



HOW IS SHE?

INFORMATION & THE SURGICAL WAITING LOUNGE

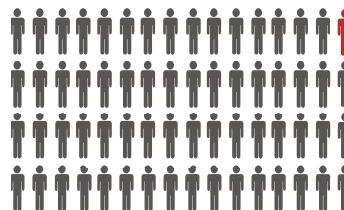
Diana L. Ascher
Department of Information Studies
University of California, Los Angeles

How do visitors in a surgical waiting lounge seek information? A long day of ethnographic observation at UCSF Medical Center at Mount Zion in December 2013 revealed some interesting behavior worthy of further research.

UCSF Medical Center
at Mount Zion

More than 50 million Americans have surgery every year. That's 1 in every 64. Might you find yourself in the Surgical Waiting Lounge in 2015?

1/64



What would a model of information-seeking behavior look like in this context?

BACKGROUND

Visitors as a specific class of information seeker

- Unfamiliarity with physical and administrative environment, as well as medical risk assessment
- Emotional engagement
- Must reconcile challenge to locus of control

Context can be compared to

- Crisis situations and their concomitant hierarchical, task-related information provision
- Situational anxiety disorder and its characteristic misinterpretation of symptoms

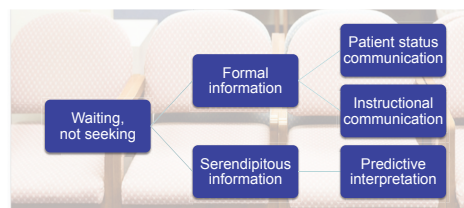
METHODS

Study objective:

Employ a naturalistic, inductive method informed by grounded theory to develop a conceptual understanding of visitors' information-seeking behavior.

SUMMARY OF FINDINGS

Visitors' information poverty and inhibited information-seeking behavior manifested in a process of **information gleaning**, notable for its **hypervigilance** and **meaning inference**.



People

Most people don't talk to one another, choosing instead to read newspapers or books or to pick at their smartphones. Some people sleep nonstop, like one brother who on his night.

At various points, a visitor initiates a phone call (mostly) to ask a question or to pick up a phone ring and answer the call as they leave the room in search of privacy in the adjacent hallway.

Others remain seated and answer the call in their room, forgoing, with no effort to prevent disturbing others.

Every 40 minutes or so a nurse in light blue scrubs, which her hand in the doorway and calls out "Trinity or Engelman?" or "Trinity or Madanloo?" And a visitor, often hesitating and sometimes out into the hall, either to be taken to the recovery room, or to receive a bit of advice and return to the Surgical Waiting Lounge to wait some more.

When there were no nurses, there were no indications as to how to obtain it. On only one occasion did a visitor actively report about the condition of a patient.

Space

The chairs are comfortable, at least comfortable. But looking in support. Arriving visitors, family members, friends, if you will, sit on the surgical cases when convenient, and leave.

One notable feature of the space is the single wide window in the room. The horizontal Venetian blind, circa 1980, are broken and battered. One cannot see through the window, except to get a general sense of where the sun is in the sky. The way the light comes through the blinds is for an indicator of the passing of time. This is notable because there are no clocks in the room (even though every person in the room possesses a mobile phone). The lack of a communal timepiece strikes me as unusual.

A sign telling the phone to speak directly to "Discovery Room 3000" hangs above an empty telephone wall mount. A man puffs this out to his wall, and then also tells me that the phone is there, but sitting on the desk, not hanging on the wall.

Message

RESULTS



Conditions

- Social norms arising in an unfamiliar place
- Unfamiliar concepts, facilities, and terminology
- High emotionality
- Diverse demographics
- Diverse medical situations
- Unpredictable time scales
- Desire to refrain from interrupting patient care

Behaviors

Passive information seeking

Visitors shift to a hypervigilant "information gleaning" role commensurate with their place in the hierarchy of information provision, much like in crisis situations.

Forgone privacy

Verbal explanations of medical procedures and personal conditions were communicated in a loud, matter-of-fact manner, which appeared to unnervingly some visitors, but no one challenged this delivery method.

Sounds as key information signals

In the absence of information about relevant patient conditions, visitors ascribed meaning to irrelevant sounds.

- Gurney being pushed through the doors of the operating room suite

Every visitor leaned in the direction of the noise, as if it carried within it precious and vital information.



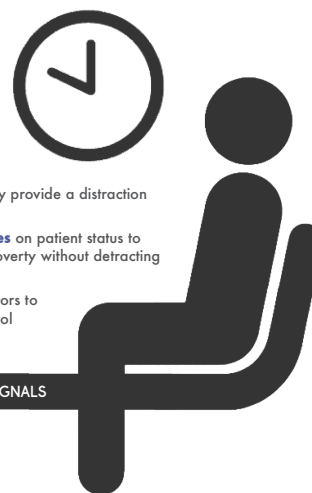
IMPLICATIONS

Peculiar ascription of meaning to information unrelated to the wellbeing of patients for whom visitors were waiting merits additional study:

- Why do humans in information poor situations make meaning from irrelevant signals?
- How does relevance decision making become skewed?
- What can be done?

Possible approaches include the distribution of a **tablet device** that can:

- Offer **activities** that may provide a distraction from worry
- Provide periodic **updates** on patient status to alleviate information poverty without detracting from patient care
- **Request input** from visitors to restore a sense of control



INFORMATION POVERTY • • • • • ANXIETY • • • • • MEANING FROM IRRELEVANT SIGNALS

CONCLUSION

Hypervigilance

- Visitors pay disproportionate attention to signals, much like situated anxiety disorder.
- Anxiety arises from a feeling of disconnect from the patient and contemplation of negative outcomes.
- Visitors tolerate a lack of concern for privacy during information provision by doctors and nurses.
- Relative silence created by a lack of verbal interaction between visitor groups contributes to increased attention to ambient sounds.

Inappropriate ascription of meaning

- Visitors ascribe meaning to sounds and other signals, despite obvious irrelevance.



Information gleaning restores a sense of control as a means of active information seeking that does not interfere with the professionals at work and provides a focus for attention in the severely information poor environment of the Surgical Waiting Lounge.

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