CHAPTER-4

ASSESSMENT OF NEED OF THE LIBRARY SERVICES TO THE HOSPITALISED PATIENTS

The four major agencies namely school, library, press and radio are playing significant role to make citizens responsible and thinking individuals. Out of these four agencies, library is superseding in extending its services and utility to all groups and shades of opinion in the community, irrespective of age, religion, profession, sex, political, conviction and economic level. No other institution can discharge such wide range of services to the entire population.

Feeding the intellectual hunger of each citizen, providing him relevant information, health, happiness and prosperity are the subjects, which are pillar to success and failure of democracy and well-being of the nation. All democratic governments must provide their people all possible facilities to ensure a free and wide access to knowledge for their citizens. This goal can be achieved by maintaining and establishing an upto date, efficient and full organised library service. The people cannot be educated without initiative of the library throughout the country. In the modern age of democratic set up without library, social, economic progress and political consciousness is impossible, it is like an attempt to run a car without axle.

Libraries are also playing vital role in the hospitals for doctors, researchers, patients etc. Hospital’s progress depends on the library services. Hospital cannot be defined without library services, well-equipped with all facilities for the admitted patients. The hospital which grows in reputation not only dress the wounds and cures diseases but also comforts the minds of the people i.e. indoor patients and provides amusement and pleasure while the admitted patients are undergoing treatment in the hospital.
Library is such an agency which provides assistance, adjustment to hospital environment and also helps in the creation of a beneficial atmosphere of hospital. Library service may be classified as one of the morale agencies of a hospital. The term morale is used by many of us but the value of morale is associated mainly with library services to the hospitalised patients. Nevertheless, to any hospital administration, it means something very material and necessary for the successful administration of the hospital. It can be unanimously said that library service is one of the most important significant agencies in a modern hospital for the cultivation and stimulation of the morale not only of the admitted patient but also of the hospital staff.

The therapeutic value of books has been recognised. Over the entrance to the library at Thebes centuries (Egyptian centuries) before the Christian era, was an inscription in Greek which is commonly translated as Medicine for the soul. Our modern application of this early practice has been summed up in the single word “bibliotherapy”. Although a recently coined word, its meaning is perfectly clear. One physician defines it as “the scientific treatment of diseases by the use of selected literature.”

Dr. Morris Fishbein² writes in his article entitled “Librarians and the patients” that the book in the hospital offers relief both actively and positively. It serves to relax the patients from his troubles, whether major or minor, it serves to divert his thoughts along a path which leads towards physical as well as mental benefit.

Idle time is the time to experience a pleasurable state of mind but the hospital environment prohibits the development of basically pleasant feeling. Even though the inmates may attempt to give themselves wholly to a pleasurable event, they are prevented by the awareness of their total situation

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from transforming themselves completely into idle time actively. Therefore, their idle time can be put into constructive use by rendering them with reading facilities by library services such as religious books, spiritual, recreational and other type of reading materials.

The rehabilitation of hospital patients is learning which can be achieved by providing them with relevant literature in the form of books, magazines or in other forms. This process can be of two phases or two types:

(i) the phase of unlearning old behaviour patterns; and

(ii) The phase of learning new ones.

The process of learning and unlearning for the hospitalised patients is eventually individualistic one and as a result their desires for rehabilitation should be made to originate within themselves. It cannot be forced on them. Desire could be created in them by providing them careful guidance and recognition of benefits in rehabilitation and its tools i.e. counseling in education, vocational skills and development of pride in desirable personal trail.

Therefore, the library services to the hospitalised patients are needed and fulfilled by providing them books and literature which can be helpful to them in their future rehabilitation after treatment from the hospitals.

Assessment can be made for library services to the needy patients who have both physical and intellectual requirements to improve quickly. Further valuable advice can be given by hospital librarian for suitable books, reading aids, large print books with illustrations, pictures, talking books and all the new media of tapes, slides and films etc. There are other patients who want reading material other than for diversion and some of them, who are unable to study in the conventional way, are required in perspective to follow new techniques and devices according to their needs and the librarian is capable to make an assessment of their needs and that would be helpful to assist in the
rehabilitation of physically disturbed patients. The library services should be scattered over to the needs of the patients, the trolley service is the best library service in the ward towards the admitted patients. With the assistance of trolley service, one can visit to the library for ambulant patients who can provide a welcome diversion from the clinical atmosphere. The need of the stock for catering library services to the patients should be attractive and upto date. The library itself should present a magnetic appearance.

4.1 Types of Hospitals and Forms of Library Service:

Although, the principles underlying provision of library service are same in all types of hospitals, namely, the selection and distribution of books suited to each kind of hospital by trained library personnel, the type of hospital controls the selection of books and the manner of distribution and the organisation of the service differ in unit and group systems.

To the average layman, General hospitals, Municipal hospitals, District hospitals, State hospitals, Sanatoria and Preventoria are all “hospitals”. It seems advisable therefore, to include the following definitions of some professional terms in these “hospitals”.

4.1.1 Postgraduate Teaching Hospitals:

These are the hospitals attached to the Postgraduate teaching institutes. These maintain different specialised departments and wards and accept patients in need of special care. In addition, these offer out patients, emergency and accident service, investigative and therapeutic facilities of the higher order. Nehru hospital attached to Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh and All India Institute of Medical Sciences (AIIMS), New Delhi are illustrations of this type of hospitals.
4.1.2 General Hospitals:

These hospitals treat general diseases and surgical cases. Large general hospitals maintain separate wards or departments, but smaller hospitals do not accept patients in need of special care. No hospital admits into a General Ward patients suffering from infectious or contagious disease. Government Multi-Speciality Hospital, Sector-16, Chandigarh is an illustration of a large General Hospital.

4.1.3 State Hospitals:

As their name implies, these are supported by the State Governments. These hospitals are usually situated at the state capitals and have facilities for general and a few have facilities for the surgical treatments also.

4.1.4 Sanatoria and Preventoria:

Such institutions care for tuberculosis patients. Preventoria take children who show a tendency to tuberculosis. For convenience in reference, the terms “long-time-stay hospitals” and “short-time stay hospitals” may be defined as follows:

4.1.4.1 Long-Time Stay Hospitals:

Chronic cases such as mental diseases, tuberculosis, cancer and arthritis are treated in such hospitals. The population of these hospitals is practically static as the percentage of recoveries and discharge during the year is small as compared to the quick and large turnover in General Hospitals.

4.1.4.2 Short-Time Stay Hospitals:

These are, almost without exception, General Hospitals to which patients are admitted for observation or for treatment and usually remain admitted for only a few days or at most, a few weeks.
4.2 The Patients: The Basis on Which Services are Planned:

A patient who has both his physical and intellectual needs catered for is likely to improve more rapidly. Just as a patient is assessed individually for medical treatment, so mental needs must also be individually satisfied. Patients are a cross-section of the community. A skilled librarian may, for example, have to help simultaneously a university student with a fractured leg, a businessman with an ulcer and a mother 'of three' with high blood pressure. Specific requests quickly satisfied are an important boost to morale. Patients who are handicapped physically, visually or mentally, the illiterate, geriatric patients and children in long stay wards, all present problems. But the hospital librarian can advise on suitable books, reading aids, large print books, talking books and all the new media of tapes, slides, films etc. The therapeutic value of reading is now widely recognised. There are many patients who require reading matter for purposes other than “diversion”, are unable to read in the conventional way. The librarian is able to assess their needs and is able to assist in the rehabilitation of psychiatrically disturbed patients. The trolley service in the ward and a visit to the library for ambulant patients can provide a welcome diversion from the clinical atmosphere. For this reason, the stock should be attractive and up-to-date and the library itself should have a pleasant welcoming appearance.

4.3 Special Needs of Patients:

This mainly and specifically deals with the patients as a user of library material as has been mentioned earlier in the foregoing paragraph regarding the needs of the in-door patients. However, certain ailments and disabilities affect the nature and extent of an individual use of these materials. For instance, the patient's ability to hold conventional books, specifically those which are tightly bound, is not useful rather affects the disabilities of the patients and pain in their hands. If the patient cannot utilise paper back books, book stands or holders or a page turner, to such a patient mouth stick is advisable, which is
more helpful for reading the material. Reading through the ear with talking books is another solution. Bed fast patients and those in a body cast or in stryker or halo frames will require such special aids as prism glasses or talking books.

With the incidence of hearing handicaps increasing too much, the librarian is likely to encounter some degree of deafness in many patients. The following words and definitions are fairly common:

(i) **Hearing Impaired**: This is the category which includes any hearing loss regardless to any degree or age of onset, while some prefer this term to hearing handicapped which has been used in this context. The latter is also acceptable;

(ii) **Hard of Hearing**: A person with a hearing impairment is able to hear and understand the speech with or without amplification; and

(iii) **Deaf**: A person with hearing-impairment is unable to hear and understand the speech made by someone, is called deaf. This term is also used largely in the collective sense.

However, the librarian will have a vital role to contribute as a teacher an therapist by way of providing a wide range of library material, librarian is also required to be familiar with the controversy, talking about methods of education and to be sensitive to the implications for the person involved and parents of the hearing-impaired child. It has become crystal clear from the foregoing paragraphs regarding the various methods being adopted for providing library services to the individual as deaf and hearing-handicapped and it is also worth mentioning that partial hearing is also an accepted alternative term these days.

Regardless to the above said needs and services of the librarian, even otherwise many patients suffer from vision problem which can also be ameliorated by talking books, large print books with illustrious pictures on them, books with maximum spacing between the lines of type. Drug-addiction
is another problem being experienced and faced by the patients. For such affected patients, large print books are advisable and may be helpful to them.

Patients suffering from stroke and brain tumor may not only counter the vision problem but also will present a lack of concentration and brief attention span. Such patients can only enjoy short stories, essays, poems, cartoons etc.

While psychiatric patients suffering from mentally or emotionally disturbed or disoriented patients, are often considered separately from others who are temporary sick and crippled. The librarian in this situation has an ample chance to use library material and techniques as therapeutic agent and the librarian is required to become familiar with the kinds of approaches. The general rule is applicable to such an extent that a library staff member, at whatever level, checks with nurse or another care-deliver-in-charge of any ward, before entering.

The librarians, where resident care and intermediate are deployed, can use approaches which are familiar to teacher-librarian in the school for exceptional children such as the mentally retarded, physically disabled and epileptics or cerebral palsy cases.

Hospitalised patients give representation to cross section of the society i.e. readers, non-readers, library users and non-library users. In addition to their anxieties and fears arising from their physical and mental illness, patients are unaware of the environment. All these factors affect a lot the mental health of patients suffering from various ailments. Non-medical atmosphere plays a very important role to mitigate sufferings of the patients rather it relaxes the tension. What is more significant, in all such circumstances and atmosphere, is to use audio-visual materials which may be more helpful to restore and repose confidence in order to create a link with the outside world. Such a link can be strengthened by way of adopting a system of referral and from the library services provided by the local authority. A referral system is specifically
revealed significant when, after a care, it becomes a feature of treatment since its continuation and use of library services which can be proved beneficial to rehabilitate the patients³.

Importantly, it finds a special mention of short stay of the patients in the hospitals. Even a short stay in the hospital for a couple of days appears to be useful and purposeful because library services, though provided for a few days, must be helpful to divert the focus of attention of the patients from their tension of ailment. The patients can only escape from tension, anxieties and fears if they are provided with library services in kind of recreational activities, mental stimulus and information. All these facilities can help to maintain stability and continuity in large interest of normal life of the hospitalised patients.

Long stay of the patients in the hospital is only needed if they suffer from chronic and prolonged illness. Because sometimes, what we see in the normal life of the patients is the disease and ailment becomes complicated and involves more intricacies to treat the patients. In such conditions of the patients, long stay is very much compulsory. The encouragement of reading and related activities available in the libraries will prove more useful and beneficial for the patients to mitigate and minimise the suffering of the patients languishing from ailments on the bed in the hospitals.

It is not a routine and hobby of the patient to stay for a longer period in the hospital, but it is a helpless feature and factor of the patient and undoubtedly, an extended period interrupts the study and work as it paves the passage to arrange material of both a general and specialised nature. It is further mentioned regarding need for the admitted patients, when a patient’s illness or injury prevents him resuming his occupation, in such a situation the librarian can show his work in consultation with social workers to provide the

published information about job employment opportunities and course of study. All these things must be helpful and meaningful to assist this scenario.

Hospitalised mentally disordered and disturbed patients form a large and significant group in the total hospital population suffering from different kinds of sickness. Mentally ill-retarded patients, whether there are long or short stay and whether they are in a special department of general hospital or in a large psychiatric hospital, seek help, assistance and support in understanding and dealing with their own medical and emotional problems. Guidance for reading, selection of books for library services in consultation with medical staff and psychologists, can be of a great value and library support for group therapy programmes will also be required for the purpose of this success and an urgent need for these patients as how to lead an ordinary life which can be feasible and viable regularly in the general hospital. Such tasks should be prescribed by doctors and supervised by the professional librarians.

Now, on the ongoing paragraph, it is revealed that the library services to different categories of indoor patients would be classified in terms of providing library services according to their taste and mental standard. The classification in this regard is broadly made to define and interpret the word, “library services” to the needy hospitalised patients.

In order to ascertain the need of library services for the hospitalised patients, the researcher of the present study interviewed 392 patients admitted in the following hospitals selected for the study:

(i) Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh;
(ii) Government Medical College and Hospital (GMCH), Chandigarh;
(iii) Government Multi-Speciality Hospital (GMSH), Chandigarh; and
(iv) All India Institute of Medical Sciences (AIIMS), New Delhi.
The data/information collected from the aforesaid hospitalised patients was discussed with the Medical Doctors (Resident Doctors) of the wards concerned and their views were also ascertained. The information thus gathered has been classified/grouped in broad areas (as per wards in the hospitals) and presented in the following pages.

4.4 Library Services in the Hospitals:

The library services in various wards of the hospitals can be as follows:

4.4.1 Pediatric Ward:

A hospitalised child is not an adult. Such a child is much more vulnerable than an adult because child in age of growth, physical, mental and emotional and this growth easily be stunted by the hospital experience. Children are much more frightened by the strange people, the threatening procedures of being deserted by their family and left in a place which is not only unfamiliar but dangerous and of course, they are frightened by the pain and misery of their illness. This frightening is caused by the young patient’s lack of experience and it makes more difficult for the hospital staff who are in attendance to explain why they must undergo all the poking and jobbing and terrifying X-rays or even the simple things like having the bed made while occupied and being bathed by strange people. Another part of this fright is caused by the fact that previous experience with doctors had been unpleasant or that the child thinks that being brought to the hospital is a punishment and feels guilty or that the child’s mother, a principal source of security, is also obviously frightened. Fortunately, the child is resilient and tends to return to normal very quickly once fears have been allayed. As with other patients, reading can divert a child’s attention, pain and weariness. The librarian can help alleviate these fears by supplying to child patients some of the books. Many a crying children can be calmed with books. The individual attention,
which is a feature of the hospital library service, can help to encourage a child
to enjoy reading. The children in hospital must be considered by their age level:

(i) Infancy;
(ii) Early childhood;
(iii) Playchild;
(iv) School age; and
(v) Adolescence.

For youngest group child, soft toys should be stocked and picture books
are needed for children. The library should have collection of the story books
for parents, volunteers, therapists or librarians to read them. The more familiar
those stories and picture books are, when the child has been first admitted.

For mentally retarded children, the library might want to maintain
collection of appropriate books and toys that would not need be returned if the
children grew especially attached to the materials.

For children about to face surgery, children’s magazines or picture
magazines like the National Geographic, National Wild Life and such static
publications as Arizon Highways, for browsing, may take their mind off the
threatening procedure. Re-reading familiar books even those for a younger age
can be reassuring. The librarian should ascertain as to when the surgery is to
take place and try to go back to visit the child with books before and after the
surgery.

The children who are admitted in pediatric medical wards will have
many anxious and perhaps some emotionally disturbed children. They will
usually refuse books. Sometimes they will accept large pictures to look at, if
the librarian can arouse their interest in any part of the picture. These pictures
may be clipped from magazines and mounted on poster-board or similar
material or be un-mounted illustrations form children books which may be
found in publishers exhibits at library meetings. Pictures from advertisements,
mounted for un-mounted may also be used.
The children, who are taking their turn on the artificial kidney or other
stimulus-stopping procedures, they may be happy to have something to read.
For a child with a disease like leukemia who is admitted in the ward as a
terminal patient, a programme of interesting reading may be of great help.

The children admitted in hospital need the reassurance of familiar
associations by reading books. Additionally, children in hospital for a long
period need library facilities to support their education for the enrichment of
their experience. By reading out the beginning of a book to a child, his interest
can be aroused. Reading aloud to a small group of children depends on
circumstances. Gifts, not accessioned and only stamped with the name of the
hospital library are very useful to lend to small children who may be
destructive or who are too young to be trusted with library books. When a
small child asks for books it is not possible to pass by the bed.

The librarian who enjoys reading children books is most likely to be
successful in the ward and will there, as in other wards, be more able to gain
the patient's confidence by providing the books enjoyed. They can thus be
introduced to some of the good children books available at that time. A mother
may have to stay in the hospital because she is feeding her baby or because her
child is very ill. A book or a visit to the hospital library can often help to steady
a parent at such a time. In fact, the librarian should be ready to help on all such
occasions.

The psychological development of normal children may be predicted
with some assurance in the case of children with acute illness who are in the
hospital for short time, the librarian's approach to the child may be based on
knowledge of normal physical and psyche development and on what experts on
children literature recommend for different age levels. However, most recent
studies show that even short period of hospitalisation may have adverse effect
upon children. But in general, the younger the child and the longer the time in
the hospital, the more severe the reactions and the longer their effect may last
after the child has returned home. The aim of hospital should be to make the
child’s stay in the hospital emotionally healthy by providing the young patient
with lively stimulation and as natural surroundings as possible. In this way,
both the Play Therapy Department and the Library may be helpful in sending
home a child who is both physically and emotionally well.

Handicapped and crippled children also require occupation and
recreation to assist them to achieve their full potential. Picture books, visual
aids, tactile materials, comics, music toys and games as teaching aids can help
a lot to these patients by reposing confidence in children and further enabling
them to integrate and streamline in the society. *This confirms our Hypothesis
No. VI that “The hospitalised patients in the Pediatric Ward need children
literature such as picture books, popular magazines, comics etc”.*

4.4.2 Surgical Ward:

Undoubtedly, the patients in surgical ward do not generally, remain for a
longer time in hospital now a days. Even during the short stay in the hospital,
library services can be provided to the admitted patients by way of providing
material as per the choice of the patients. The patients have to pass through
three stages for getting treatment in the surgical ward, such as pre-operative,
post operative and convalescent. Entry of patients in the ward attaches
importance, when the patient waits to be admitted, at the time of initial entry,
the sight of book trolly and the librarian can play a vital role in the calming
effect. The trolley service to the ward and a visit to the library can provide
welcome diversion from the clinical atmosphere. In this regard, patients feel
comfortable when they are taken away from outside in the trolley to the
destination of clinical atmosphere. For this purpose, the stock available in the
library should be attractive, upto date and useful according to the tastes of
patients undergoing treatment in the surgical ward and the library itself should
have a pleasant welcome image to give solace (relief) and reprieve to the
patients. The books, other entertainment materials and a pleasantly-dressed
person with them must have positive effect upon the patients, occurring in his mind with the world outside from which he has just come in the surgical ward for treatment in the hospital. This movement of entering in the hospital and the period before an operation may be one of the fears and apprehensions, which cannot be ignored because this duration must prevail upon the patient's undergoing treatment in the surgical ward. In such circumstances, the psyche of the patient can only be diverted from fears by providing library services in shape of books and entertainment materials to distract and lessen their fear from the surgery.

After three days, when surgery is over, nothing or little is read. This is followed by convalescence. In such circumstances, patient cannot concentrate on the books provided to him for diverting his attention. This is only possible if he is given a little reading and the patients in such condition gain energies, what we see in reality and virtually that books available in any kinds in the surgical ward may be more useful and advantageous to the patients before the surgery as much or more than afterwards. The vital role of librarian finds appreciation when he provides books to the patient who is likely to be operated upon. This offer of book will fill in his mind free of suspense and fears from the operation. It is usually and easily read and further it will divert the attention of fear from his mind. Library service is not applicable to all patients equally because what diverts one person may not appeal to other mind. Reading material from diverting attention of the patients from dismay is not always helpful as taste of patients differ. For instance, if a patient is inclined to read religious books, offering modem entertainment books to him will not be useful because of taste and interest.

There are many different patients who undergo treatment in the surgical ward for longer period. For such patients, inculcating the habit of reading books and other entertainment material is essential because reading in way will encourage and help the morale. It can be distressing for those aging patients
who find themselves alone and oldest patient in the ward⁴ But so much so, reading the books for their recreation will help them to standby.

The patient who has been rushed to the hospital in the ward for treatment and deems to be away form his house, he feels lacking for visit especially when he looks at other patient's kith and kin attending to him. This vacuum can be filled up by reading books, magazines, newspapers and other entertainment materials. By going through reading material can help a lot at the time of difficulties and troubles in the ward. Here vital role of librarian counts a lot or a great deal when he provides right books for such a patient who is in dire need of help of such books. It is considered to be the most rewarding movement for any institutional hospital librarian. So, in this way librarian can perform his duty diligently towards the patients undergoing treatment in the surgical ward for various diseases.

Importantly, it can be seen that desirous patients who show keenness in reading the books, the books are often taken back from them soon after issuing the books, rather taking back the books from them, more books should be provided to them. The patient should be given long hand to keep the books with him till his satisfaction of reading, otherwise he will feel disgusted. So, hectic attitude or activities of the librarian to issue and return the book will not serve the purpose of patient because in haste movement, patient cannot gain any thing from reading the books in the ward. So librarian should show attitude of vastness and broadness of his mind while issuing the books and other materials which are to be given to the patient. However, to show coordination and cooperation with the staff members is compulsory for speedy recovery of the patients otherwise reading of books and other entertainment material will play no role for speedy recovery of patients. To cope with association of other staff members should also be motive of a librarian.

Nevertheless, for speedy recovery of the patients undergoing treatment in the surgical ward of hospital, role of librarian counts a great deal to provide books and other reading materials according to the tastes and interests of the patients. It is the unanimous testimony of all that hospital library service is one of the most important agencies in modern hospital for the cultivation and inculcation and stimulation of the morale, not only for patient but also for staff of surgical ward. The importance of library service in surgical ward is significant and should not be neglected and ignored.

4.4.3 Blind and Visually-Impaired Patients:

The requirements of minor and major, the elderly and the psychiatric patients residents have explained. Among all these groups, for instance, general, medical and surgical unit of health care institutions, it would become the duty of librarian to find residents or individuals who are visually-handicapped patients.

The entire question of visually handicaps i.e. both blindness and low vision is dealt with at length in the literature. Recent trends both in attitudes towards the visually-handicapped and their treatment trend to take them out of institutions and keep them in the community. This is the trend which will ultimately affect library services in at least two ways: (i) there will be an increase in the incidence of visually-handicapped among hospitalised patients who are admitted for their causes and (ii) an increase among visually-handicapped patients who are candidates for direct services from local library. The patient’s librarian and extension librarian will become more familiar with these circumstances and view points for the development of library services especially in the area of visual aids. Generally, we see in the hospitals, optimum temporary service is required by those residents or visually-handicapped patients who are awaiting for eye surgery, the recurrent or

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temporary visual problems resulting from diabetes or from medication have already been revealed.

There are many other distinctions which may be made among the visually handicapped patients. There are examples of such patients who are blind since birth or since early childhood and there are also others who talk about the majority are counted in adulthood due to an accident or disease, they are known as the adventures blind\(^6\). However, absolutely blind may vary in the amount of light perception—the ability to distinguish between light and darkness. There will be variation between such who lost their eye sight as adults and those who never seen are ones which will effect their rehabilitation and varieties of library services they will require. The population of visually-handicapped does not vary in intelligence from the population as a whole. The distribution among normal, superior and inferior intelligence is almost the same in both the cases.

To deal with such patients, the librarian must have specific experience in serving the services to visually-handicapped. The lack of experience will feel uncertain of the approach to the patients who have little or no vision.

There are limitations of deaf as well as blind that should be also mentioned here. They can only use Braille technology or other tactile aids. The information on availability of such aids and to impart training in their use, which in turn should lead to an increase in the number of library users among membership of this effected groups.

So far as the library services to visually-handicapped are concerned, the library services will be same as meant for those who are sighted persons. These services will have to be adapted to the physical limitation of the reader. The visually-handicapped generally give preference to use the term reading even otherwise they are limited to listening or reading with the ears. Such visually-

handicapped are obliged to depend on the spoken word, rather a live reader or recorded material or large print or on Braille, mechanical aids, such as magnifiers etc. It may be mentioned here that guiding principles mentioned in the section of self study and evaluation guide on library services, adopted by the National Accreditation Council for Agencies serving the blind and visually-handicapped, can serve the patient’s librarians well in meeting the special needs of this group of patients.

Facilities available with the librarian to provide library services for blind and visually-handicapped involve all the basic principles and objectives which apply and are meaningful for the sighted-persons, plus what are additional initiatives are necessary to compensate for the handicapping effects of blindness. As in the case of sighted-reader, blind and visually-handicapped patients should have immediately at hand certain basic reference materials to use frequently and range of materials from which to choice for general reading. More specialised needs which exceed these minimum facilities must be met by creating means by the states and the organisations of the region. Special attention must be given to the services and tools that improve the ability of the blind and visually handicapped reader to browse, both in selection of materials and in individual publications.

The librarian dealing with visually-handicapped children will have to support their training and education. Broader range of the specialised needs of visually-handicapped children are given below:

(i) Music-lots of it, in all varieties;
(ii) Taped stories, vivid in description;
(iii) Concrete things that they can feel and touch;
(iv) All the audial items......tapes, cassettes, etc;
(v) Better and more Braille stories;
(vi) Braille books accompanied by real objects; and
(vii) Better and more talking books.
Selection of materials for this group should be considered largely from the stand point of format because visual and physical disability can happen at any stage and be caused by a wide range of factors i.e. illness, accident, injury, birth defects and be temporary, remediable or permanent in character. All or any one of these may come into play in the individual patient. The choice of material must take into consideration in which the usefulness of the various formats is limited by such considerations, for example, the dearth of high interest, low reading level materials for use by the newly literate adult.

The print materials are included for visually-handicapped persons in the formation of large type of books, magazines and Braille. It has become increasingly evident that number of low vision reader can use ordinary printed materials with one or another of the visual aids i.e. variety of magnifiers available in the market. A leaflet issued by American Optometric Association, in cooperation with the Library of Congress, points out that the ability to read printed materials can often be restored by non-conventional lenses or light-controlling devices, these optical aids function to clarify, brighten and magnify the printed words.

In view of the language meant for visually-handicapped, Braille methods should not be overlooked by librarian to recognise that the trend today is towards the maximum utilisation of whatever the vision the patient has. Only totally blind children, many blind from birth, need to be taught to read and use Braille for communication as other children use type writer. There is one another group i.e. deaf blind whose only source of reading is Braille.

The patients visually-handicapped are likely to have difficulty in holding and handling books and printed material. Reading aids like page turner, microfilmed books, reincumbent spectacles etc. can enable them to use books. Talking books and large print books can also assist the visually-impaired patients or persons. Talking books are also available from Division for Blind and Physically Handicapped. It is a chief source of loan for discs and cassette
tapes. Both of these audio-visual aids need the use of specially designed
machine which are loaned free. Books and magazines can be recorded at a very
low speed. Accessories can be supplied on request i.e. ear phone, pillow
phones, remote control and speed control units.

The publication of the Division for the Blind and Physically
Handicapped (DBPH) include the periodically revised reference circular on
reading aids for handicapped. The American Library Association (ALA),
Division for Health and Rehabilitative library services is also a source of recent
information on such aids.

Volunteers can prove to be greatly useful in a programme of service to
visually-handicapped readers. Their aid in setting up and returning equipments
to storage or files always a barrier to use when library personnel cannot be
present preparing talking books for return by mail and similar chores can make
difference in patients ability to use available material. The volunteer reader
who recognises that it is not desirable for the blind patient to become too
dependent on outside help can have the way to later acceptance and use of such
aids as talking books and Braille. It is very important to mention here that
advice of nursing staff and the physician is desirable for initiation of library
services to such patients.

4.4.4 Orthopedic Ward:

The role of library service for orthopedic admitted patients is especially
significant because patients have to stay for long time for their treatment in the
hospital and doctors extend their period for their treatment who are not fully
recovered. The needs of patients will vary from short term patients because the
requirement of patients undergoing long course of treatment or a protracted
convalescence and the programme of library service especially the selection of
material and approach of the patient will also vary with these differing needs.
The effects of institutional life and long stay can bring about dimension of
power and self centered attitude and emotional problems frequently occur. The encouragement of reading and related activities can help minimise their problems. Perhaps best reading of all will be done in Orthopedic Ward. The patients who are admitted in hospital or Orthopedic Ward for some weeks will, in all probabilities, after the few days, automatically change fairly quickly to their normal reading habits.

The patients who are undergoing treatment in the Orthopedic Ward for a few weeks in the hospital or suddenly accident may cause an interruption in the study work, course and career and creates the need for an access to educational material of both in general and specialised nature. The books required in such an instance are same to those readers which are asked in any public library. By treatment in the Orthopedic Ward prevents him resuming his work. Fractures and amputations may necessitate a change of employment in some cases. The interest of hospitalised patients can be created in another occupation at the proper time. The librarian can supply published information about job opportunities, courses of study and assist with retraining.

Elderly patients who are undergoing treatment in Orthopedic Ward for treatment for longer period, are some time very distressed and it is difficult to persuade them but need to maintain individuality and keep active and alert. Meeting these needs is time consuming because it takes time in complete healing due to old age and can be met out by providing library services with selected materials, such as large print books, illustrations, magazines, current and formerly popular titles and talking books, historical novels, religious books etc.

Elderly orthopedic patients who think that they have no future must be brought back to the past in order to accept the present. What the patient was at the time of his or her greatest strength and productivity may well become the subject which will motivate reading or some remembered events or famous persons in which the patient has no particular interest. So by providing library
services to the hospitalised patients of Orthopedic Ward will help in change of environment and activity and as an aid to rehabilitation.

A patient having a spinal fusion may be lying flat for a considerable time then a book rest will help. However, no reading aid should be suggested or lent without the doctor approval and no reading aid should be lent for longer than necessary. “To lend the right book at the right time and at the right angle” is the slogan for the Orthopedic Ward.

It may be mentioned here that re-motivation and other activity therapies are major source to provide an incentive for the related library materials, adding enrichment to the subject pertaining to treatment of orthopedic patients. The librarian in this regard must be constantly aware of what activities are being carried on so that material will be on hand while interest in subject is high. To activate the interest in the material may be slow process but it works well in the long run by providing treatment to the orthopedic patients. The role of librarian for speedy recovery of such patients is admirable in the hospital.

4.4.5 Medical Ward:

There is too much need of great understanding of hospitalised patients in medical ward because of long stay for prolonged illness than surgical patients. The needs of long stay patients are significant. The effects of hospital life and long stay due to prolonged illness can bring about diminution of powers, self centered attitude and emotional problems which generally happen. The encouragement of reading books can minimise their effects. The person who is with the patient for longer period, it is possible to develop a more graded course of reading, building up from one volume to another, though always building round the patient’s interests either those already present or those acquired. With the patient who is to make prolonged stay in the hospital and this, of course, applies especially to those patients who are some times described as the chronic to the tubercular, to the arthritic and to the elderly, the
prolonged term policy of what might almost be described as a cultural and even educate course of reading may be possible\textsuperscript{7}.

Prolonged sick patients who are admitted in the ward, one day they may be bright and the next day may be depressed. Drugs effect their spirits and often their eye sight. For these admitted patients, the value of well-printed books cannot be overlooked. However, due to longer stay time which medical patients spend in the hospital, those who like books, read more and books of all kinds will be in demand. Sometimes a long book can provide that sense of ‘something to hold on to’. Patients should be inspired to ask any books which they like according to their tastes and a great boost to the morale comes through getting a book which they have wished to read before coming into the hospital. In order to judge the patient’s interests, tastes and mood, speed in satisfying the patients requests are more important here, in order to catch the patients mood and inclination. Reading for prolonged illness in medical ward is often good and varied. It is true to say that an interest in reading is almost contagious. The patients who enjoy reading books find it a help when they are sick. Unlike radio and TV, it is both absorbing and quiet and certainly quiet in hospital is something which is most needed.

Therefore, books can widen the four walls of the ward and can take the reader far from his present surroundings or to track unknown. When elderly people read and read well, there is less likelihood of their senile if they sit doing nothing. Elderly patients in medical ward need to maintain their individuality and keep active and alert. This can be done or fulfilled by the availability of library service with suitably selected books or materials such as large print books, illustrations, magazines, current and formerly popular titles and talking books\textsuperscript{8}.

\textsuperscript{7} Phinney, Eleanor.


\textsuperscript{8} United Hospital Fund.

Longer stay of patients in the hospital disturbs study and work and creates a need for access to educational material of both general and specialised nature. An educational need arises when patients prolonged illness prevents his continuity of occupation. The librarian in consultation with social worker can provide the published literature for employment and can guide for different courses and training.

Whether or not the older patient uses the opportunity in the ward to read, to make use of other library materials and activities, becomes, in the last analysis, a matter of individual choice, but is axiomatic that for the inpatient who can enjoy them, adequate and appropriate material should be available and made accessible, whatever the circumstances.

On the whole the librarian is to visit the ward for the hospitalised patients by bringing in outside interest which is more important. Conversation and an attractive appearance can be almost as much a stimulation as the books left behind. So books can widen the four walls of the ward and can take the reader far from his present surroundings.

4.4.6 Psychiatric Ward:

The patients who are admitted in Psychiatric Ward, the library service is very useful for them to solve their problems. Psychiatric inpatients, mentally or emotionally disturbed or disoriented patients are often considered separately from others who are temporarily ill and handicapped. The modern trend tends to classify the simply “ill” for just this period of their life and encourages the general public to do so as well. The librarian in this connection has unmatched opportunity to use library materials and techniques as a therapeutic agent. The librarian will need to become familiar with the kinds of approaches necessary to what may seem to be inappropriate and bizarre behaviour.

The behaviour of psychiatric hospitalised patients may be erratic, sometimes bizarre. They may be overactive or lethargic, perhaps due to
medication, their attention span may be short. Their needs for status, however, do not differ from those of other people and should be respected as fully as those of other staff members and volunteers. Library staff members must be alert to change for better, worse or unexpected reactions and report them as well as work performance to the medical staff.

The librarian should give some orientation on the important topic but instance of specialisation such as mental illness, a psychiatrist or psychologist on the institutions staff may be called to give further orientation. Working with Health Science Librarian, patient’s library can make a contribution by consulting the staff responsible, calling the suitable materials available to their attention and compiling the annotated list for distribution to all new employees in the institution.

For mentally retarded hospitalised patients of Psychiatric Ward, there is also need to adapt materials and services to range in physical and mental ability among mentally-retarded patients, personal and professional attributes needed, special situation affection services for mentally retarded.

In addition to anxieties and fears arising from their physical and mental illness, patients are in an unfamiliar environment. The library in the hospital, with its informal and non-medical atmosphere, encourages the relaxation of tension. Reading and use of audio-visual materials can help to restore confidence and to provide a link with the outside world. A link of this kind can be strengthened by a system of referral to and from the library service provided by the local authority. A referral system is particularly important since the continued use of library service can make an important contribution to rehabilitation.9

Mentally handicapped psychiatric patients also need occupation and recreation to assist them to realise their full potential. Books, visual, audio and

9 Rose, Sister Marry. "Hospital library service for patients”. Hospital Progress. 20, March 1937. pp. 82-83.
tactile materials, music, toys and games as teaching aids can help these patients by increasing confidence and enabling them to integrate into community.

It is generally agreed that psychiatric patients should not receive book card service. Psychiatrist, Clinical Psychologists and Therapeutists agree that the psychiatric patients often inclined to remain hidden in the ward, should go to library for reading material, either independently or as a member of a group. Collection of paper back books and gifts, which are duplicate as titles in the collection, can be left in the dayrooms of the Psychiatric Wards.

There is need of bibliotherapy for psychiatric inpatients to solve their personal problems. Bibliotherapy means, “The use of selected reading material as therapeutic adjuvants in medicine and psychiatry and guidance in the solution of personal problems through directed reading”. Only librarian can do this job successfully by selecting books according to their taste and problems of psychiatric hospitalised patients. Bibliotherapy is effectively helped to gain an insight into their problems, thereby affecting attitude and behaviour changes. Bibliotherapy is one technique, one aspect of this largely overall programme.

The term mentally retardation for the psychiatric hospitalised patients is defined a significantly subaverage generally intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period. Mental retardation for psychiatric patients is considered not as single disease, syndrome or symptom. Rather, it is a state of impairment recognised in the behaviour of individual. In the majority cases, exact cause is unknown. Individuals with same diagnosis and same level of measured intelligence and adaptive behaviour may still differ widely in patients of ability. In fact, the manifestations of the handicap in the individual person are at least as varied as are the reason for mental retardation, so that generalisation are seldom valid. The same regard for individual differences as for those in any other person should prevail. The librarian can play vital role in this regard. He will want to adapt services and programmes to make them appropriate for the
individual behaviour, just as young child is not expected to enjoy books which are of general interest to an adult. In the hospital, facility for mental retardation, materials will be needed which will be suited to individuals who demonstrate abilities and potentials varying from the normal range to severe involvement. For these patients, librarian’s role is significant by selecting the books for individuals according to their needs and tastes. Only librarian can fulfil this job by supplying the materials which will be suited to individuals.

Any person working with hospitalised patient of Psychiatric Ward should also possess sense, sympathy, patience and eagerness to accept small accomplishments as major breakthrough for the patients involved. It follows that the librarian needs to be informed on the residents progress in other area. This is upto the librarian to know when to encourage a patient’s independent use of the record player, selecting a good candidate to help with animal care and knowing whether a given individual need to be disciplined as anyone in a normal family situation, is an important part of librarian’s job as almost in any other skill.

There are other situations which will effect both the librarian’s approach to psychiatric patients and kind of service needed and provided by the librarian. On the practical level, the programme set by the librarian should be flexible to match with the needs and requirements of mentally-retarded patients undergoing treatment in the Psychiatric Ward. The extensive service should also be given to long term resident and large recreational programmes provided for individual who has come to the facility for a period of respite for his or her family. Now, it is to be seen whether the desired services are to be provided in an institutional or community setting. The librarian can help the psychiatric patients in best possible way by adopting a friendly and sympathetic approach which when combined with such activities as film or story hours. All of these will make the inpatients habitual to look forward to the visit from the library staff when it is made sincerely and appropriately available. Therefore, in this
field the role of the librarian or library services is highly admirable to psychiatric patients according to their tastes and interests.

4.4.7 Maternity and Gynecology Ward:

The role of librarian cannot be ignored in providing library service to Maternity Ward patients. In Gynecology/Maternity Ward the patients have also to stay for longer time due to hypertension and other medical problems. So library services for them are also equally important as in other wards. Admitted patients in a Maternity Ward unit tend to move from the ante-natal ward to labour ward and then to the ward after they have had their babies. The books will move with them and cause librarian to use all his powers of ingenuity to find them. A book box for returned books is essential on such a unit.

The patient who has lost her baby may find reading a help before she can face the world again after her said experience. It is the duty of the librarian to select specialised book as per their needs. Again the librarian needs human understanding and good knowledge of books to help these patients of Maternity/Gynecology Ward.

4.4.8 Radiotherapy Ward:

In Radiotherapy Ward, the library can play an important role in providing library service to radiotherapy patients. Patients having radiotherapy may be found in the General Ward. The patients of radiotherapy may be up and about for part of the day and will often be glad to be able to spend some time in the library itself. The patients may suffer from nausea and may be confined to their ward at times. It is, therefore, wise to keep the ‘charges’ behind the ‘ward guides’ so that they are never overloaded. Normally books may be issued to patients undergoing radiotherapy as there is no risk of contamination except in special cases. In special cases, doctors should be consulted for providing library service to patients as to whether it is safe for the patients to be allowed books.
4.4.9 Ophthalmology Ward:

Little direct reading can be done in this ward and permission to take books to any patient must be asked from the doctor. Reading aloud to an individual patient or to group of children for orthoptic treatment, is possibility. Tape recorders, are useful for cataract cases, but not until several days after the operation.

4.4.10 E.N.T. Ward:

There is also need of library services for these patients before and after the surgery. Before the surgery, patients have lot of idle time. This idle time can be put in constructively by supplying reading material in any form, according to their needs. But after the surgery reading material can be supplied with doctor advice.

4.4.11 Neurology Ward:

In the Neurology Ward the patients have to stay for longer period, the importance of reading material is not less than that for other patients. Their idle time can also be passed by giving reading material according to their tastes. They more think about their disease and always remain in depression and tension due to link of nervous system direct with brain. Their tension can be minimised even by providing reading material which has information about the concerned disease of the patient.

4.4.12 Neurosurgical Ward:

Patients in Neurosurgical Ward have longer stay in the hospital, so they also need library services. Reading of books can encourage or assist the morale. Patients goes in depression when he sees himself that he is the oldest among others in the ward, only reading books can then standby. When a patient feels lack of visitors by seeing other people, often retreats with thankfulness into books or behind the magazines. Reading material helps to remove difficult time
and physical discomfort by pain. Therefore, reading material in any form helps as companion and helps in early recovery from the disease but surgeon consultation is necessary.

4.5 An Overview:

Keeping in view the information given in the preceding pages, it can be summarised that the hospitalised patients who are in every nook and corner (except Emergency Ward and Intensive Care Units) need library services by reading books/ magazines or any type of reading material. Library service helps in bringing out from physical discomfort, tension, depression or any other problems or difficulties. Idle time helps in speedy recovery. So “right book, at right time, at the right angle” should be provided to the hospitalised patients in the wards.

The librarians, resourcefulness, warmth, willingness to listen, the ability to make quick assessment of even short term patient’s needs, interests and capabilities and to acquire as much a knowledge of each long term patient as possible the desire to contribute materially to the work of therapeutic team in the institution. All these elements would play role for the successful performance of the library services as an integral part of the Health Care Institutions, to provide to total patients care.

Therefore, it can be concluded that hospitalised patients, irrespective of their age, gender, educational level, religion and marital status, are in dire need of library services in the hospitals. Library services render and make accessible adequate recreational, therapeutic and educational library materials and services to the hospitalised patients of all ages which will assist in their rehabilitation, handicapped conditions and can make their hospitalised time into time for constructive use.

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