I asked about a meaning of the cooperation with public library and the hospital in question 2. The concept of the cooperation is surely vague. I do not understand the substance of the cooperation by this question. However, I expected that the number of the hospitals which cooperated with public library was few. Therefore I did not arrange the detailed question this time. Reexamination is necessary to elucidate the actual situation.

Question 3

Is there the bookshelf for patients in a hospital any place other than a reading room?
(you may do multiple selection)

1. There is a bookshelf for inpatients
2. There is a bookshelf for outpatients
3. There is not the bookshelf for patients
4. Do not understand it

Question 3 and question 4 are items examining the reading environment of the patient. I examined whether there was a bookshelf for an inpatient and the outpatient in question 3. I can expect that I am extremely full of variety about the setting form of the bookshelf. The investigation of a place installed the bookshelf in will be necessary.

However, a purpose of this study is to grasp the actual situation of the hospital patient's library roughly. I left it out to reduce the burden on person who replied as much as possible.

Question 4

The kind of the book when there is a bookshelf for patients
(except the reading room) (you may do multiple selection)

1. Medical books
2. The experience-based note of the fight against illness
3. General books
4. Comics
5. Magazines
6. Pamphlets
7. Information about the health
8. Newspapers
9. Do not understand it

In question 4, I asked the kind of the book when there was a bookshelf for patients to investigate the tendency of the bookshelf. I can catch the setting purpose of the bookshelf by examining the kind of the book. By the way, questions about the hospital patient's library which is the subject of this study continue after this.

Question 5

Is there the reading room for independent patients in a House?

1. There is a reading room
2. There is not a reading room
3. Plan to make a reading room in the future

4. Do not understand it

I ask it having hospital patient's library or not in question 5. Furthermore, the choice to "plan that I would make a reading room in the future" prepared to watch force of the hospital patient's library expansion. By the way, from a small bookshelf to a scale of the public library, that there are various reading rooms is expected. Therefore I prepared for questions from question 6 to question 8 to investigate the tendency of the hospital where there was a reading room.

When there is a reading room, please answer after this
(you may do multiple selection)

Question 6

Is there the manager of the reading room?

1. A librarian
2. A nurse
3. The other staff
4. A volunteer
5. There is not the manager
6. Do not understand it

In question 6, I researched a manager of the hospital patient's library. I divided it into 4 division of the "librarian" "nurse" "other staff" "volunteer". In the study of Kikuchi, a manager, a document, a reading room exclusive use are necessary for hospital patient's library. And, in the past national fact-finding that Kikuchi performed, Kikuchi soaks the question item with a "librarian" "nurse" "other staff" "volunteer". I attached the same question item by this investigation to compare this result as a result of past.

Question 7

The kind of the book in the reading room

1. Medical documents
2. The experience-based note of the fight against illness
3. General books
4. Comics
5. Magazines
6. Pamphlets
7. Information about the health
8. Newspapers
9. Do not understand it

In question 7, I asked the kind of the book as well as question 4. Question 4 was a question about a bookshelf except the reading room. In contrast, it is limited to an independent reading room in question 7.

Question 8

A user and a method

1. An inpatient
2. An outpatient
3. The staff
4. The public
5. Lending

6. Distribute books to a ward
7. Do not understand it
8. Others

Question 8 is a question about a user and the method. I asked "an inpatient", "an outpatient", "the staff", "the public" to question a user. "Lending", "Distribute books to a ward" are questions to examine the method that a hospital adopts. Question 8 is condensed than the other questions. Therefore it will be necessary to investigate it more in future.

3. Results

I show below results³⁾.

Question 1

Is there the public library in the neighborhood?

1. Foot less than five minutes 154
2. Foot less than 20 minutes 504
3. There is not the public library near 465
4. Do not understand it 27

There were 154 places of hospitals where there was public library within foot five minutes. About these, it is thought that there are a hospital and a library in each local public area. Because distance is near, I can expect the interchange of the person and the interchange of the material between public library and a hospital. In addition, the case which a patient uses voluntarily can assume the public library of the neighborhood. For example, it is possible to borrow a book to read in the waiting time of the hospital from public library when an outpatient goes to the hospital from the home. In addition, it is thought that an inpatient borrows a book from the library by going out temporarily. I do not understand whether a patient really uses the public library of the neighborhood of the hospital from this investigation. More detailed investigation will be necessary in future.

The number of the hospitals where there was public library within foot 20 minutes was 504. The reason why I heard less than 20 minutes on foot is that I assumed time to be able to go by car in less than five minutes. It seems that it is easy to drop in at the public library when a patient visits a hospital for treatment by car in the country where the auto traffic developed. The total of choice 1 and choice 2 is 658. Therefore, between a hospital and the public library, there is cooperation possibility potentially.

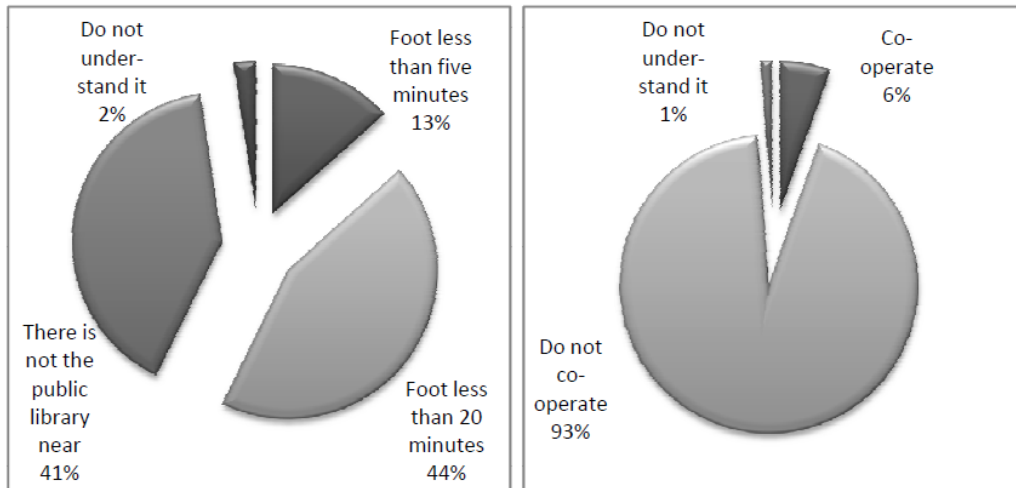
Question 2

Is there the cooperation with public library and the hospital?

1. Cooperate 63
2. Do not cooperate 1080
3. Do not understand it 14

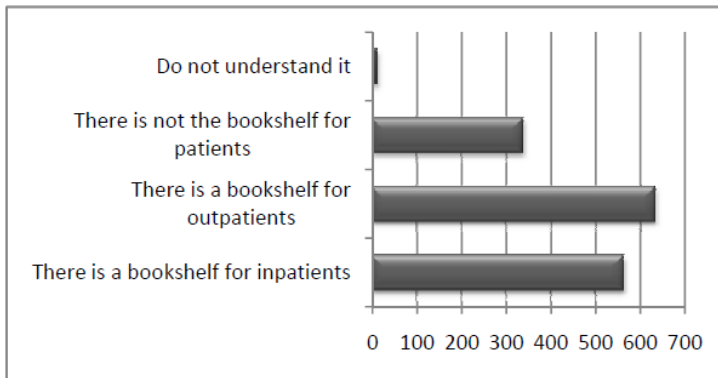
I examined whether cooperation with the public library was really performed in question 2. As a result, I understood that 63 places worked on cooperation. There were more few hospital numbers that I expected. It is a future problem to research practical activity and problems.

On the other hand, I can judge a number of 63 to be extremely little it. As a result of question 1, there is 658 Hospital with both within foot less than five minutes and foot 20 minutes to public library. Therefore, I understand that public library does not cooperate with a hospital even if there is public library near. I can point out the problems that support from public library to reading environment in the hospital does not catch up with. About the general book except the medical information, a staff of

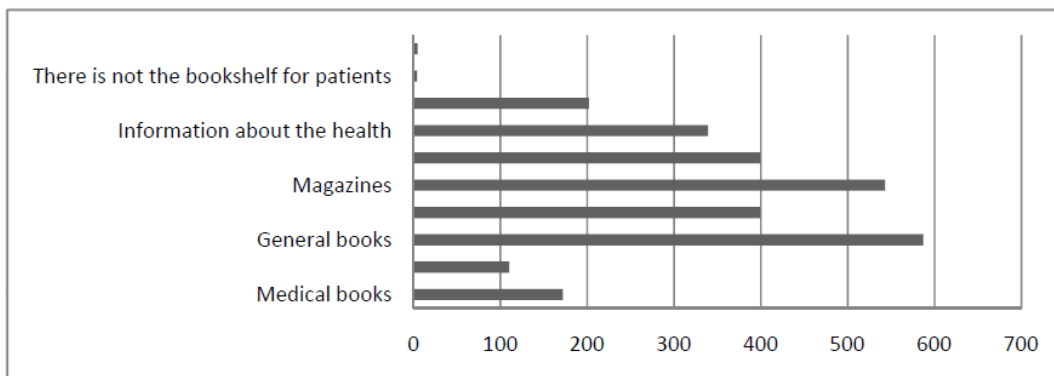


Question 1
Is there the public library in the neighborhood?

Question 2
Is there the cooperation with public library and the hospital?

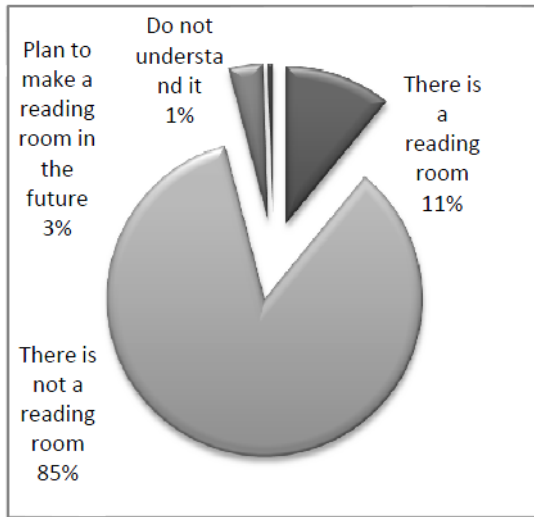


Question 3 Is there the bookshelf for patients in a hospital any place other than a reading room?

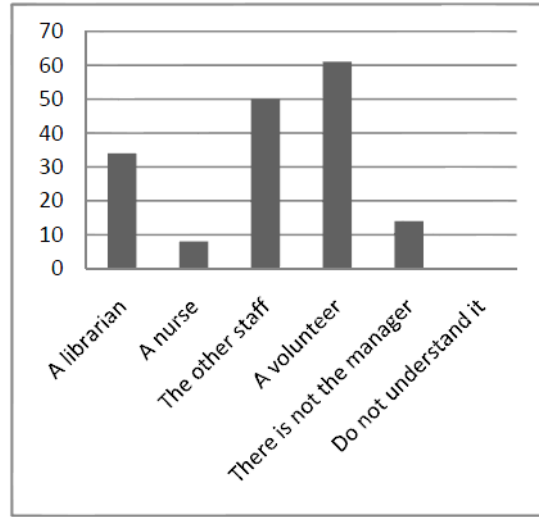


Question 4 The kind of the book when there is a bookshelf for patients

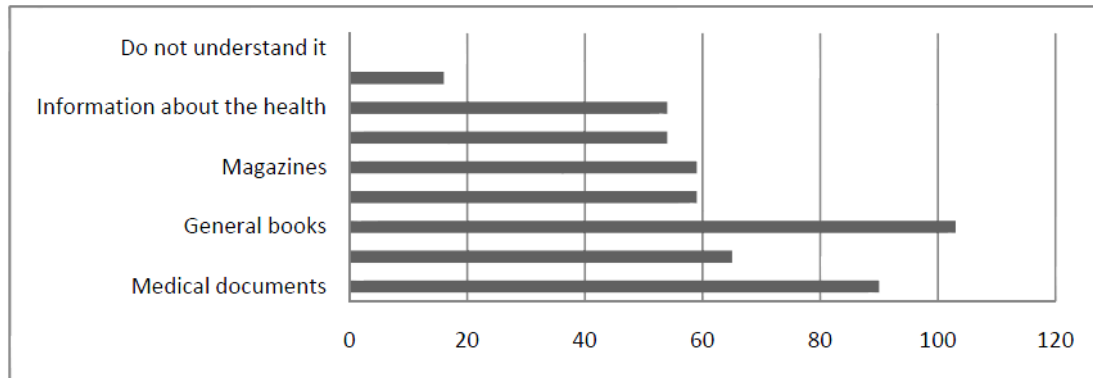
Figure 1 Investigation postcards and results(Question 1-2)



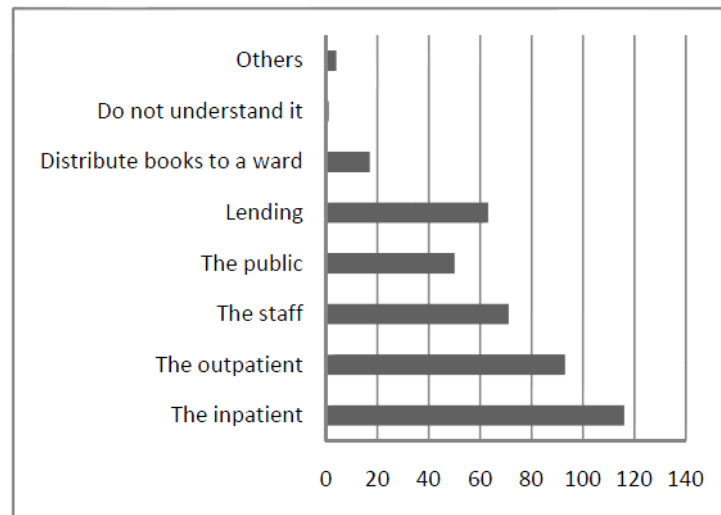
Question 5
Is there the reading room for independent patients in a House?



Question 6
Is there the manager of the reading room?



Question 7 The kind of the book in the reading room



Question 8 A user and a method

Figure2 Results (Question 4-8)



public library is good at civic trend grasp. For example, like a best seller, I can expect advice by the public library of preparing a general book popular with patients.

By the way, a form of the cooperation with the public library is not only to dispatch a document and the people from public library to a hospital. In addition, it is thought that a hospital does the advice to the health corner of the public library. In late years improvement of healthy information is aimed at in the public library and can offer still more correct information to the user by taking cooperation from the hospital side. It is necessary to investigate it more what kind of image we can imagine as a cooperation network.

Question 3

Is there the bookshelf for patients in a hospital any place other than a reading room?

1. There is a bookshelf for inpatients 564
2. There is a bookshelf for outpatients 635
3. There is not the bookshelf for patients 338
4. Do not understand it 12

Judging from a result of question 3, I understand that the hospital where a hospital offers the reading environment of the patient to by providing a bookshelf is the majority. It is different from a hospital offering reading environment intentionally that a hospital does not disturb that a patient reads the book which a patient brought from the home. The reading conduct does not generally trouble other patients. The problem of the noise and the electric wave does not occur like a mobile telephone. There will not be the hospital where a patient forbids to bring in a book voluntarily as far as it is not a sterilization ward. It may be said that I show existence of the common recognition that it is included in the duty of the hospital that a hospital offers reading environment positively even if I did not reach the scale of the reading room.

Question 4

The kind of the book when there is a bookshelf for patients

1. Medical books 172
2. The experience-based note of the fight against illness 110
3. General books 587
4. Comics 399
5. Magazines 543
6. Pamphlets 339
7. Information about the health 339
8. Newspapers 202
9. Do not understand it 5

About the kind of the book, it is provided in order of a general book, a magazine, comics, a pamphlet, information about the health, a newspaper, a medical document, the experience-based note of the fight against illness. There is a non-medical publication two or three times of the medical publication when I look roughly. That a hospital offers medical information to the patient is not necessarily taken seriously. However, judging from there being 172 places of hospitals offering medical information to for a patient, there are not few at all hospitals which are going to offer medicine information to the patient positively.

Question 5

Is there the reading room for independent patients in a House?

1. There is a reading room 128
2. There is not a reading room 995
3. Plan to make a reading room in the future 41
4. Do not understand it 6

I asked whether there was hospital patient's library in question 5. An evaluation of the results that the number of the hospitals where there is a reading room is 128 is a difficult problem. It may be said that there is much it, and it may be said that there is little few it. The number of the patient library which satisfied the condition of the "manager" "document" "reading room" was 43 by the investigation of Kikuchi performed in 2000. Hospitals increase to 114 this time. There were 41 places of hospitals which planned to make a reading room in the future. Judging from these, it may be said that hospital patient's library is spreading by extremely strong force.

Question 6

Is there the manager of the reading room?

1. A librarian 34
2. A nurse 8
3. The other staff 50
4. A volunteer 61
5. There is not the manager 14
6. Do not understand it 0

The order is "a volunteer", "the other staff", "a librarian", "There is not the manager", "a nurse" as a result of question 6. I can classify it in two of a librarian type and the other staff type. In addition, a volunteer supports it in much hospital patient's library, and there are not necessarily many institutions where a nurse is concerned with.

Question 7

The kind of the book in the reading room

1. Medical documents 90
2. The experience-based note of the fight against illness 65
3. General books 103
4. Comics 59
5. Magazines 59
6. Pamphlets 54
7. Information about the health 54
8. Newspapers 16
9. Do not understand it 0

It is in order of the general book, a medical document, experience-based notes of the fight against illness, comics, magazines, pamphlets, information about the health, newspapers when I give it to much order about the kind of a book provided in the independent reading room which I heard with question 7. In the case of question 4 which I asked about the substance of the bookshelf, it is clearly different, and directivity to affect medical care becomes strong. If there are many hospitals having a strong motive to offer medical information for a reason of the reading room setting, I can suppose it.

Question 8

A user and a method

1. The inpatient 116
2. The outpatient 93
3. The staff 71
4. The public 50
5. Lending 63
6. Distribute books to a ward 17
7. Do not understand it 1
8. Others 4

For the user whom a hospital assumes, there are many hospitals assuming an inpatient slightly from the hospital assuming an outpatient. It may be a reason that a hospital considers that an inpatient lives in unsociable space. Or illness is more serious the condition of the inpatient than an outpatient in many cases. In addition, the reason may be because there are more inpatients in an opportunity to need informed consent work than an outpatient. It was unexpected to have many hospitals which could include the staff in a user. The reason may be because it provides a patient library in the room same as a medical library. In addition, the reason may be because it offers various books to every staff, and it is going to relax the strain of the workplace. Half of hospital patient's library performs the lending. I do not understand whether the carrying out to the outside of the hospital contains it. Therefore, we can pay our attention to the point that half of hospital does not loan. Perhaps a hospital will be concerned about loss or theft.

4. Discussion

All libraries are forums for information and ideas⁴⁾. The reason is because human mind is exchanged in a library by the media. In the socially important forum, it becomes a public injustice to interfere knowing with information acquisition unfairly. In the public library, a collision between a desire to know and the desire to interfere with knowing it becomes the problem. In the case of the hospital, the collision between a desire to know and the desire to interfere with knowing it gets up between a doctor and a patient. It became the problem in old days whether a doctor notifies a cancer patient of the name of disease. The reason is because it was thought that cancer is illness of the death. It was thought that it led to the protection of the patient that a doctor did not tell a patient that it was cancer. A lot of cancer became treatable recently. A doctor came to tell the name of disease to a patient in order that a patient fights against illness over pains. It is now thought that it leads to human dignity and complete recovery that a patient knows medical information correctly.

In addition, the disclosure of the patient's record which a doctor made becomes the problem. The patient wants to know what a doctor filled in. The doctor does not want to tell a patient for fear of intervention to medical treatment. There were several incidents in Japan to tamper with a patient's record to conceal a medical error. Therefore society changes in a course to disclose a patient's record when a patient wants to know it, recently.

There are two kinds for a viewpoint whether or not a doctor welcomes that a patient knows information about the medical treatment. The first is the viewpoint that regards relations with the patient as a doctor for the principle of paternal authority. A doctor is a protector of the patients there. As for the patient, knowledge about the medicine is poorer than the doctor. The doctor wants to avoid a patient knows it halfway, and injuring oneself. The second is a viewpoint in acknowledgment of the right of self-determination of the patient. A doctor welcomes that a patient learns illness.

In late years social consciousness changes from the former to the latter. Knowledge about the medical care of the patient increases now. For the restraint of the medical cost of the nation, it is effective that a patient learns by oneself. It is minimum uniform medical care that a country guarantees. The therapeutic method diversifies. The satisfaction to seek for a medical care is different from each other in patients. The patient expecting the medical care with which he can be satisfied, cannot but learn it by oneself. In response to this, it seems that the viewpoint of the hospital about reading of the patient changes. It is necessary for a patient to know illness truly to lead the significant agreement of the patient

in a process of the informed consent. The hospital is not indemnified unless a hospital makes an effort to let a patient know. It seems that it is effective to provide hospital patient's library effort in a hospital.

By the development of the Internet, we can surely know advanced information and experiences about the medical treatment. However, there is much wrong information, too. There are many experiences that are compatible only with a patient in a restrictive status. It is thought that a book can offer correct knowledge from a viewpoint to think about the principle of paternal authority.

In addition, the conduct of the knowing brings independence of human will. In the case of the patient of the chronic disease, the intentional effort of the patient in the everyday life is the most important. The doctor of the internal medicine gets tired to explain the same thing to a large number of patients many times. The doctor welcomes that a patient himself learns it about the eating habits and exercise. For an inpatient, the hospital patient's library is effective. The long-term inpatient is taken care of by nurse all. During the time even the alive, actual feeling is lost. The vitality is essential to recovery from sick. We can hope that the independency of the will of the patient is regained by support of the reading activity. The patient hospitalized only for a short period gets an opportunity to stare at the life by reading apart from everyday busy daily life. For such a patient, the illness is no more sad event to lose. The world that a patient has not notice, now spreads out, and a patient gets new recognition.

It can be said also with regard to waiting time of the outpatient. A lot of outpatients are dissatisfied with waiting time being long. It is possible in a hospital to change waiting time from meaningless time to significant time by assisting reading a book.

When a patient concentrates on reading, there is the effect that subjective waiting time shortens. As to irritated time, we feel time to be long.

The society is going to the patient-oriented medical care. It seems that hospital patient's library is effective to raise the feeling of satisfaction of the patient. The thing that is necessary in order that a right is formed is generally expectation being protected socially for a long time and a thing founded as a right intentionally. As for what became clear by this questionnaire survey, the right of reading of the patient in the hospital has not yet been mature. However, it is thought that the right of reading of the patient in the hospital is now developing as a right to know.

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