C. Brandi Borman and Pamela J. McKenzie

Trying to Help without Getting in Their Faces

Public Library Staff Descriptions of Providing Consumer Health Information

Several recent studies have analyzed users' descriptions of the reference transaction, but little research has analyzed library staff members' accounts of reference encounters. This article builds on the work of Marie Radford and the authors of the "library visit" studies by examining library staff members' descriptions of providing consumer health reference services. We analyze the ways that staff used accounts of barriers and counterstrategies to describe their work, their libraries, and their users. We conclude that an in-depth study of staff members' accounts can provide insights into the different ways that library staff members and users construct problems in the reference encounter and can therefore suggest potential solutions.

The consumer health movement is based on the premise that members of the public should have access to their health information on their own terms and in their own languages to make informed health-care decisions. There is evidence that consumers see libraries as a preferred source of health information, and libraries of all kinds receive consumer health questions.[1] Government, hospital, academic, special, and public libraries work independently and collaboratively to provide information services to lay consumers of health information.[2] Public libraries are frequently used for health information: surveys have reported that between 6 and 20 percent of total reference requests in public libraries were health-related, and as much as 60 percent for public libraries with science and technology departments; there is evidence that the number of questions is remaining constant or increasing over time.[3] Despite the assistance of numerous published guidelines and examples of successful programs, librarians report spending significantly more time with consumer health information (CHI) requests than with other types of reference questions.[4]

Researchers have identified a number of barriers specific to CHI reference service.[5] These barriers may be particularly acute for questions regarding mental health concerns.[6] First, users may not approach the library at all with their consumer health questions, either because they are unaware of the services the library provides or because of "the personal nature of the information required."[7] When users do come to the library, they may bypass staff altogether and go straight to Internet-accessible computers, or they may encounter staff members who are themselves uncomfortable in providing health reference assistance.[8] Even when a user has found a staff member who is willing and able to provide assistance, that staff member may focus on providing access to published materials and may be unsure about referring users to relevant community agencies.[9] Health collections may be limited, and the reading level of available CHI resources may make these materials inaccessible to the user.[10] In short, consumer health reference service provides an ideal case in which to explore barriers and successes in the reference transaction.

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Librarian and User Perspectives on Barriers in the Reference Transaction

A number of studies have surveyed both staff and user perspectives on a single reference transaction. Research based on the Ohio-Wisconsin Reference Evaluation model uses paired machine-readable questionnaires of users and librarians to gather information on every reference question answered during the data collection period. These questionnaires collect data on such factors as patron characteristics, question type and subject, level of activity at the reference desk at the time the question was asked, and the availability of materials in the library. They use checklists to assess both participants' perspectives on the librarian's answering behavior and the success in answering the question.[11] Radford used in-depth interviews to analyze librarians' and users' reflections on what made a recent academic reference transaction successful or unsuccessful.[12] By pairing users' and librarians' perspectives on the same transaction, these researchers were able to identify the similarities and differences between staff and user perceptions of the factors contributing to the success or failure of the reference transaction.

Other evaluations of the reference transaction take a rather different approach. Instead of studying the encounters themselves, these studies analyze the stories participants tell about reference service in depth. Many examples of this second kind of evaluation are rooted in an assignment in which students, early in a library and information science program, go to a library to ask a reference question of their choice, report what happened step-by-step, and reflect on the encounter.[13]

Studies based on these library visits have focused not on the "truth" a story uncovers about a specific reference transaction, but on the way the story is told and what we can learn from the manner of the telling. Analyzing individuals' explanations of the reference transaction can offer new ways of thinking about the dynamics of such encounters. The "library visit" studies have produced some provocative results. For example, Ross and Dewdney offer an alternative to thinking about a failed reference encounter as an instance of a librarian trying but failing to locate an answer for a user. Instead, they suggest that by looking at the way the library user describes the encounter ("I felt like she was trying to get rid of me"), "we might see [the librarian] as successfully using closing strategies that resulted in getting the user to go away and stay away."[14]

As an instructor for the required reference course at the University of Western Ontario, the second author has used the "library visit" studies with a number of classes. One of the issues that inevitably arises in the class discussion is a distinct impression that these accounts cannot be telling the whole story. "That's just the user's perspective," the students say. "What kind of story would the librarian tell about the same encounter?" While some of this unease no doubt stems from the findings that library staff members do not always follow the guidelines and practices that students are just beginning to learn about, the students have a point. This article seeks to answer the students' questions regarding how library staff members see the reference encounter and what their perspectives can tell us about improving reference service.

Ross and Dewdney identified two major themes: (1) librarian communication strategies that acted as barriers to the reference process, and (2) user counterstrategies that enabled users to get the information they wanted. We focus on library staff members' descriptions of these same barriers and counterstrategies in the context of providing consumer health reference service. This article therefore builds on the "library visit" studies and provides the library staff perspective that is a major strength of the paired staff-user evaluations.

Research Methods

Similar to the authors of the "library visit" studies, we adopted a discursive approach that focuses on linguistic rather than cognitive processes: "the study of language in use."[15] A discursive or constructionist approach has been particularly important in the study of information needs, seeking, and use. In analyzing staff members' accounts of the reference transaction, we have therefore used the analytic framework of Potter and Wetherell, who focus not on the truth or accuracy of any account, but on the ways that account is constructed and the functions it is meant to perform.[16] Potter and Wetherell argue that when people construct accounts or descriptions, they use standard forms of speaking. This includes using metaphors, expressions, and other figures of speech to tell stories beneath the superficial story. By paying attention to these stories-beneath-the-story, which Potter and Wetherell call interpretative repertoires, we as researchers can better understand what the speaker's stories actually do in a conversation: assign blame, cast doubt on an argument, present one option as preferable to another, and so on. This kind of analysis is concerned with the elements that make up an account (individual words, patterns, or metaphors) and the discursive functions that the account performs within the broader interactional context in which it was produced, in this case, a research interview.

In analyzing our data, we have adhered to the methodological requirements of this form of discourse analysis.[17] First, we paid close attention to the details of language use by examining transcripts of in-depth interviews rather than survey responses, summaries, or notes. We analyzed a total of seventy-four accounts that identify general barriers to providing CHI or that describe specific CHI reference transactions. These accounts were produced by six Ontario library staff members in interviews with the first author. The staff members, all of whom are women, were chosen because they do reference work and are the individuals at their respective

libraries who are partly or primarily responsible for providing CHI to users. Four were librarians—two from large multibranch city library systems (population more than one hundred thousand) and two from small city library systems (ten thousand to fifty thousand). The other two were non-MLIS branch coordinators from small town or village branches of a rural regional library system. We have elected to use a generic "library staff" designation rather than identifying participants by pseudonym, number, or location (large city, small town, rural). We transcribed each interview and recorded field notes. The full interview schedule is appended. Second, we focused on the accounts themselves as the primary object of research rather than seeing them simply as a better or worse representation of the true nature of the reference transaction. Third, we analyzed variations in the ways that accounts were constructed, both within and across accounts, to derive some understanding of the specific discursive components used to construct the stories, and the functions that the accounts might be serving.

Consistent with the demands of naturalistic inquiry, we collected the data in natural settings, the staff members' workplaces.[18] Data collection and analysis conformed to ethical guidelines on research on human subjects defined by the University of Western Ontario. Data analysis was inductive and the research design was emergent. Questions, analytical coding categories, and frameworks evolved as the analysis progressed. Data interpretation has been idiographic, striving to find patterns rather than causes and effects. Finally, we recognize that our findings are context-dependent and must be applied tentatively.

Findings

An example illustrates the kinds of accounts that staff members provided when asked about consumer health information, and also the ways they constructed their accounts to tell certain types of stories.

> Staff member: "A typical question I had not that long ago. A woman wanted to know if we had information on skin. That was the question. Okay. 'Do you have any books about skin?' And I said, 'Yes, we do have information about skin. Is there anything in particular that you're looking for?' Well, it actually was her ear. Okay. 'So we do have books on ears. Was there anything particular about . . . the ear that you wanted to know?' Well, we spent about half an hour looking for ear information and skin information, and then she pulled out of her wallet a little piece of paper with the exact name of what the problem was. All spelled out and written out. 'Well, this is what the doctor said.' But it took, honest to goodness, half an hour at least to get that information." Interviewer: "Why do you think that was?" Staff member: "Level of comfort. I don't know. She was a dear, sweet little old lady, and maybe you don't talk about those things in public. You know. So it took a while to work up this relationship, and I was trying to tease it out of her. If she had come to the desk with this piece of paper and said, 'Can you help me with it?' I mean, I ended up, what I had to find out I had to get off the Internet. And she was thrilled. We had a picture of it. But we started with skin and ended up with this long, I'm sure it was like fourteen letters in the name, thing that was wrong with her ear. That's how it goes. And she would have never ever been able to spend a half hour with the pharmacist. . . . And she just, you know this is what the doctor told her, but he didn't elaborate. Like she didn't know details. Said, well, you know, 'This is, this is it. I don't know. I have no idea.'"

Like the stories told by library users, staff members' accounts identified and described a number of barriers and counterstrategies.[19]

We will discuss this lengthy excerpt in some detail because it shows how our participants used these descriptions to tell their stories of consumer health reference transactions.

Barriers That Precede the User's Visit to the Library

In the staff member's account, this user has encountered information-seeking barriers even before arriving at the library. The staff member explains that the user has not received appropriate assistance from health care providers. "This is what the doctor told her, but he didn't elaborate. Like she didn't know details."

Barriers Associated with the User's Encounter with the Library

Staff members often described users as:

- *reticent or reluctant to disclose their concerns* ("Level of comfort. I don't know. She was a dear, sweet little old lady, and maybe you don't talk about those things in public.");
- *vague or unfamiliar with the specifics they needed* ("A woman wanted to know if we had information on skin. That was the question. . . . Well, it actually was her ear."); or
- *unwilling or unable to disclose what they knew* ("and then she pulled out of her wallet a little piece of paper with the exact name of what the problem was. All spelled out and written out.").

Barriers Associated with the Library's Response to the User's Question

In this case, the staff member implied that the library's print collection did not answer the question: "I ended up, what I had to find out I had to get off the Internet."

None of these barriers will be unfamiliar to readers of other analyses of the reference encounter. What we are interested in here is how the staff member uses them as elements in telling a particular kind of story. Although this account represents a retelling of a specific event, our participant describes this encounter as "typical." She also tells this as a success story ("And she was thrilled. We had a picture of it."), describing a solution or potential solution to correspond to each barrier she encountered. Telling this as a success story allows the staff member to demonstrate her knowledge of open questioning and its role in the successful reference interview ("And I said, 'Yes, we do have information about skin. Is there anything in particular that you're looking for? . . . So we do have books on ears. Was there anything particular about . . . the ear that you wanted to know?'"). In addition, the story emphasizes the staff member's interpersonal sensitivity and her persistence ("But it took, honest to goodness, half an hour at least to get that information. So it took a while to work up this relationship, and I was trying to tease it out of her.") as well as her knowledge of appropriate information sources ("what I had to find out I had to get off the Internet."). Finally, the success of the encounter implies a favorable comparison with the doctor who did not provide adequate information ("She didn't know details."), and with other potential sources of CHI in the community ("She would have never ever been able to spend half an hour with the pharmacist."). In addition to being a retelling of a consumer health reference transaction, this account is a story of a user-centered organization and a patient staff member whose interpersonal and content skills are brought together to meet the user's needs more effectively than other health information providers.

This is not, of course, the only way that this story could be told. One could imagine, for example, that this user or her doctor might tell another story altogether. By looking systematically at the ways that staff members combined barriers and solutions in their accounts, it is possible to gain insight, not only into those barriers and counterstrategies, but also into broader elements of reference success. The remainder of this article will analyze the ways that library staff members used barriers and counterstrategies in constructing their stories of providing consumer health reference service, and will consider what these stories might teach us about reference.

Barriers That Precede the User's Visit to the Library

Library staff members told stories of information seekers' problems connecting with health-care providers and organizations of various types. Participants described the appropriate professionals or agencies as:

- *difficult to find out about or connect with* ("You can't just go in there [to a naturopath's office] and get free information. I'm sure that they probably have pamphlets. But it's not the sort of thing where people walk in and get the material and leave. It's not an informal thing.") ("She was getting the runaround from social services, just having a hard time. Like, you know, low income, not a lot of skills. . . . Getting the runaround from the people that should be helping her."); or
- *too busy to answer questions* ("I said, 'Have you already spoken to a physician? Or more than one?' 'Yes, but still [the specialist] only spent about six minutes with me and . . .' But then after I talked to him, after a while, I guess he had a good relationship with his family physician. But yes, whoever the specialist he had, no, just hadn't [discussed the diagnosis in detail].")

Accounts of barriers such as these formed the backdrop for the information seeker's visit to the public library. In the face of such barriers, participants presented the library itself as a potential solution:

> "People come to the library, it's nonjudgmental. They can get basic information that puts them in touch with the right person. Like maybe they don't know who to call. They're not all listed in the phone book. You have to know exactly what the title is. Is it [city] and area? Is it [county] whatever? You know. And it's really hard when people want information, they want it now. They want it current. It's nice to be able to talk to somebody and hope that you're being steered in the right direction. So, that's where the library has a big role."

> "There really are not a lot of walk-in places for information in rural areas, which is why the library is all-important. It's one of those places that, uh, community places. . . . It's a welcoming place, and we have a lot of people that come in just because it's a place to come to. And that is one of the things that we, as a library, try to encourage. We want people to be comfortable here. . . . And the same thing with the mental health information and the consumer information, any information; a rural library provides a very unique service and we have to be approachable."

These descriptions propose the public library as a neutral, approachable, well-connected agency that will provide the user with print information or make referrals to other organizations that are difficult to discover. The library's role is presented as guiding, directing, or connecting users to outside sources. When describing the library as a solution to interaction barriers, participants emphasized it is a welcoming place where staff will take the time that other information providers are not able to provide. They referred to "the library" as an agency separate from themselves ("it") or as a collective of all staff members ("we") rather than talking about the work they did individually to make the library approachable.

Barriers of this type are not included in the stories that library users tell about reference transactions. In users' stories, barriers only begin to arise once they have approached the reference desk. From the perspective of the staff members we interviewed, however, these barriers were definitely part of the story. For the most part, users arrived at the library with barriers already in place, and some of the communication barriers arising within the reference encounter may be framed as a direct result of external preexisting barriers. This is an important difference in the way that reference stories are told, and it has implications for the ways that staff members described barriers arising during the transaction as it happened.

Barriers Associated with the User's Encounter with the Library

If we consider library staff to be telling a story of beginning a reference transaction with barriers already in place, it is not surprising that staff members described user-originated barriers not entirely as the user's fault but as arising from preexisting situations outside the librarian's—and possibly the user's—control. Radford highlighted the significance of two types of interactional barriers in the reference transaction: those related to content (librarian or user knowledge or lack thereof) and relational (interpersonal dynamics of the interaction) aspects.[20] Her distinction is useful here. Although both of these types of barriers may present at the reference desk in the same way—vague, unclear, or incomplete questions and a user who does not provide enough detail for the staff member to answer the question—the proposed solutions depend on the staff member's diagnosis of the cause.

Our participants described content barriers:

- *related to the spelling or pronunciation of words* ("She wanted a specific title on fibromyalgia and she was trying to search the public access catalogue for the particular title and she didn't know how to spell fibromyalgia. So, that's when she asked me and having searched it before and it's one of those words."); or
- *arising when the user does not provide sufficient detail* ("He had reference to it in a textbook, but he didn't have any bibliographic information. So he just showed me the reference, and he said, 'There's been a study done and I'd like to see the documentation from this study.' So I knew immediately that we would have to go to Medline. So, I actually did the search for him . . . and I would not normally do that. I would normally teach the person how to search Medline Plus or our database or some other Web site so that they can in the future find the information themselves. But in that particular case, because it was so specific and clinical, I did the search for him . . . . We found the study right away. He was delighted.").

In these cases, participants described a combination of factors contributing to the eventual success of the outcome: library staff member knowledge of specialized vocabulary, spelling, and information sources. Both of these accounts provide evidence of relevant experience, and in each case the participant uses this evidence to demonstrate her expertise and justify the decisions she makes. In the second account the staff member uses her familiarity with the strengths and weaknesses of two types of database as proof that she is able to make a considered decision about which is more appropriate: "That was not something we could get from a consumer health database. You had to go to Medline."

In other accounts, participants diagnosed user vagueness or reluctance as symptoms of a relational barrier rather than a content barrier. Participants associated relational barriers with discomfort or reticence arising as a result of:

- *a stigmatized topic,* for example, mental illness ("He didn't tell me [the details] at first. He remained very vague about it. But that's . . . why he wanted to know. I haven't had any other mental health questions that I can think of. The *DSM-IV* goes off the shelf every day, so [laughs] people are finding out but they maybe won't come. Because maybe they're embarrassed or . . . that you will judge them somehow.").[21]
- *individual characteristics,* for example, personality, age, gender ("I find in general people are very honest and open when they approach the desk . . . . But again those are the people that are open to discussing their health problem. Those who are perhaps a little more inhibited about discussing things may not even approach the desk at all."); or
- *the environment,* notably small town (Staff member: "There never was a whole lot [of consumer health questions] in a small library. You get some. You get the normal arthritis information, PMS [premenstrual syndrome], childbirth, but you don't get a lot of specifics." Interviewer: "And why do you think that is?" Staff member: "Because they don't want us to know their business, and it's a small town and we know them and everybody knows them.")

Like their stories of content barriers, participants' accounts of relational barriers contained solutions based on their own skills and experience. In addition to content and source knowledge, relational barriers called for:

- *attentiveness* ("Sometimes its takes two or three general probings. They don't want. 'No, I'll just go look,' and you'll just say, 'Well, you know there's a lot of books down there and we can help. If you could just zero in on even the general area.' 'No. No.' So generally, I'll walk down with them and I'll say, 'Let's go.' . . . Or they'll tell you an area, and then, of course, it's not that area at all. It's completely something different and you just would

never find it looking for that in the catalogue itself; and yeah, we have people using keyword themselves. So, the only way to know is ask. And yeah, it is difficult if you're busy. 'Cause you have to keep an eye, but I think probably that is one question that people, staff when they are assisting people, do keep an eye. Like, you'll remember if you see that person walking by, or you still see them standing there, you know, to go and ask them.");

- *neutrality and discretion* ("I think just in your tone and your manner. I think, just being, um, just listening. Like truly listening to the patrons. And being non-judgmental as well. And then just, just keeping your tone of voice down as well. I would think would convey [approachability] to the patron.");
- *respect for privacy*, demonstrated by making the resources available without requiring an interaction ("We do, at the library, keep brochures available that are, at least are there for people to see. We would have one for the mental health association, and pregnancy crisis centers, and such, so that if someone is uncomfortable about approaching the desk, at least there's a pamphlet there that they can take and go from there with."); or
- *knowing when it is appropriate to ask the user for details and when a sensitive staff member refrains from asking* ("You shouldn't ask those questions, of course." "I don't push them. If they seem, yes, they'd like to tell me more, that's fine.").

While accounts of the barriers that precede the reference encounter focus on the library itself as a solution, descriptions of barriers in the transaction as it happens place the solution firmly in the hands of the individual staff member. All of the staff members saw both content and relational barriers as theirs to solve within the context of the reference encounter, rather than locating the solution elsewhere.

Presenting oneself and one's own skills as the solution invites comparisons with other staff members. Four of the six respondents, in fact, made these comparisons, demonstrating their proficiency by:

- *stating or implying that the respondent has more content knowledge than her colleagues* ("I know that some of the staff really feel very intimidated by health questions. Because they don't really feel like they know where to look . . . . Everyone on the desk does field the questions, and if they get into difficulty, then they come and ask me or they leave me notes to call people back."); or
- *stating or implying that the respondent is more persistent than are her colleagues, that she is willing to do more work on the user's behalf* ("I don't like to just turn them over blind and say, 'Well, try calling the health unit. Here's the number.' Or 'Try calling so-and-so.' I will actually pick up the phone and say, 'I have somebody here right now. Are you the person?' You know. 'Tell me who I should be talking to at the health unit.' Or, you know, so I may be a little bit more proactive than some of the other staff. Because health information isn't something that you want to fool around with.") ("I know how to get to the bottom of stuff, I think. I try to do that for people. So, I don't know. I maybe take too much time . . . . I don't like to slough them off and say, 'Nope, sorry, we can't help you,' and I know that we have staff that do that if it's not in the database.") ("As far as, in sort of the health or stuff like that, I'm probably one of the ones who does more, more in-depth research, and I do get people from the smaller branches contacting me to help.").

In the last case, a respondent described making an exception for a user, providing a service that was not generally offered. "I thought afterwards, like, you know, what if she had got one of the other staff and they said, 'Well [we can't do that for you].' Which would have been the truth."

Although it is possible to see these accounts simply as bragging on the part of respondents, it is more useful to consider the techniques that these library staff members use to present themselves to another librarian (the researcher) as competent professionals. By placing their own actions in contrast to less-competent colleagues, these participants are demonstrating their familiarity with the ideals of reference service and making the case that they are doing their utmost to uphold them.

Making these kinds of claims is particularly difficult to do when the situation is ambiguous. In the case of nondisclosure, for example, the optimal strategies a participant describes will depend on whether she identifies the problem as content- or privacy-related. The proposed solutions (good reference interview, probing and asking open questions to encourage user disclosure on the one hand, and respecting user privacy on the other) could require mutually exclusive courses of action. Because the diagnosis may not be clear, this conflict between probing and privacy formed a part of many accounts.

At one end of the spectrum, a respondent resolved the probing versus privacy conflict by demonstrating that the appropriate role for the public library is not to answer any CHI questions at all.

> "They're not going to come in with sensitive issues readily. By any means. They will go where they are anonymous. They will go to their doctor to get that kind of information or go browse in [nearby larger city] where nobody knows you from anyone."

When asked whether she had a list of community agencies to which to refer users, this respondent replied:

> "I don't have a list. Just because if they need that kind of a list, then they need to talk to their doctor. I'm not here to, um, play doctor. And their doctor will give them a good current list. It's not something that I've had a need to know."

For other participants, the resolution of the probing and privacy tension was less straightforward. Their descriptions

were much more contingent: the course of action presented as appropriate in one case might involve providing a nonjudgmental environment and sensitively encouraging the user to disclose his or her concern. In another case, sensitivity may be demonstrated by giving the user space and time to browse the collection privately, without interference or interruption.

The next example is taken from two different accounts of the same encounter. The first shares much with users' accounts of unmonitored referrals. One could imagine that this library user might tell a story of being abandoned by the staff member.

> "Someone was looking for particular books on depression, and I basically showed her there are a couple areas in the collection where information like that is found. But it wasn't something where I spend a lot of time. She was, I mean, now in retrospect, I think she must have been suffering from depression and she was very insulated, inward. So basically she just wanted to know where the books were, and I showed her, and then she signed a couple of them out. But it wasn't really something where it was really involved."

When she returned to this transaction, the staff member told a rather different story of her decision to leave the user alone.

> "As far as sort of the one-on-one with the mental health you have to be, it's a very delicate situation. I think that the person that I was talking about, that wanted books on depression, well, she was depressed. And so, trying to help her without getting in her face because she really. If you weren't approachable, if I weren't approachable, she wouldn't have approached me, but I find that I tend to, ah, I could tell that she was looking for something, and she really did need some help. So, she went away with three books."

The point here is not that one of these accounts is a truer representation of "what actually happened" than the other, but that there are many ways of telling the same story. In the second rendition, the staff member recounted her actions as a sensitive evaluation of a user's state of mind and a thoughtful response. This library staff member would no doubt argue that, far from abandoning this user, she was responding appropriately to a relational barrier. She interacted only to the level of the user's comfort, aided by work done long before this specific encounter took place: selecting, evaluating, cataloguing, and otherwise making these resources available in an environment that would afford privacy.

Barriers Associated with the Library's Response to the User's Question

The final class of barriers was generally represented as being beyond the staff member's control. Although individual staff members described their performance favorably in comparison with that of their colleagues, they indicated that they could not control:

- *whether they received CHI questions* ("It was just hit and miss whether I ever got those questions." "Again, other staff, you know it's just luck of the draw."); or
- *whether the user interacted with a capable staff member* ("And that wasn't a reference desk question. . . . It wasn't even. It was just a fluke. That was just a serendipitous thing because I wasn't on the reference desk." "It depends on the librarian, because if you're not informed, you know, or if you haven't been in the field long enough to know, you know, these are my tools. Then you're not going to be very helpful.")

Participants presented other solutions as outside of their personal reach, including:

- *the number of staff* ("I don't know if the [specific other location is] using the online database. I don't know even Medline Plus . . . . [Location] staff is very under the gun . . . . notoriously understaffed.");
- *scope and availability of the collection* ("You knew that there was a book on PMS and it was a really good book, but did you send it out? Or is it just out with a patron? Or did you rotate to another branch? You're never quite sure.");
- *physical layout and organization of the collection* ("The problem with the Dewey is that there's things that fall within that range that are really not consumer health. There's things that nursing students would use that are like, you know, the *history* of medicine.");
- *funding and coordination of local resources* ("Is there going to be funding? You know, like everything else. But I think it's something tangible like the community can really, would be willing to support"); and
- *the amount of time available to staff for doing the background work represented as necessary for reference service* ("People ask for it by name, 'Oh, you know that one about Mars and Venus' [laughter]. So, they've heard of it somewhere. They don't remember the name. They know they've [laugh] got Mars and Venus in it somehow. If it's something that has been featured on *Oprah* or [local TV morning show]. That's one thing I miss about not having a morning off. You don't get to see. . . . I know some of them have Web sites where you can go in and check to see what they have on their list but who has time to do that? [laugh]")

This staff member presented some elements of her job (working mornings) as interfering with others (keeping track of popular culture in order to answer reference questions). Although she suggested a solution to this problem ("I know some of them have Web sites where you can go in and check to see what they have on their list"), she justified her failure to do this by identifying lack of time as a broad prob-

lem for an unspecified group of people ("who has time?") rather than her own personal problem ("*I* don't have time").

Conclusion

When library staff members talk about reference transactions, they, like library users and other information seekers, do not just identify barriers and counterstrategies. They use these elements to tell stories about their libraries, their users, their coworkers, and themselves. What can we learn about reference service from studying the ways that these stories are told?

When we do as Radford and the Ohio-Wisconsin studies did and set these staff stories against users' perspectives, in this case, "library visit" stories, we notice several commonalities.

- Not surprisingly, each participant (librarian or user) is the protagonist of her or his own story
- Each story shows that the protagonist is doing his or her best to make the transaction work. Like information seekers in other contexts, library staff members told stories that showed them to be organized, proactive, aware of their expected role, well connected, attentive, and sensitive, with a wide variety of resources at hand to meet their users' information needs
- Neither story acknowledges the other story. Participants in this study only told success stories or, if elements of a story indicated a failure, they framed the failure as a result of circumstances beyond their control. Users in the library visit studies often identified causes for failure as being within the staff member's control

However, there are also some important differences. It is easy to see how a library staff member telling the kinds of stories we've described here could respond, like library and information science students, rather defensively to the "library visit" findings. As the paired-evaluation studies found, users and staff focus on different kinds of barriers and counterstrategies when describing the reference encounter.[22] We suggest that even when users and staff describe the same barrier, they might tell the story of that barrier in different ways. Although the interpretative repertoires underpinning accounts of the reference transaction are derived from shared metaphors, not all metaphors may be shared by both library staff members and users. By looking at the differences between users' and staff members' accounts, we can learn a great deal about the different ways that staff members and library users assemble their versions of the reference transaction.[23]

We have identified three distinct types of barriers and corresponding solutions in staff members' accounts. In each case, differences between user and staff explanations suggest that the participants may be diagnosing the problem in different ways. We offer strategies for attending to these differences and navigating these potential sites for misunderstanding in ways that could facilitate user-staff communication and thereby improve reference service.

Barrier 1: Barrier Arising before a User Comes to the Library. Solution: The Library Itself

It seems here that library staff members and users begin their stories of the reference transaction in different places. While users' stories begin with asking the question in the library, staff members' accounts include barriers that arose before and are not directly related to the specific encounter. This difference could lead to two potential problems at the reference desk.

First, if users frame the reference transaction as something that begins as they approach the reference desk, they may not consider their previous experiences to be relevant and therefore may not volunteer details of the steps that led them to the library. For the library staff member who sees the reference transaction as one step in the user's ongoing search for information, that background information may be crucial. A strategy to overcome this problem is to make sure we remember to ask specific questions about the history of the question, for example: "Can you tell me what you've done so far?" "Have you asked anyone else about this? What kinds of things did you find out?" This strategy is consistent with more general guidelines for reference interviewing, but it may be particularly important in answering consumer health questions.[24]

Second, if library staff members focus too narrowly on the library itself as the solution to the user's CHI needs, they run the risk of limiting the resources they consult. As members of a broader community of health information providers, we need to be aware of the other resources providing CHI in our community, be informed about the information and services these individuals and agencies provide, and refer our users to them as appropriate. There are occasions in which referral might additionally require helping users to gain access to and negotiate formal help-seeking systems. If we see these access negotiations as simply a set of problems that could be best solved by sticking to the library's own resources, we may miss the potentially important contributions of other community agencies.

Barrier 2: Content or Relational, Affecting the Success of the Transaction. Solution: Staff Member's Own Skills, Sensitivity to Whether Probing or Privacy Is Required

The conflict between probing and privacy is one of the findings that surprised us the most about staff accounts.

It is possible that this conflict is most significant in reference transactions dealing with physical and mental health. Further study of a wider range of staff reference accounts would help to uncover the relationship between this conflict and the subject of the query. On a practical level, however, this conflict suggests a strategy. One way to determine whether a reticent user needs help clarifying or needs a quiet space to browse is to *ask*. Adding questions like "Would you like me to stay with you or would you prefer to browse in private?" or "Would you like me to come back and see how you're doing after you've had ten minutes to browse on your own?" to our collection of reference interview strategies might help us to avoid leaving a user with the sense that he or she has been abandoned.

Barrier 3: Barriers Originating within the Library Itself. Solution: Beyond the Control of the Individual Staff Member

Like other people describing problems or barriers, our participants identified some elements of the consumer health reference transaction as being partly or wholly under their control, and other elements over which they had little or no control. This in itself is not surprising. What is interesting and potentially useful to consider is how and where staff members distinguish between "my problem to solve" and "someone else's problem." In the examples we collected, relational and content barriers directly related to the transaction as it happened were claimed as "my problem." Problems relating to staffing, time, collection, physical layout of the library, funding, and coordination with other institutions were represented as beyond the staff member's control.

Both researchers and information providers need to take a good, hard look at how these lines get drawn and to consider what could happen if responsibility were carved up in other ways. There are potential problems associated with both sides of the equation. First, these participants all described the interpersonal elements of the reference transaction as falling largely under their control. Staff members gave a lot of attention to descriptions of stewarding the one-to-one relationship between the staff member and the user, and they proposed solutions that fell within this realm. Emphasizing the interpersonal domain to the exclusion of other contributing factors risks problems similar to those resulting from a too-narrow focus on the library's resources as a solution to users' problems. Staff members who frame the reference transaction primarily in interpersonal terms may fail to identify broader solutions that originate beyond the transaction as it takes place. In addition, by emphasizing their own personal attributes and skills, they may run the risk of setting themselves up for burnout if interpersonal strategies repeatedly fail to solve the problem.

On the other side of the equation, presenting some elements as beyond one's control allows an individual to make a legitimate case for not attempting to solve a problem. The risk here is that a staff member may fail to take action when she or he may, in fact, be able to make a difference; for example, taking the initiative to meet with representatives of local health information providers, reporting identified gaps in the collection, or informing colleagues of problems with physical layout or arrangement.

This finding suggests both a direction for research and a strategy for practice. By further analyzing the ways that individual reference staff members describe their work, researchers can respond to Chelton's call for "further studies observing and comparing what those who call themselves 'information professionals' actually do in practice."[25] Part of what library staff members do in practice is the discursive work of describing what tasks fall within their control and responsibility. In practice, it is important to listen to our own and our colleagues' stories of what we consider to be "someone else's problem," and to think carefully about how practice would be different if we drew the line in a different place.

Because of the prevalence of consumer health reference questions and because of the variety of interpersonal and institutional barriers associated with providing effective consumer health reference service, consumer health reference provides an excellent site for analyzing the reference transaction. Studying staff members' accounts of the reference transaction from a discursive perspective provides quite a different kind of analysis from that conducted using checklists or questionnaires. By carefully attending to the interpretative repertoires underlying these accounts, we can identify the common ways that different staff members construct barriers and propose solutions. By comparing these accounts with the ways that library users construct their descriptions of the reference encounter, it is possible to identify places where the different kinds of participants use different repertoires to describe the same kind of situation. These differences in interpretative repertoire indicate very different ways of discursively structuring the problem. Since users and library staff members propose potential solutions in keeping with their framing of problems, differences in interpretative repertoires can signal differences in framing the problem and solution, and therefore potential sites for conflict in the reference encounter. Being attentive to those differences can offer new strategies for overcoming such barriers. ■

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Appendix 1
Interview Guide

1. First, I would like to find out a little bit about how long you have been a public librarian, and how you came to be in this field? Do you work full-time or part-time? What is your educational background?
2. Could you tell me about a typical day of work for you? What tasks do you perform? Approximately how many patrons do you see in typical day?
3. What kinds of library materials come to mind when you hear the phrase "consumer health information"? Could you describe the consumer health information materials in your collection?
4. Do you keep statistics about reference questions? Approximately how many reference requests did you receive last week? Was that a typical week? What kinds of changes in the number of consumer health information questions have you noticed during your career? Why do you suppose this is so?
5. What health information topics are most frequently asked for? Have you noticed a pattern in requests with respect to topics?
6. Can you think of a recent time when you assisted a patron seeking consumer health information? Could you walk me through the situation? Did you feel that the patron was satisfied with your findings? How did you know? Were you satisfied with your findings? Could you tell if the patron was looking for information for himself or if the patron was a family member or friend?
7. Could you please tell me about other consumer health information disseminators in your community? Would you refer patrons to these other information disseminators? Why or why not?
8. Could you tell me about a recent time when a patron asked for mental health information? What type of mental health information was he/she looking for and what was the result of the reference interview? Can you walk me through what happened? Did you feel that the patron was satisfied with your findings? How do you know? Were you satisfied with your findings? Do you know if the person asking the reference question was the mentally ill person or a friend or relative?
9. How are consumer health information and mental health information requests similar or different from one another? How are they similar or different than other types of reference questions?
10. Is there anything that I haven't asked you that you would like to tell me about?