CHAPTER-1

INTRODUCTION: PROBLEM AND METHODOLOGY

In India, Public Libraries have not yet recognised the value of reaching large number of people admitted in the hospitals. Even the definition of “Hospital” i.e. “an institution where the ill or injured may receive medical, surgical or psychiatric treatment, nursing, food, lodging etc. during illness”-fails to suggest the complex social and educational purposes of the organisation that lend themselves naturally to a broad spectrum of library services. The same may be said of our concepts of prison, reformatories and correctional agencies where we opt to share with the general public an avid interest in the drama of crime and punishment, accompanied by little knowledge of the treatment programme of rehabilitation and reform in which Institution Library has vital role.

Traditionally, hospitals have been described as therapeutic communities, small societies, sufficient in themselves. Hospitals are moving rapidly to the forefront of leadership in health and welfare to take the responsibility for research, health education, prevention and rehabilitation for the benefit of the community in a way that may soon encompass the total population.

The tide of change, the accelerated pace of medicine and social welfare and the expanding production of literature for the various professional groups at work in the field create the need for libraries of superior quality. These must function as the key and focal resource centres of information for all educational and therapeutic aspects of hospitals and institution operations. Such libraries fall into two categories:

(i) The medical nursing school, administrative libraries, or combination of these serving the technical, teaching and research programme; and
The general libraries to serve patients, inmates and personnel in the stimulations of personal growth and interest and the maintenance of high morale.

Unfortunately, there are no statistical or reporting devices to account or the size, number and types of hospital and institution libraries or to measure the degree to which they are currently full filling their roles. There is, however, enough material in print to warrant the belief that imaginative and progressive administrators are working to expand and improve their libraries and their research for trained librarians grow more persistently each year.

Illness is so democratic in its occurrence that in the hospital one can meet and talk with books, with people of influence as well as host persons for whom the library may have had no prior interest. Skilled book selection and friendly attention at a time of crisis in the individual’s life make introduction easier for many who might otherwise never venture beyond the formal exterior of a library building. With all patients, the librarian’s responsibility is the same; i.e.:

(i) To help orient the individual to a new and strange world;
(ii) To provide a constructive means of escape from stress; and
(iii) Finally, through books, to build a bridge over which the reader may move back into normal life and activity.

1.1 Statement of the Problem:

Library services to the hospitalised patients are mostly provided in the developed countries. There are hospitals in India as well as in other countries where hospitalised patients are generally denied access to books for their comfort and healing. Therapeutic role of books has been recognised for long time but no efforts have been made in providing library services to the hospitalised patients in India. Library services to indoor patients can play very important role to give relief to the sufferings of the hospitalised patients. Hospitals neither provide recreational, therapeutic and educational library material and services to the
hospitalised patients of all ages, nor assist in their rehabilitation or adjustment to their illness and handicapping condition.

For the purpose of the present study, the indoor patients can be defined as those who through physical, mental, visual or any or similar disability because of treatment or hospitalisation or confinement in the institution and cannot make use of library services which are available in the community.

The library professionals have, during the last few decades, discovered a new level of social conscience. They, individually as well as institutionally, are thinking on the lines of ‘equal access to all’ and have realised that equal access cannot be provided while sitting at the same place or building, manned by the same guards and offering same services. If they have to provide the information, educational or recreational, then they have to move from their respective places and reach to the people. The people who cannot come to the libraries and cannot move freely as others or are shut in the wards of the hospital are known as hospitalised patients. But at the same time they require the library services more than other average users of the library.

There are generally three types of hospitalised patients on the basis of their educational background, i.e.:

(i) Educated hospitalised patients;
(ii) Literates hospitalised patients; and
(iii) Illiterates hospitalised patients.

Educated patients are those who have completed their formal education but they still want to read and to be in touch with the outer world, through books, newspapers and periodicals. They would like to spend their idle time in pursuing their reading habits. The “Literate” are the patients who can read and write and solve simple arithmetic but they need books to enhance their educational or vocational qualifications. The third type of hospitalised patients
are “Illiterates”. This class can be encouraged in the hospital to learn reading and writing through books and can also pass their idle time through audio-visual aids or other persons can loudly read for them.

A big question is as to how to select the right book for the right patient? The library service to the hospitalised patients will be little different from that given at any other service point. The only difference is that the prospective readers are sick and admitted in the hospital. The hospital not only dresses wounds and cares for his disease, but comforts his mind and gives him amusement and pleasure while he is in the hospital. Nothing will do that like a good book carefully selected by a person who knows how to do it. The experienced and well-qualified librarian can do this job.

The present day hospitals are complex institution employing specialist staff from many professions, but for most professional librarians and the majority of patients, this is a new environment. An understanding of the community, which is in the hospital, and appreciation of the possible effects of hospitalisation, are essential for the librarian. An understanding of the psychology of the sick will improve attitude when attending to reading needs.

This is to be done in the form of personal attention given to patient’s needs. In the hospital the patient’s mental status of anxiety, fear, worry, physical needs and discomforts are also important for the hospitalised patients. These fears will concern treatment particularly surgery, possible impairment of health, permanent disability and death. Isolation from family, friends and work situations commonly cause anxiety. It is rarely that admission to the hospital can be said to be convenient. For most people, the lack of personal control over events and the dependent attitude induced by this situation, add to the conflict. Personal initiative is frequently discouraged since routine and regulations must be observed and identity is difficult to maintain. In the daily life, most of the people draw security from the environment and removal to strange surroundings, with little responsibility and no known status, can have a
psychological effect on some patients. Moreover, physical discomfort and pain will cause stress, while certain medical conditions and characteristics induce depression, irritability and apathy. These library services for the indoor patients are valuable part of the therapeutic equipment from medical point of view, a “bibliotherapy” in true sense of the word. Bibliotherapy means “the use of selected reading material as therapeutic medicine & psychiatry and guidance in the solution of personal problems through directed reading”. It fulfills the needs of the hospitalised patients, which is a part of patient’s life.

The hospitalised patients also need library material and library services which are different from general public. Due to mental attitude, physical disability or restricted movement, their needs become special as, sometime, they cannot hold the documents due to vision problem or physical conditions. Psychiatric patients have peculiar problems in this regard.

There is a need of special attention to children who are admitted in the hospital because there is a difference between children and adults. There are variations of needs and reaction of various categories of the hospitalised children. The elderly patients are in need of special type of library material with aging, activities, their interests etc. But children need picture books, text books or audio-visual material. Moreover, the level of patience and tolerance of hospitalised children is also different from that of adult hospitalised patients.

For mentally retarded hospitalised patients also, there is need to adapt material and services to range in physical and mental ability among mentally retarded patients; personal and professional attributes needed; special situation affecting services for mentally retarded. Mentally ill patients, whether they are for long or short stay and whether they are in special department of the hospital or in a large psychiatric hospital, need help and support in understanding and dealing with their own medical and emotional problems.
There are also visually-handicapped hospitalised patients. Different types of material and services are needed for them. There is need of volunteer groups, NGOs and professional associations in serving all types of handicapped library users. In other words, we can say that different types of hospitalised patients need different types of library services.

Fresh problems emerge after a long period of confinement in the hospital. The patient's world has shrunk-sometimes to the size of the bed he occupies and interest in events outside the hospital may recede. This is natural, but disturbing, since this is the world to which the patient must eventually return. For such hospitalised patients library services can help. Enforced inactivity will predispose many patients to introspective thoughts and may aggravate anxieties and fears which prevail and, if only for this reason, reading aid may be provided after the consultation of physicians and nursing staff since any occupation which helps to alleviate distress will be considered therapeutic.

A long period in the hospital often encourages patients to embark on courses of study. Where illness makes a change of employment necessary, guidance may be given through books and career pamphlets. When the hospital library is recognised as a truly therapeutic department, medical staff will suggest use of the library to their patients and may take a real interest in what is read. The use of books to aid treatment, which is one possible definition of "bibliotherapy", means a very close cooperation must exist between psychiatrist or physician and the librarian and a good knowledge of books the individual patients will be required.

Should separate book-stock be provided and how should this differ, if at all, from the stock of a small branch of public library? Remembering that library users will be hospitalised patients, how will this effect the design, structure and furnishing of any accommodation planned? Should this provision be enforced and should library legislation make a reference to hospital and institutional library services regarding the extent of support, financial and
otherwise, from health and hospital authorities? How can this be achieved? A
detailed examination of these problems has been made and possible solutions
have been proposed by the investigator in this study.

1.2 Review of Literature:

The investigator searched the available literature for the purpose of the
present study and visited many libraries in Chandigarh, Delhi, Punjab and
Haryana to ascertain the published material for this study. The investigator
could not get valuable literature related to library services to the hospitalised
patients in India, in the form of books, periodical articles, dissertations etc. No
doubt, the role of reading material in libraries has been accepted for long time
but no efforts have been made in providing library services to the hospitalised
patients. However, it was observed that a lot of research has been done on this
subject i.e. ‘Library Services to Hospitalised Patients’ in the developed
countries. A recapitulation of literature pertaining to the empirical conclusion
related to the present problem is useful to help in knowing the current state of
literature on the subject under reference particularly to ascertain if some people
had already worked on it and published their views. A thorough research
reveals that a few research papers have been published in some professional
journals in different countries which give the vital information on this subject.
Some of the significant studies have been mentioned below.

Laquer\footnote{Laquer, B. \textit{"{A}phorismen uber psychiatric diat."} Deutsche Ztscher Nervenh. 23, March 1903. pp. 336-41.} (1903), a German psychiatrist, wrote on use of reading material
as one of the auxiliary methods of treatment for his neurotic and mentally
disturbed patients who are admitted in the hospitals. He suggested the type of
literature suitable for various types of diseases. He grouped the reading
according to the diverting, sedating and encouraging effects and also cited the
advantage of libraries in the institutions and advocated the establishment of
funds to help their development because the libraries can provide useful
literature to the hospitalised patients. Miss Carvey\textsuperscript{2} (1915) has mentioned that there is a system which automatically makes a collection of books in working library, there must be a responsible human being to keep in going. The trained personnel should administer the libraries and to create interest in good literature which is suited to the needs of inmates and by doing this, patients can get full benefit library services by reading books. King\textsuperscript{3} (1917) has given more stress for need of library services to the patients suffering from tuberculosis. According to him, in this disease, more than in any other, physical restoration is dependent on moral victory. The reward of the sternly fought fight lies often in a return to bodily health, but come life, come death- the greatest gift to the earnest fighter is spiritual power. This power can come through reading books to such patients.

In his paper, Cushing\textsuperscript{4} (1921) has mentioned that no hospital should be without the patient library for their purposes. Not only sojourn (therapy) is lightened, but convalescence is promoted and entire tone of institution is benefited. So the hospital patient library can play vital role for the hospitalised patients.

Ruthberg\textsuperscript{5} (1930) is of the view that books have therapeutic value to the patients. Well-conducted hospital library service is a therapeutic agent and would be so recognised by any modern medical man. It is an agency which renders great assistance in creating among patients a mental attitude through books which permits better adjustment to hospital environment and also helps in creation of beneficial atmosphere. It is a useful adjuvant to other remedial measures, assists in hastening convalescence and restoration of health.

\textsuperscript{4} Cushing, Harvey. "Personality of a hospital". Boston Medical and Surgical Journal. 185 (3), Nov. 1921 pp. 529-38.
In a very interesting study, Creglow\(^6\) (1931) has explained the therapeutic value of properly selected reading matter for patients and suggested selecting reading material will help to divert the mind from suffering body, to help them to forget their troubles, to give them something to think, dream out and to enlighten themselves about what is going on in the world.

Similarly, Fishbein\(^7\) (1934) mentioned in his paper entitled “Librarians and Patients” that the books in the hospital patient library offer relief both actively and passively. It serves to take the patient mind from his troubles, whether major or minor. It helps to divert his thoughts along lines which lead toward physical as well as mental benefit. So books are very much important to relief the patient’s illness.

According to Kamman\(^8\) (1934), books for patients should be prescribed with some care that medicine and diets are prescribed and suggested that certain type of reading may be provided to certain type of users or readers and care must be used in furnishing reading material. He has mentioned the importance of the doctors and librarians working together and felt that some valuable conclusions could be drawn as to the effects of certain type of reading on patients of different personality make up. Properly supervised bibliotherapy can be of great benefit of the patient with functional psychosis or psychoneurosis.

Need of books has been discussed by Webb\(^9\) (1935). He has recommended reading or light study in a bed. It aids rest by taking the patient’s mind off himself and his troubles. It is important that literature shall be selected

\(^6\) Creglow, Elizabeth R.

\(^7\) Fishbein, Morris.

\(^8\) Kamman, G.R.

\(^9\) Webb, Gerald B.
which will stimulate what are known as the constructive emotions, such as good cheer, hope and confidence, rather than destructive ones of worry and despair to the hospitalised patients who are struggling for same diseases like tuberculosis. Ebaugh\textsuperscript{10} (1935) is of the view that mental illness represents a gradual accumulation of unhealthy reaction in meeting life’s problems and prescription of books will play an important role in the treatment of such type of patients. It is of great value in breaking down excessive emotions and preoccupations of the patients. Reading provides a relief from compulsion of routine in the hospitals. It means self-direction without the elements of restraint. It will lead to the development of self-reliance and improved attempts at concentration on the part of the patients.

Rush and Flexner\textsuperscript{11} (1937) have mentioned that madmen be treated by occupational therapy. Not only did he want the hospital to supply workshops and spinning wheels, but also intelligent companions to divert the minds by conversation and reading and by obliging the patients to read and write about subjects suggested by their physicians. This is the best solution to tackle such patients. Gardner\textsuperscript{12} (1938) stated that since paranoid and depressed patients read themselves into situations, only books of impersonal nature should be prescribed. Books containing reasonable attempts to overcome difficulties and obstacles would be helpful also. Literature might be used as a sedative for the hypomanic patients. The realistic type of writing should be prescribed for the schizophrenic patients to help maintain contact. He also suggested that reading would help to avoid the onset of vegetative existence in the deterioration of organic and functional psychosis. It is important to mention here that before supplying the books, physicians may be consulted because they know the history of the patients.

Celsus\textsuperscript{13} (1938) described that during convalescence the patient should be entertained by narratives or orators and the discussion of philosophers. If this failed to arouse his interest, he suggested that accuracies should be introduced so that critical judgement might be stimulated. Apple\textsuperscript{14} (1944) in his prescription of “Explanatory Bibliotherapy” used reading as means of increasing the patient’s knowledge and insight. He is of the view that if the request for such reading comes from the patients, the results will be more effective. Such prescription must be highly individualised.

Powell, Stone and Frank\textsuperscript{15} (1952), an educator, a psychiatrist and a sociologist, respectively, collaborated in their article, describing a correlated group reading therapy programme. In their opinion, by doing so, will lead to a means of diminishing anxiety and strengthening self esteem to a point where the patients dare to function more fully in therapy. Patients can be led to modify their feelings more easily through group interactions in an intellectual context than in an emotional one.

Similarly, Moore\textsuperscript{16} (1953) has discussed the value of books for the hospitalised patients. According to him, books are therapy for them. He believes that right kind of book may be applied at right time to the patients just as definite drug is applied to some bodily need. Doctor should prescribe literature according to convalescence patient’s needs. He is of the view that as per the prescription of doctor, right kind of book can be supplied to the hospitalised patients.

Physician Sjogren\(^{17}\) (1954) has recognised the value of reading books which may be as fine and desirable therapy from medical point of view, as bibliotherapy, in the true sense of word. He gave more stress of reading of books for the hospitalised patients. Hanningan\(^{18}\) (1954), however, recommended group reading type of activity. This will work as a means of stimulating a patient's interest in reading and bringing to him some of the treasures of the world's wisdom and knowledge through the magic of reading. He felt that it had a salutary effect in that patients could express themselves more readily during treatment and conversation. He attributed this at least in part to their participation in group bibliotherapy.

Similarly, Wahrow\(^{19}\) (1955) has also discussed that library for patients in the hospitals is a valuable part as the therapeutic equipment as in the modern hospitals the patient's mental status of anxiety, fear and worry as well as his physical needs and discomforts are considered. He observed that in its minimal role, it fills a need which has been part of the patient's daily life, it helps to compensate for the privations and discomforts he may suffer. As an aid in convalescence, it can be a definite factor in the treatment and recovery of the patient.

Need of library services to the hospitalised patients has also been viewed by Tews\(^{20}\) (1958) for passing idle time and early recovery to them. Kinney\(^{21}\) (1966) has recommended library services to psychiatric patients. He stated that the reading aids according to the needs of the patients will be helpful

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\(^{19}\) Wahrow, Lillian A. "Hospital library service to psychiatric patients". American Journal of Occupational Therapy. 9, 1955. pp. 268-69 and 297.


in their early recovery. He suggested that psychiatric patients need to keep busy with the work during treatment in the wards and doctors should recommend this not only during treatment but also after discharge from the hospital. For treatment of emotional disorder of the hospitalised patients, Leedy\textsuperscript{22} (1969) has suggested the "Poetry Therapy". M.A. Walsh\textsuperscript{23} (1969) has published a comprehensive paper on the organisation of library services for hospitalised patients.

Mcclaskey\textsuperscript{24} (1970) has advocated that library service is essential bibliotherapy for emotionally disturbed patients. Similarly Rimkett\textsuperscript{25} (1972) has stressed the need for development of patient libraries. He has covered various categories of patients who need library services in one form or the other. Need for library services to the aged patients of hospital has been discussed by J. Durrant\textsuperscript{26} (1974). He has also emphasised the role of social workers and voluntary organisations for this purpose.

Therapeutic aspects of the library and library services to the hospitalised patients have been discussed by S.D. Coomarswamy\textsuperscript{27} (1975) who said that these services can play big role in their treatment. Brain Cooper\textsuperscript{28} (1976) has made a systematic study of the hospital patients as well as prisoners in London and concluded that library services to these persons are very essential. The

\textsuperscript{25} Rimkett, A. "Development of patients libraries". International Library Review. 4(3), 1972. pp. 361-64.
survey made by him reveals that the hospitalised patients need library services for variety of purposes. Lisa Marie Dunkel\textsuperscript{29}(1976) has discussed new role for the librarian who is handling the patients admitted in the hospital.

Eleaner Phinney\textsuperscript{30} (1977) also stressed the need for the introduction of library services to the patients in health care institutions in U.S.A. According to him, library services must be introduced for the hospitalised patients and reading of books and other type of literature will work as therapy and their idle time will be put into constructive use. Margaret Monore\textsuperscript{31} (1977) has considered the patients as the clientele of the patient library because by using library services, their idle time will pass easily and books will be their friends and they will not feel alone. So patients are real users of the library services. Kupstas\textsuperscript{32} (1978) has stressed the need of library services to the long term chronic psychiatric patients admitted in the hospitals. E.A. Ferro and J. Collins\textsuperscript{33}(1981) made a study of the patients admitted in Scottish hospital and concluded that there is dire need to provide library services to the hospitalised patients. Duncan\textsuperscript{34} (1981) has described that library services should be provided not only to the short term patients but also to the long term psychiatric patients. Simon\textsuperscript{35} (1984) has stressed on the need of library services to the

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chronic psychiatric patients admitted in the hospital because they are long term patients. They are very much in need of library services. Chrisk Vamavides\textsuperscript{36} (1984), who is a medical doctor by profession, has suggested that the patients admitted in the hospitals should be provided library services by the health libraries as a routine. He has emphasised the need of library services to the patients of all ages.

It is interesting to note that certain authors have suggested to help the patients in the hospitals through Red Cross. The significant contributors of such views are Kan, Yan and Angela\textsuperscript{37} (1988). The role of voluntary organisations in assisting the hospitalised patients to make use of library services has been argued by N.M. Panella\textsuperscript{38} (1992). Similarly, T. Takada\textsuperscript{39} (1993) made a survey of the patients admitted in the Ugaki City Hospital in Gifu (Japan) and ascertained their needs for library services. He concluded that the patients very much wanted library services in one form or the other. N.M. Panella\textsuperscript{40} (1996) gave an overview on the efforts made in the United States to establish organised libraries for the hospital patients. According to him, library services to the hospitalised patients should be taken up as a movement and implemented in all types of hospitals. However, he suggested that these services should be provided to the patients after getting permission from the attending doctors. For patients suffering from cancer and admitted in the hospitals, library and information services are all the more important for various reasons. This has

\begin{thebibliography}{99}
\bibitem{36} Vamavides, Chrisk.
\bibitem{37} Kan, L.B. and Yan, Angela S.W.
\bibitem{38} Panella, N.M.
\bibitem{39} Takada, T.
\bibitem{40} Panella, N.M.
\end{thebibliography}
been highlighted by L.Harris and D. Giustini\textsuperscript{41} (1998) in their study made in Canada.

In the Norwegian National Hospital, Oslo, the library services are being provided by a unit of Public Library which is called “The Patient’s Library”. The functioning of the said library has been discussed and critically analysed by M. Nythus\textsuperscript{42} (2001) Similarly, Bernal\textsuperscript{43} (2002) has suggested that the libraries attached to the hospitals should provide library services not only to the medical professionals but also to the patients admitted in the hospitals.

The literature reviewed in the preceding pages reveals that a few studies concerning library services to the hospitalised patients have been made in different countries, particularly in developed countries. These studies are partial and not comprehensive. In India, no such systematic study has been made so far. Hence, the investigator intends to undertake this study and fill the gap.

1.3 Objectives of the Study:

The literature reviewed for the present study reveals that a few studies on this subject have been made in other countries. But not a single study has so far been carried out to assess the present situation of library services to the hospitalised patients in India. The present study aims at filling this gap and goes along the following objectives:

(i) To trace the origin and development of library services to the hospitalised patients in various parts of the world;

\textsuperscript{41} Harris, L. and Giustini, D. 

\textsuperscript{42} Nythus, M. 

\textsuperscript{43} Bernal, N. 
To ascertain the library services presently being provided to the hospitalised patients in Chandigarh and Delhi;

To assess the need of various categories of the hospitalised patients;

To find out the views of the Hospital Authorities regarding library services to the hospitalised patients; and

To propose a Model for providing library services to the hospitalised patients in Chandigarh and Delhi.

1.4 Hypotheses:

In order to achieve the above-mentioned objectives, the following hypotheses have been tested in the present study:

I. Library services to the hospitalised patients are very common in the developed countries;

II. Illiterate and neo-literate hospitalised patients also need library services and expect the Social Workers to read to them;

III. Majority of the hospitalised patients need library services for passing their idle time and recreation;

IV. A small percentage of the hospitalised patients need library services for their solace and reading the religious books;

V. Majority of the hospitalised patients need literature to know the details about their diseases;

VI. The hospitalised patients in the Pediatric Ward need children literature such as picture books, popular magazines, comics etc;

VII. Presently, no library services of any type are being provided to the patients admitted in various hospitals in Chandigarh and Delhi;

VIII. The Medical Libraries attached to the hospitals in Chandigarh and Delhi do not provide the library services to the hospitalised patients;

IX. The Hospital Authorities think that the library services to the hospitalised patients should be provided by the Public Libraries through their Mobile Libraries; and

X. Public Libraries are willing to provide library services to the hospitalised patients through their Mobile Libraries.
1.5 Universe of Study:

The universe of study for the present work is Chandigarh and Delhi. All categories of patients admitted in various wards of the following hospitals have been covered in the study, irrespective of their age, marital status, occupation, educational qualifications, duration of stay in the hospital etc.:

(i) Post-Graduate Institute of Medical Education & Research (PGIMER), Chandigarh;
(ii) Government Medical College & Hospital (GMCH), Chandigarh;
(iii) Government Multi- Speciality Hospital (GMSH), Chandigarh;
and
(iv) All India Institute of Medical Sciences (AIIMS), Delhi.

1.6 Research Methodology:

The method adopted to conduct the research for the present study is “Survey Method”. A detailed ‘Interview Schedule’ was formulated in consultation with the supervisor, so that maximum information about library services and actual requirements of the admitted patients can be ascertained. The list of various wards of the hospitalised patients was prepared with the help of hospital staff, where these wards are located. In all 392 patients admitted in various hospitals in Chandigarh and Delhi were interviewed and data collected by the researchers of the present study. The “Interview Method” of collecting information from patients has been used, as it is an established fact that patients include literate, illiterates and new literates. Secondly, they may not be in a position to fill up the Questionnaires because of their confinement to bed and physical disability. Moreover, by interviewing the patients personally, the investigator got closely associated to the patients and could assess the condition of the patients and the wards and could visualise the picture for the provision of library services more clearly.
The hospital authorities were also contacted to ascertain their view points, problems and possible arrangement for the library services to the hospitalised patients. Sometimes, it was difficult to conduct the interview due their busy schedule i.e. visit in the wards, Out Door Patients Department (OPD), duty in the Operation Theatre etc. But despite of problems and inconvenience, every possible effort (even if the investigator had to make two or more attempts in certain hospitals) was made to collect the data.

The investigator of the present study personally visited the Central State Libraries/Public Libraries in Chandigarh and Delhi Public Library System in Delhi to ascertain their views and limitations, if any, to provide library services to the hospitalised patients. The literature available on the subject and the views of various experts have been scanned in order to propose a Model for providing effective library services to the hospitalised patients.

1.7 Sampling:

It is generally impossible to find out the relevant facts about every thing and every body and a selection is necessary. Great care was taken in selecting the sample and size of the sample taken was large enough to avoid incompleteness in response.

The data was collected personally by visiting all the hospitals situated in the above mentioned areas. First of all, the total number of patients admitted in various units was ascertained by the investigator of this study. Then, by following the “Stratified Random Sampling Technique”, 392 patients were interviewed for collection of data. Similarly all the Directors, Deputy Directors, Medical Superintendents, Deans, Heads of various departments etc. of the targetted hospitals were interviewed in order to ascertain their views. In the Public Libraries (i.e. Central State Libraries in Chandigarh and Delhi Public Library System in Delhi), Chief Librarians were contacted to ascertain the required data as per the objectives of the present study.
1.8 Tools and Techniques:

There are various methods of collecting data. Each method has certain advantages and disadvantages. The method selected should naturally depend on the type of information required and the size of sample. “Questionnaires” and “Interview Schedule” are the principal methods used. Other means are personal visits and direct observation. These methods can be used singly but are generally used in combination with one another to get the most comprehensive picture. For the present study, the investigator has adopted the following methods:

1.8.1 Interview:

In the present study formal interviewing of the hospitalised patients was done using a “Interview Schedule” which was prepared in consultation with the supervisor as per “Appendix-I”. 392 patients undergoing treatment in different wards of the hospitals were interviewed personally in order to ascertain their views about the need of library services and also the type of library services required by them. “Stratified Random Sampling Technique” was followed for this purpose. The three broad concepts as necessary conditions for successful interview namely accessibility, cognition and motivation were adhered to during interviewing.

Similarly, for collecting information from the hospital authorities (i.e. Directors, Deputy Directors, Medical Superintendents, Deans, Heads of the Departments etc.) of all the four hospitals in Chandigarh and Delhi (as listed in the preceding pages) also, “Interview Schedule” was used, as per “Appendix-II”.

1.8.2 Questionnaire:

In order to collect data from the public libraries in Chandigarh and Delhi (as per list given in the preceding pages) a Questionnaire was prepared as per
"Appendix-III" and mailed to the Librarians concerned. But I had to visit all these libraries personally in order to get the Questionnaire completed and also in order to have the first hand information about the infrastructure and library services being provided by these libraries.

1.8.3 Observation:

In addition to the “Interview Schedules” and “Questionnaire” mentioned above, the investigator of the present study also visited all the wards of the targeted hospitals in Chandigarh and Delhi, observing the reactions of the hospitalised patients during their treatment. Researcher also visited the buildings of the aforesaid hospitals to note the facilities provided to them, so as to find the suitability and accessibility of the library services to be planned for the hospitalised patients.

1.8.4 Data Collection:

To get the most comprehensive picture, the techniques mentioned above were applied in conjunction with one another on the sample selected. But before carrying out the survey, it was necessary to obtain permission from the authorities concerned. However, with the influence of the Chairperson of Department of Library and Information Science, Panjab University, Chandigarh and also the cooperation of the hospital authorities the investigator had no difficulty in obtaining the approval of the competent authorities to conduct the survey for the present study.

1.8.5 Pilot Survey:

Once the method of data collection had been decided upon, a Pilot Survey was undertaken to ensure that the best method has been selected and to give a trial run to the “Questionnaire” and the “Interview Schedule”. All flaws in the “Questionnaire” as well as “Interview Schedule” were removed and finalised formats were prepared for collection of data.
1.8.6 Rapport Establishment:

Pleasantness and a business like manner was the ideal combination adopted by the investigator to establish a ‘rapport’ with the patients as well as hospital staff. Here, it was very important in the case of patients that investigator, while being friendly and interested, did not get too emotionally involved with the respondents and their problems. It was very essential to create ‘rapport’ and secure full co-operation from the respondents, which was achieved.

1.8.7 Timing for Conducting the Survey:

For conducting the survey, timing was another important point depending on whether a typical picture was wanted or some special factor. The timings selected for interviewing of hospitalised patients was allocated keeping in view the routine ward rounds of Physicians, Surgeons and Staff Nurses on duty.

1.9 Variables:

The data collected for the present study was first analysed according to “Identificational Variables” such as sex, age, educational qualifications, occupations, marital status etc. Thereafter, indicating the type of reading material preferred, mode of spending idle time according to age, sex, educational standard, religion and duration of stay etc were analysed as “Dependent Variables”.

1.10 Limitations:

The study in hand required lot of field work and survey of the existing status and need of library services to the hospitalised patients in Chandigarh and Delhi. Since the number of hospitalised patients was quite high, it was not possible to interview each one of them. Hence only 392 patients have been
interviewed, following “Stratified Random Sampling Technique” and covering all categories of patients, irrespective of their sex, age, duration of treatment, educational standard, occupations or marital status etc.

The investigator did not visit the Emergency Wards and Intensive Care Units due to critical condition of the patients.

1.11 Field Work Experience:

During the course of investigator’s visit to various hospitals of Chandigarh and Delhi, he had a variety of experiences in approaching the officers, hospitalised patients and patient’s related information and data.

During the survey for the present study, it was necessary to take permission from Medical Superintendents of various hospitals. The request letters were framed by the investigator and duly attested by the supervisor. These letters were used to collect data from the hospitalised patients of the above mentioned hospitals in Chandigarh and Delhi. Sometimes he had to wait for getting permission due to their busy schedules. The investigator used to meet the Medical Superintendents of various hospitals and personally explained to them that he required the information for his research work and that the confidential information, if any, will not be ascertained. Only then permission was granted to the Investigator. They were very much interested for providing library services to the hospitalised patients and opined that it will help to pass their time, recreation and early recovery of patients.

The Investigator also met personally, Directors, Deputy Directors (Administration) and Heads of various Departments of Medicine and Surgery. Very often he had to wait to contact them due to their busy schedule. Most of them cooperated with the investigator of the present study. They also talked about library facilities, gave their suggestions and were convinced that library services are equally important for patients. But, they stressed that these should be provided only in consultation with the concerned doctors. The library
services can play an important role to spend their time, to divert attention from ailment and early healing.

The Investigator also visited all the Public Libraries and Questionnaires were got completed from the Librarians/Deputy Librarians. All of them showed interest for providing library services to the hospitalised patients and gave viable suggestions.

The Investigator faced many problems while conducting the survey. Many patients were not available in their beds and had gone for medical tests, X-ray or dressing. Sometime they were sleeping on their beds and it was not wise enough to disturb them. A few patients were suffering from severe pain and were reluctant to talk. Others were aggressive and not in a mood to have conversation. But the polite and soft attitude of the Investigator overcame these problems by making patients to establish a ‘rapport’ with him.

On the other hand, problems were faced on the part of the hospital staff too. Physicians, surgeons and nurses were usually found busy and had hardly any time to spare. But the investigator approached them politely time and again and finally they co-operated with him in providing the required information.

1.12 Chapterisation:

The present study has been divided into eight chapters. Chapter-1 is entitled “Introduction: Problem and Methodology”, which describes the statement of the problem, review of literature, objectives of the study, hypotheses, universe of study, research methodology, sampling, tools and techniques, variables, limitations, field work experience and the related information.

Chapter-2 covers “Historical Development of Library Services to the Hospitalised Patients”. It describes origin and development of library services to the hospitalised patients prevalent in different countries.
Chapter-3 highlights, the “Demographic Profile of the Hospitalised Patients”. It provides data of the hospitalised patients pertaining to their age, sex, ailment, profession, religion, marital status, educational qualifications, duration of stay of the patients etc.

Chapter-4 describes the “Assessment of Need of the Library Services to the Hospitalised Patients”. It covers the need of library services to different categories of the hospitalised patients as ascertained with the help of Interview Schedule.

Chapter-5 presents “Perception of the Hospital Authorities”, about library services to the hospitalised patients. Regarding organisational set up of the hospitals in Chandigarh and Delhi, views of senior officials i.e. Directors, Deputy Directors, Deans, Medical Superintendents and Heads of various departments have been presented. It also highlights the problems faced by hospital authorities in providing library services to the hospitalised patients.

Chapter-6 explains the “Role of Public Libraries in Providing Library Services to the Hospitalised Patients”. This chapter includes Public Libraries in general, needs of the hospitalised patients, role of Public Libraries towards patients, types of literature needed, methods for providing library services, role of mobile library services and suggestions for effective library services have been discussed in detail.

Chapter-7 highlights the “Role of Non Government Organisations in Providing Library Services to the Hospitalised Patients”. This chapter covers the concept of social welfare, social workers, growth and development of voluntary organisations in India, voluntary efforts in Western Countries, objectives of NGOs, activities of NGOs and role of NGOs in providing reading facilities to such hospitalised patients who are illiterates or unable to read due to their ailment problems.
Chapter-8 is entitled “Proposed Model for Library Services to the Hospitalised Patients.” This chapter gives an outline of the infrastructural facilities necessary for providing library services to the hospitalised patients. A viable Model has been proposed for the purpose.

A comprehensive bibliography, listing alphabetically references from books and periodicals consulted by the Investigator of this study, has been provided at the end. Care has been taken to maintain uniformity throughout the listing of the bibliography. The ISBD rules have been followed with certain local variations.

Three appendices comprising of the “Interview Schedule” for collecting data from the hospitalised patients; the “Interview Schedule” for ascertaining the perception of the hospital authorities regarding provision of library services to the hospitalised patients; and a “Questionnaire” for collecting information from the public libraries regarding library services to the hospitalised patients.