PRESENT STATUS OF HEALTH LIBRARIES IN BANGLADESH: A PARADIGM SHIFT

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ABSTRACT

To strengthen the ability of health libraries (HLs) in Bangladesh, public HLs service system should be established here. HLs should take the responsibility to provide health information service for public health in the areas where they are located. The main objectives of this paper is to explore the current state of private HLs in Dhaka city, to find out the challenges and provide some suggestions for improvement of HLs in Bangladesh. The study identified some challenges like: lack of library infrastructure, adequate trained manpower, managerial skills among the existing manpower, be short of goodwill within the institutions that the libraries serve and financial constraints and many others. Finally the study provides a model for improvement of health library in Bangladesh.

Keywords: Health, Health libraries, Health professionals, Dhaka city, Bangladesh.

1. INTRODUCTION

Bangladesh has been an independent nation for more than 40 years, Dhaka is the capital and professional education in health sciences remains a problem for achieving the cherished goal of the government, “Health for All.” Health is the basic need for every individual. It is fundamental to national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people. Hence, an efficient health care system is a must. Excellent medical colleges are essential to prepare doctors with good knowledge and skills. Teachers, laboratories and
remarkably libraries are important components in providing effective medical education and proper health guidance. The main purpose of health science libraries is to support medical education, including teaching, research and patient-care. Just as a healthy brain is essential for a healthy human being, a healthy is an asset for promotion and advancement of health sciences in a medical or health institution. The objective of a health science library is to assist medical professionals in enhancing and updating their knowledge and skills, and to provide them information regarding new innovations, views, theories and latest treatment for better patient-care, medical education. The primary role of a medical library is to collect and organize recorded information in medicine and allied subjects to meet the clientele’s needs. In HLs, the latest technologies are increasingly used to collect, store, retrieve, and disseminate a great amount of information to help medical professionals in their day-to-day education, research and clinical practices. The medical websites and databases developed by medical institutions, associations, agencies, and publishers provide the latest information. In a developing country like Bangladesh, medical professionals are quite aware of the new technologies used by their counterparts in the developed countries. There are near about 150 hospitals and more than 50 health science libraries in Dhaka city (Raju, 2014). Present survey was conducted to assess the extent of meeting the information requirements of users and to identify the drawbacks in the provision of services so that the suggestions can be made to improve these services.

2. PROBLEM STATEMENT

The role of HLs cannot be overemphasized in the twentieth-first century. To achieve the goals of a healthy nation by the year 2015, it is vital to stress the need for the supply of appropriate information to the right people at the right time (Ruff, 1985). The role of HLs transfer is an important one to this end. The paper entitled, “Present status of Health Libraries in Bangladesh: A paradigm shift” elaborated the current status, existing services, available facilities and capacity of the HLs. In this paper, comprehensive attempts have been made for the improvement of the present condition of information services HLs in Dhaka city also.

3. RESEARCH OBJECTIVES

The objectives of the study were:

a. To explore the current state of private HLs in Dhaka city;
b. To develop a model for improvement of HLs;
c. To find out the challenges and provide some suggestions for improvement of HLs in Bangladesh.

4. RESEARCH METHODOLOGY

The present study intends to cover only the HLs in Dhaka city. However the study is limited in its scope covering only some leading private medical libraries in Dhaka city. This study attempts to examine in detail the present situation of HLs, and concludes with the problems faced by the librarians in various sectors and suggests the need and measures for implementation of advance HLs. The present study concentrates on used separate data gathering methods i.e. literature review; profiling of libraries and library staff; Interviews with library staff;
5. SAMPLE DESIGN

For ensuring representativeness from health Science Libraries and Information centers in Dhaka City considering the functions, activities, operations, services and usefulness to the users, Private HLs in Dhaka city were selected and brought under the investigation.

Table 1: Names of the Sample Library and Information Centers

<table>
<thead>
<tr>
<th>SL. No</th>
<th>Name of the Library</th>
<th>Year of Establishment</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bangladesh Institute of Research and rehabilitation for diabetes, Endocrine and Metabolic disorders (BIRDEM)</td>
<td>1986</td>
<td>Shahbagh, Dhaka</td>
</tr>
<tr>
<td>2.</td>
<td>Bangladesh Medical College(BMC)</td>
<td>1986</td>
<td>House # 35, Road #14/A, Dhanmondi</td>
</tr>
<tr>
<td>3.</td>
<td>Holy Family Red Crescent Hospital(HFRCH)</td>
<td>1953</td>
<td>Eskaton Garden Road, Dhaka</td>
</tr>
<tr>
<td>4.</td>
<td>Anwar Khan Medical College and Hospital(AKMCH)</td>
<td>2008</td>
<td>Sector 8, Dhanmondi, Dhaka</td>
</tr>
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</table>

6. LITERATURE REVIEW

Research work on the improvement of the library services and their characters in Health Science Libraries (HSLs) in Dhaka City is very rare. Some work on the similar topic is found in India, Bahrain and Middle-East and various other countries. In this particular study, the following literature has been reviewed chronologically:

Slaney (1991) described that medical information is of special importance because it directly supports the ultimate purpose of the health care system. It is therefore suggested that all hospitals have libraries for physicians and staff.

Alian (1998) conducted a study of medical libraries in the state of Bahrain. Insufficient budgets, poor collections, absence of qualified staff, poor physical locations and lack of cooperation were the major problem facing these libraries in Bahrain.

Al Moorthy (2000) guided that the health science libraries must be supported with adequate budgets to improve their collections, services, equipments and furniture. He also found out that to avoid wasteful duplication of effort and resources, some small hospital libraries should be merged into one library.

AlShaya (2002) recommended extending physicians’ access to electronic information sources, and enhancing information education opportunities for physicians, so they can learn to use IT and electronic information sources. He found that several environmental factors can make quite large differences to the physicians’ use of new technologies such as availability and accessibility of electronic information services, status of physicians, and information searching skills and training. He saw it as essential to develop and implement national...
policies and guidelines for the provision of electronic information services in hospital libraries in Saudi Arabia.

Cholin (2005) stated that IT has revolutionized the information handling activities in research and academic libraries in India. The university libraries in India are at various stages of development in the application of information technology tools in their day-to-day activities described that libraries provides effective access to resources available within universities and elsewhere.

Gui-Zhi, et al. (2006) described that, medical libraries should take the liability to provide medical information service for public health emergencies in the areas where they are located. Medical libraries can improve their selective information dissemination service for policy-makers, scientific worker, healthcare professionals, and the public by making use of the on-line update holdings with modern information technology.

Khudair and Bawden (2007) carried out a study to gain a detailed understanding of the current health library environment in Saudi Arabia, to identify problems, issues, and areas for improvement, etc. They found that the healthcare libraries are well-used, and appreciated by their users, and the staffs are generally satisfied with their work. The study also identified some problems like use of information communication technologies and digital resources; lack of proactive information services etc. Finally they provide some recommendations for improvements of medical libraries.

Mohsenzadeh and Isfandyari-Moghaddam (2009) looked health science libraries can’t function appropriately without ICT infrastructure, it is suggested that computers, printers, library software and different types of electronic information resources be provided to enhance quality health science library operations and information services in Masqat, Oman. He suggested library automation in health centers in Masqat is considered as the most important part of IT application in health science libraries, which help better services to clients. Therefore, automation of all health science libraries in Masqat should be carried out as this will enhance library services and resource sharing at national and international levels.

A study was carried out by Farahi and Gandhi (2011) to investigate and compare the current state of information technology in medical libraries in Karnataka, India and Iran. They showed that though medical libraries in both countries have hardware, software, and communication facilities to some extent, they should strive to achieve excellent IT levels. They also identified that a good number of libraries had library management software and only few medical libraries in both countries are fully automated.

Bhatt (2012) reported that IT infrastructure in the medical college libraries of Gujarat is still in different stage of development, the status of library automation in these libraries is not encouraging. He also revealed that there is a clear lack of e-resources in self financed colleges due to non availability of financial aid, more stress need to be given on human resource management. He suggested that there is an urgent to plan, implement and develop ICT infrastructure to be fit in facing the challenges ahead of them. Literature done above has made the researcher easy to have superb findings along with a good model of Health Library and solve the problems and the future prospects of HLs in Dhaka city.

6.1 Health Information (HI) Systems and Services

The role of HLs cannot be overemphasized in the twentieth century. To achieve the goals of a healthy nation by the year 2014, it is vital to stress the need for the supply of appropriate information to the right people at the right time (Ruff, 1985). The role of HLs transfer is an important one to this end. Information for the health transfer process to the
population aims at repackaging information to satisfy given health needs. The notion of repackaging information entails its processing and transformation into formats that are accepted, understood, and usable by the target population. Through this, the message is developed, the method of communication decided, and the form the information will take follows, and lastly evaluation (Rosenberg, 1986). The medium used should be one that can be controlled by the target population. This would facilitate communication, which is the overall aim of information transfer. Further, information must be repackaged in the right format to increase the effectiveness of information usage. The target population should become convinced of the relevance of the information on offer so that, when they adopt the recommended package of behaviors and practices related to the new ideas, they view them as advantageous and for their own good (Akonga, 1988). This work highlights some of the ways in which HLS has been repackaged for rural communities in the developing world. It also suggests how library and information professionals can contribute.

7. PRESENT STATUS OF HLS IN DHAKA CITY

Health professionals are expecting faster access to HI and to be able to share such information with other professional bodies and individuals, but this is clearly not possible in the absence of a HLS network. Health libraries would benefit from such a network by providing more convenient, accurate, and up-to-date information to all users. On the other hand, HLS are not satisfied with the current condition of their libraries and services. They expect development related to various issues concerning health sciences libraries in Dhaka city. Information networks could create and improve co-operation among HLS in Dhaka city and with other health libraries elsewhere.

7.1 Libraries, staff, users, usage

Staff numbers in the libraries surveyed varied between one and seven, with one library awaiting the appointment of a librarian. Seventeen were regarded as professional level staff and 20 as Para-professional. A majority of library staff were not educated to university degree level, only half had any library/information qualification, and only one person had had any training in HLS topics. All relied on substantial work experience to support their professionalism, given the limited impact of LIS formal education, and the lack of any continuing professional development (CPD) opportunities. Most were satisfied with their working environment, but had concerns about lack of facilities, training opportunities, their role and status (and consequent lack of input into decision making processes), and the lack of strategic policies and plans.

7.2 Education and Training

The lack of formal education in Library and Information Science (LIS), and in HI specifically, and the lack of CPD opportunities, emerged as a significant factor preventing the development and improvement of the HLS services. Training in the use of ICTs came across as an important need. The study also showed that the health professional library users felt a need for training and support in the use of ICTs and digital information resources, confirming the findings of others. Very few had received any training or support from library staff, and only half would ask for advice from them. This emphasizes the need for library staff themselves to be well-trained and confident with these topics. This is by no means limited to the Bangladeshi situation, but it is seen particularly strongly here.
7.3 Information Services

Satisfaction with library services and library staff was generally high; dissatisfaction was noted for provision of electronic resources and ICT systems, and for training provision. Knowledge sharing, among both users and library staff, was very limited, because of both technical factors and a lack of organizational infrastructure and policy.

7.4 Information and Communication Technologies (ICTs)

ICTs were found to be playing an important role in the HLs, and have the potential to shape a paradigm shift of functions and activities. The libraries studied all provided various ICT facilities and electronic services, though the availability differed between libraries. These included personal computers (PCs), network and internet access, online catalogues, CD-ROM resources, online databases and electronic journals.

8. BRIEF ACCOUNT OF SELECTED HEALTH SCIENCE INFORMATION INSTITUTES IN DHAKA CITY

8.1 Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM)

Dr Mohammed Ibrahim first thought of diabetic care in the country. He realized that diabetes is such a disease where not only doctors but patients should be involved in the process of diabetic care. He thought the matter as a socio-medical care. Although the real extent of the problem of diabetes in the country was not evident, he could foresee the present picture at that time and organized a group of social workers, philanthropists and professionals.

With the help of them he established Diabetic Association of Bangladesh (then Pakistan) on February 28, 1956. Primarily an adhoc committee was formed to run the organization. Diabetic care was started in a tin-shed building at segun bagicha. The motto of Dr Ibrahim was `no diabetic patients should die untreated, unfed or unemployed even if she/he is poor'. So, he committed to give primary care to the diabetic patients free of cost.
irrespective of socio-economic, racial or religious status. Even rich patients were not allowed to buy the primary diabetic care, but they could donate money to the association. The resources and fund was raised through motivation programs. In the beginning of 70's few short-stay beds were established to take care of the serious patients. Dr M Ibrahim was very much aware about the quality of the service provided to the patients. He used to address the patients by saying that `we are grateful to you for giving us the opportunity to serve'. He also motivated other doctors to serve the patients with empathy. He included social welfare, health education, nutritional education and rehabilitation in the diabetes healthcare delivery system.

8.2 Anwar Khan Modern Medical College (AKMMC)

The college was established in 2008 by businessman Anwer Hossain Khan, Masters in commerce from Dhaka University & present chairman of Shahjalal Islami Bank Ltd. This Medical College Hospital is situated at House # 17, Road # 8, Dhanmondi, Dhaka –1205.

This medical college hospital is situated at House # 17, Road # 8, Dhanmondi, Dhaka –1205. The academic building of the college is built on its own and rented land having classrooms, lecture galleries, practical classrooms, departmental museums, a library etc. It also accommodates a cafeteria. There are separate hostels for male and female students. The college was approved by the government of Bangladesh. It is affiliated with Dhaka University, and has the recognition of the Bangladesh Medical and Dental Council (BMDC) .The main course offered is the Bachelor of Medicine and Bachelor of Surgery (MBBS) for 5 years of study. The College follows the curriculum approved by the Dhaka University and Bangladesh Medical and Dental Council. AKMMC Journal is published twice a year (January & July issue). It accepts original research paper, short communication related to various branches of Medicine, interesting case reports, review articles on topics of interest and letters to the editor. Papers should be solely contributed to the journal.

8.3 Holy Family Red Crescent Medical College (HFRCMC)
The HFRCMC started its journey in the academic year 1999-2000. HFRCMC is a project of Bangladesh Red Crescent Society (BDRCS) and is run by a Governing Body duly formed by the representatives of sponsor organization Bangladesh Red Crescent Society (BDRCS), representatives from Dhaka University and Government of Bangladesh. The College follows the course curriculum of MBBS course as laid down by Dhaka University and Bangladesh Medical and Dental Council. Government of Bangladesh regulates the criteria of qualification of students and Dhaka University conducts the professional examinations and certificates of MBBS degree are awarded by them. It started its journey with 50 students in the academic year 1999-2000. The Holy Family Red Crescent Medical College and Hospital is located in a quiet and serene environment in the heart of Dhaka city at 1, Eskaton Garden Road, Dhaka-1000 on 8.10 acres of land. They have adequate qualified teaching staff and modern teaching aids like computers, multimedia and overhead projectors for effective delivery of lectures. This medical college has a full-fledged library with sufficient text and reference books and journals. The library has high speed internet facilities with HINARI access. This institute is listed in database of AVICENNA (Former WHO medical directory). MRCP Part-I Orientation Course has been started in our Medical College in the mean time. The College is also a centre for FCPS Part-II
Examination. Their vision is to lead this institution into a Centre of Excellence for medical education, training and service.

8.4 Bangladesh Medical College (BMC)

BMC is the first private medical college in Bangladesh. It was established in 1986 by a group of dedicated people called the founder members who were imbued with the ideals of providing quality medical education, research and services to people of this country at reasonable cost. The College and the Hospital are run by Bangladesh Medical Studies and Research Institute (BMSRI) which is a non political and non profitable organization. The establishment of a medical college imparting medical education leading to recognized medical degree was taken as the first and foremost aim of the Institute. Through the tireless efforts of the Founder Members the dream was realized against much opposition when permission was accorded by the Government of Bangladesh for the creation of the College on 13 April 1986.

BMC started functioning from 24 April 1986. The Dhaka university granted affiliation to the college on 10 May 1988. Bangladesh Medical and Dental Council have recognized the College. The College has been enlisted in the World Directory of Medical Schools effective 1986 published by the World Health Organization which entitles the graduates of BMC recognition all over the world. Graduates of BMC are eligible for limited registration with the General Medical Council of United Kingdom. They are also eligible to take the United States Medical License Examination (USMLE). Now the college has a new 6 storied academic building with adequate parking facilities. The new building of the Hospital, called the Community Welfare and Health Care Centre (CWHCC), is built to international standards. It has an excellent Outpatient Department in addition to Inpatient facilities. The College also has a modern Accident and Emergency Department. The College has recently acquired a large and modern mobile hospital with a fully air conditioned operation theatre, patient examination and treatment arrangements.

9. CHALLENGES OF HI IN DHAKA CITY

Urban communities like Dhaka city receive information on various aspects of health. They are provided with information about family planning, nutrition, communicable diseases, immunization, anti-smoking, traditional birth attendants (TBA) delivery, environmental health, and others. The information is presented to them in many formats. This allows for
greater individualization because those who are unable to process the information in one format are presented with an alternative. This poses a challenge to librarians and other information workers. Should they sit back and leave the information transfer process to professionals such as community health educators, social workers, communicators and others? The challenge and task are great in the developing world where librarians are faced with very many problems. These problems range from poor library infrastructure, lack of adequate trained manpower, lack of managerial skills among the existing trained manpower, lack of goodwill within the institutions that the libraries serve, to financial constraints and many others. Developing world librarians and other information workers must face the situation and use their professional skills and will to deal with these challenges.

10. THE PROPOSED MODEL PLAN

Health professionals are expecting faster access to HI and to be able to share such information with other professional bodies and individuals, but this is clearly not possible in the absence of a HLs network. Information networks could create and improve co-operation among health libraries in Dhaka city and with other health libraries elsewhere. Regrettably, the current computing systems in most hospitals do not facilitate access to the health library database and other databases located in some hospitals and research departments. Furthermore, there is a need for information services’ development and the need to draw up a clear plan. Health sciences libraries need to develop a type of co-operation, which lasts longer, for continuous development attached to formulated policies upon which librarians and users can rely. Health professionals are expecting faster access to HLs and to be able to share such information with other professional bodies and individuals, but this is clearly not possible in the absence of a HLs network.

![Diagram](image)

**Figure 1: Steps for change and development (Khudair and Bawden, 2007)**

This proposed model attempts to represent the main factors in an understandable and usable way. Looking towards the future, health sciences libraries in Dhaka, with the adoption of the organizational visionary model, are expected to move from a traditional organizational structure and modalities towards a continuous spectrum of change. In order to facilitate incorporating technology in the work process, many professional development opportunities
should be available. Therefore, predictions should be made to enable the implications of change to be positively managed rather than merely survived; health librarians’ participation can effectively manage that change in their own organizations. The environment is characterized by flexibility, collaboration, and interaction across units, with staff and users actively working together to foster an informative and successful environment. However, the change and development process in health sciences libraries in Dhaka needs to be simplified and presented in such a way that the participants in that change will accept and support the process. The technological infrastructure should make possible the support of a wide variety of options for offering various library and information services either within hospital buildings or online. Health sciences libraries development in Dhaka should continue to move to online and electronic resources to enhance remote access, meeting the need for resource access in any place and at any time. The model incorporates a collaborative approach in order to bridge the gap between change decisions and progress in real time. The priority is to participate in changing and improving the current condition of health sciences libraries in Dhaka.

This includes management style, advanced technology, improved communication channels, innovation trend, organizational and people development, and teamwork setting. The proposed model attempts to bring together and balance the internal focus of the library staff with an external focus on library users and its mission. It reaffirms the library’s traditional mission while proposing changes in how that mission can best be achieved utilizing the new technologies and openness to change. The proposed change is to enable hospitals to achieve the libraries mission of being supportive, responsive to the eminence of healthcare distinguished by its commitment to openness, innovation, and excellence in applying well planned strategies and change practice. Second, it will guide the nation to develop a workforce capable of implementing and utilizing e-health technologies information in clinical settings.

Figure 2: Organizational visionary model for health sciences libraries (Khudair and Bawden, 2007)
11. SUGGESTIONS FOR HEALTH PROFESSIONALS AND HLS IN BANGLADESH.

1. The electronic information services delivered to health professionals should be developed and improved to enable them to make more efficient use of their time.
2. During formal education, health professionals should be provided with opportunities to acquire basic information handling skills.
3. Health professionals should be provided with continuing educational programs which cover their information competencies and keep up with technological advances to maintain their information management skills.
4. Advice and training programs should be conducted using various methodologies, for example: one-to-one, within group, online consultation, live training courses (either on site or e-learning).
5. Policy makers for the healthcare system in the country should develop and implement policies and strategies to make certain that all health professionals have appropriate access to all forms of health and medical information.
6. Give more consideration to improving ICT skills in order for them to use various types of resources and not be limited to traditional printed materials.
7. Improve their technical and technological skills to deliver effective information services.
8. To develop their professional attitudes and their practice paradigm from a reactive to a proactive stance.
9. LIS educational programs should develop their curriculum to match the demands and challenges of the HLS profession.
10. Hospital management should work together with HLS specialists to create and develop an information society in the healthcare environment.
11. Should participate in national and international conferences and meetings to discuss various issues related to their profession.
12. Training program evaluation should be considered in order for hospitals and HLS to develop their training services.

It is to be hoped that the results of the study reported here (and in more detail in Khudair, 2005) may be of interest and value in developing countries like Bangladesh, since many of the issues and constraints will be the same.

12. CONCLUSION

Health professionals are expecting faster access to HLS and to be able to share such information with other professional bodies and individuals, but this is clearly not possible in the absence of a HLS network. HLS would benefit from such a network by providing more convenient, accurate, and up-to-date information to all users. On the other hand, health librarians are not satisfied with the current condition of their libraries and services. They expect development related to various issues concerning health sciences libraries in Dhaka city (i.e. co-operation, policy, access to electronic sources, development of information services and information networks). Information networks could create and improve cooperation among health libraries in Bangladesh and with other health libraries elsewhere.
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