

Health Equity in Academic Libraries, Not Just For Those We Serve

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Introduction

Librarians are known for their willingness to accommodate users with special needs, but when it comes to their colleagues are they as charitable? When someone needs to be gone do people pitch in willingly or do they grumble about their absence? Equitable treatment of individuals with health conditions should be of concern to everyone because, if they live long enough, most people will be impacted by a chronic health condition. Chronic health conditions include allergies, asthma, blindness, cancer, depression, HIV, gout, and other recurring health issues.

Work environment is recognized as a key factor in retaining key employees. Traditionally librarians have been strong advocates for reasonable accommodation of patrons with special needs, but little has been written about librarians needing accommodation. This research is being done to create a greater understanding of those with visible and nonvisible medical conditions, some of whom may need accommodations in order to do their jobs effectively. In addition, sources of conflict have been identified that can be addressed to ensure equitable workplace health environments are maintained. The study examines how those who work in academic libraries accommodate, or not, their fellow employees. It is not surprising health equity in the library workplace has not been examined in great detail due to fears of violating federal privacy laws. Employees without chronic conditions, long term visible and invisible medical conditions, may not understand why they should care about health equity in the workplace.

Those living with chronic conditions may be uncomfortable speaking out either because they consider their medical information personal, or for fear of social stigma. The Spoon Theory offers a simple explanation of living with chronic illness. Spoons are used to represent a person's energy available to get through a day. A health person has a large number of spoons available, for example 100 spoons. Individuals with a chronic condition may have only forty spoons. Getting out of bed takes three spoons, going to work takes fifteen spoons, making lunch takes two spoons, etc. The example ends with the individual having to decide between two important tasks to use up their remaining spoons.¹ One possible ending would be to decide between doing laundry, necessary for work, or working out and staying fit which can help prevent flare-ups of chronic conditions. This research was conducted to enable individuals to share their stories, concerns, and feelings on this controversial topic without exposing themselves to possible social stigma and retaliation.

This article reports preliminary results of an ongoing study that examines health equity in academic and research libraries through the use of life history interviews, IRB# 20110611837EX. It examines the impact of chronic conditions on employees, accommodations provided, and feelings about health equity in the workplace by those with and without chronic conditions. Potential points of conflict were identified, and practices were suggested to ensure an equitable work environment for all employees.

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The Need for Health Equity

Management of physical and emotional stress is key to the ongoing health of individuals with chronic conditions.² Yet, many people are loath to self-identify as being differently abled due to the social stigma associated with identifying oneself as disabled. Others may be so used to adjusting their lifestyle to preserve their health that they may not consciously realize how many things they are unable to do. Some may not be accommodated due to ignorance or lack of funding available for the “reasonable accommodations” required by the Americans with Disabilities Act (ADA) of 1990.³ In addition; those with chronic illness may face workplace discrimination ranging from harassment to loss of their jobs. Earnshaw, Quinn, and Park determined that these stresses can decrease physical and mental health both of which can affect job performance.⁴

While some disabilities are visually apparent, chronic conditions such as depression, gastrointestinal diseases, allergies, and cancer may have no visible symptoms. Invisible chronic conditions are more easily hidden. However, this may prevent coworkers from sympathizing with an individual's need for accommodation. Providing a work environment that demonstrates a concern for employee well-being, and a willingness to provide reasonable accommodations, can reduce an employee's stress to both parties benefit. Recent research on Transformative Learning and Response Shift Theory indicates that the process of overcoming the challenges connected to living with a chronic illness can lead to new perspectives and values.⁵ The ability of those with chronic conditions to contribute meaningfully in a work environment has increased due to advances in medicine.⁶ Working not only increases the perceived quality of life of those with chronic conditions, but it has also been linked to individuals having a clearer view of their abilities and limitations.⁷

Methodology

This study used open ended questions to conduct health life history interviews. Twenty-five interview questions were asked. Ten questions addressed health and workplace issues and ten questions collected demographic information. Four questions were open ended responses to case studies. Respondents were also asked if they had anything else to share at the end of the interview. Participants were defined as all

individuals working in an academic library setting for twenty or more hours per week over the age of nineteen. The study sought responses from staff and librarians with and without chronic conditions worldwide. Emails were initially sent by the researcher to four mailing lists: ACRL-RIG, ARL Diversity, and NewLib-L. Sixty others were emailed from across the United States to broaden geographic profile of the study. This article presents the results of the first seventeen individuals who participated in the study. This study will be completed March 31, 2013. There is no way to identify the individuals who participated in the study because no list of in-person interviews was kept. Those who participated online used a generic link, and IP addresses were not tracked. This was done to help ensure the anonymity of respondents.

Data Collection

In the call for participation email, potential respondents were given the option of meeting with the researcher in person, scheduling a phone or Skype interview, or self-interviewing online. This allowed respondents to choose the method of communication most comfortable for them. A copy of the informed consent form was emailed to individuals who scheduled an interview, and was provided on the first page of the online self-interview. Online respondents were required to click the “Done” button to submit their responses. Qualtrics was chosen to conduct the online self-interview because it is HIPPA (Health Insurance Portability and Accountability Act) certified to ensure the privacy of participants. The call for participation was also listed on the researcher's personal website.

Four individuals were interviewed in person, thirteen participated online. All respondents were asked the same questions in the same order, with the exception of the case study questions. Online respondents received the case study questions in a randomized order. In-person respondents were asked the case study questions at the end of the interview in a rotating order. Respondents were allowed to skip any question they were not comfortable answering. In-person respondents were encouraged to say next to skip a question, and online respondents were able to leave any field unchecked or blank. For a list of interview questions please see Appendix A.

Results

Six out of seventeen individuals, 35% reported chronic

medical conditions, 65% did not disclose any medical conditions. All individuals with medical conditions indicated that they were confident in their ability to do their jobs with minimal disruptions. Of those with medical conditions: 50% informed their supervisor, and 50% shared their conditions with coworkers. 17% worried what would happen if someone found out about their condition. 24% of all respondents worried about what might happen if they became ill in the future and needed time off of work.

TABLE 1
Participants with Chronic Medical Conditions

Yes	35%
No	65%

TABLE 2
Disclosure of Information by Individuals with Chronic Conditions

	Yes	No
To Colleagues	50%	50%
To Coworkers	50%	50%
Both	33%	67%

The ease of taking time off when medically necessary was considered satisfactory by 76% of respondents, 18% responded neutrally, and 6% were slightly dissatisfied. Coworkers were attitudes toward taking medical time of was seen positively by 76%, 18% perceived them as neutral, and 6% perceived some negativity. The amount of time off for medical necessities was seen as adequate by 88% and slightly less than need by 12%. The attitudes of supervisors towards medical leave were seen as more positive than that of organizations. 64% of employees were neutral or satisfied with their supervisor’s attitude versus 52% with their institutions.

59% of participants visited general practitioners, specialists, and other outpatient providers one to two times per year. Several participants stated these visits were for annual checkups and routine preventative care. 29% visited 3-5 times per year, 6% had monthly visits, and 6% did not normally see a medical provider.

The need to respect the privacy of coworkers, while still desiring some explanation of absences or accommodations was expressed by 35% of respondents. Resentment for covering another’s position unexpectedly without explanation was expressed by 53%

of respondents, 29% indicated no resentment, 18% did not comment. Six respondents addressed a supervisor’s role in disseminating information about absences. 100% indicated that a supervisor should communicate with coworkers who are speaking negatively about someone’s approved absence. One respondent suggested speaking with human resources to develop a response that did not violate the absent employee’s right to privacy. Notifying supervisors as soon as possible of planned medical absences, or limitations, was noted positively 15 times in response to case study questions C. 1 and C. 2.

Thirteen individuals, 76%, chose to share personal stories about their experiences with health equity in academic and research libraries. Respondents with medical conditions have informed only their supervisors and trusted allies. Concerns were reported about ageing librarians and staff leading to higher than average numbers of absences due to illness. Feelings of guilt, for calling in when ill, were attributed to being understaffed. The benefits of being able to use medical leave for preventative care were espoused. The needs of an organization to fill a position during a long-term, nine or more months, were tempered with empathy for those who were ill.

TABLE 3
Recurring Concepts

Balancing sympathy with the individual with the needs of the organization
Desire for at least minimal information
Difficulty taking sick time due to size of staff or number of coworkers already out sick
Minimizing impact of condition on individual and / or coworkers
Need for communication
Respect for individuals right to privacy
Responsibility of supervisors as administrators and leaders
Value of preventative care

Eight individuals expressed gratitude that this study was being done in the responses, or at the end of the interview.

Demographics

There were seventeen respondents from fifteen states. The number of employees at a library varied: six

with 19 or less, three with 20-49, three with 50-99, four with 100-249, none with 250-499, and one with 500-999. Institutions had a served a diverse number of students: one individual did not respond, one had 0-2,500, one had 2,501-5,000, three had 5,001-10,000, seven had 10,001-30,000, two 30,001-50,000, and two had over 50,000. Three individuals described their position as staff, ten as librarian, two as department chair or manager, one as senior administrator, and one as dean or director, associate dean, or associate director.

TABLE 4
Library Position of Respondents

Position	# of Respondents
Staff	3
Librarian	10
Department Chair, Manager	2
Senior Administrator	1
Dean, Director, Assoc. Dean, Assoc. Director	1

All of the individuals 16 of the 17 people interviewed had health insurance. Two people worked 25 or less hours per week, and 15 worked 35-45 hours per week.. The majority of the individuals interviewed, fifteen, had employers or partner’s employers who paid towards their health insurance. One individual did not. Individuals covered under a health insurance plan were: 59% self only, 6% self+1, 0% self+2, 29% self+3 or more, and 6% none. The cost of insurance per month paid by employees or their partners was: 41% \$0-\$50, 18% \$51-\$100, 11% \$101-\$200, 18% \$300 or more, 12% did not respond. Medical costs per year, not including insurance were: 53% \$360 or less, 6% \$361-\$600, 17% \$601-\$1201, 12% \$1201-\$2400, 6% \$2,4001-\$3,600, none \$3,601-\$6,000, 6% over \$6,000.

Seven individuals were single without children, two were single with children, one was married without children, five were married with children, two were with a life partner without children, and none had a life partner with children. Family incomes covered a wide range: one \$20,000-\$29,999, none \$30,000-\$39,999, six \$40,000-\$59,999, three \$60,000-\$79,999, two \$80,000-\$99,999, two \$100,000-\$129,999, one \$130,000-\$149,999, and one \$150,000 or more. The question of race was open ended: 52% identified as

White or Caucasian, 12% African American, 18% Asian, 12% Asian American and 6% did not state a race. Fifteen individuals gave their gender as female, two as male.

These demographics demonstrate a variety of positions, incomes, family status, and locations,

Future Work

This study will be completed March 31, 2013. More men and staff members will be targeted as respondents in order to create a more balanced view of health equity in academic and research libraries. Results of this study, and the academic libraries portion of Workplace Health in Libraries Survey (Academic, Public, and Special), IRB #20110611837EX, will be compared in a future publication.

Conclusions

Practicality in fulfilling the needs of the library should be tempered with respect and compassion for those who serve. The need for consistent and timely communication stood out as the key issue in workplace health equity. Informing other of the need for accommodation as soon as possible was viewed in a positive manner. It was seen as a demonstration of consideration toward coworkers and supervisors. Not knowing that an absence has been pre-scheduled, or why it has been scheduled causes anxiety for coworkers who do not know when the person will return, or why they are gone.

A supervisor may not disclose an employee’s medical information to coworkers without permission. One possible solution may be to state the employee had made arrangements with them to have time off, and the timeframe in which they are expected to be gone. If there are job duties that need to be fulfilled while an employee is out, the supervisor should announce who will be fulfilling those duties. This indicates to others that things have been taken care of, and informs people who to contact for help when an employee is out.

Educating employees, on a regular basis, of their sick leave policies and rights has the potential to empower employees to make informed decisions regarding their health care. Case studies can be incorporated into employee and management diversity training. These would enable people to talk about health equity in the workplace without violating employees’ right to privacy.

Employers may not always be able to be accommodated employees health issues; however, the effort should always be made to do so. As employees age the number of people with recurring medical

conditions will increase, creating a higher use of medical leave. Equitable treatment of those with health issues can create a more positive and healthy workplace.

Appendix A. List of Interview Questions

1. How would you describe your position at your library, staff, librarian, manager/department chair, senior administrator, or library director/dean?
 1. a In two to three sentences please tell me what your job duties entail?
2. Do you have one or more recurring medical conditions?
 2. a (If yes) Did you have this condition before starting to work in a library?
(If yes)How long have you had this condition and when did it start? How often does your medical condition manifest? How often do you visit a general practitioner? How often do you visit a specialist such as a dermatologist, OBGYN, or podiatrist?
(If no) How long were you working in a library before your condition manifested? How long have you had this condition and when did it start? How often does your medical condition manifest? What, if any, possible causes were given for you condition? (If an environmental cause is given add- To your knowledge have other coworkers been affected by this as well?) How often do you visit a general practitioner? How often do you visit a specialist such as a dermatologist, OBGYN, or podiatrist?
 2. b. (If yes) Does your condition impact your job, if so how is it impacted and often?
 2. c (If yes) Have you shared the details of your medical condition with your supervisor or coworkers? (If yes) With who and what was their reaction? (If no) Why did you chose not to share your medical condition?
 2. d (If yes) Do you worry about your condition impacting your ability to work in the future?
 2. e (If no) Do you ever worry about having a medical condition in the future that might impact your ability to work? (If yes) What do you worry about?
3. How health-friendly do you feel that your workplace is?
4. Are you comfortable asking your supervisor for medical leave?
5. Are there clear procedures in place that you are aware of for how medical leave is dealt with? (If yes) What are these procedures?
6. Do you feel that the medical leave policy at your institutions is fair? Why do you feel that it (is/isn't)?
7. Do you feel that some people you work with abuse their medical leave? (If yes- Why do you think that they are abusing it?) Are there safeguards, which you know of, in place to prevent abuse of medical leave?
8. How do you feel when you are asked to cover for someone when you don't know why they are gone?
9. How do you feel when you are asked to cover for someone and you know that they have called in sick?
10. Does knowing what their medical condition or illness is change how you feel about covering for someone else?
11. What state do you live in?

12. Approximately how many hours do you work per week?
13. Does your employer provide health insurance?
 13. a. (If interviewee has health insurance through employer) How much do you pay per month for this insurance and how many people are insured including yourself?
 - 13.b. (If No) Do you have health insurance? (If Yes) How is it provided, through a partner's work, completely self-funded, etc.? How much do you pay per month for this insurance and how many people are insured including yourself?
14. Approximately how much do you spend per month on medical expenses other than health insurance, feel free to provide an approximate amount per year instead if you know that amount.
15. Approximately how much is your total household income per year, please feel free to answer with a range instead of a specific number.
16. Approximately how many people work at your library?
17. Approximately how large is your student body?
18. What do you consider to be your gender?
19. How do you identify yourself racially?
20. What best describes your current family structure from the following choices?
 - Single without kids, Single with kids
 - Married without kids, Married with kids
 - Partnered without kids, Partnered with kids
21. Is there anything else that you would like to share with me?

Case Study Questions

C. 1. Consider the following situation:

You are the supervisor of a large department. An employee comes to you and says that they need a medical accommodation in order to do their job. The employee has a doctor's note that explains the accommodation that they need, in this case to avoid carrying objects over 10 pounds for a period of at least one month. The employee's regular job often requires them to carry stacks of books totaling 30-40 pounds on average.

How would you respond to this person? How do you feel about the person? How do you feel about the situation?

C. 2. Consider the following situation:

Ted is a new employee. He works hard and asks questions when he doesn't understand something. Today he tells you that he will have to take two weeks off next month to have surgery. He asks that you let him know what he can do ahead of time to lessen the impact on you and his fellow employees. He is obviously uncomfortable and does not choose to tell you what the surgery is for.

How do you respond to Ted? What are you thinking? How do you feel about Ted?

C. 3. Consider the following situation:

Larry has worked with you for ten years. Lately you've noticed that he has been coming in two hours late every

Monday morning. Today is your day off but your supervisor just called and asked you to cover Larry's Saturday shift. No explanation of why Larry's shift needs to be covered is given.

Please describe your immediate emotional response, how would you feel in this situation, what would your internal response be? Would your internal response be different from your external response? What would you say to your supervisor?

C. 4. Consider the following situation:

Stacey has been a close friend and colleague for years. Because you are friends she has confided in you that she recently contracted cancer. As part of her treatment she will have to travel for treatment causing her to miss half a day of work each week. She has arranged this with her supervisor but does not want to tell anyone else at the library.

About a month into her treatment cycle you begin to hear people talking about how much time Stacey is missing. Her work is still getting done but people are resentful of her being out of the building so much during work hours.

How do you feel about this? What do you think Stacey's supervisor should do? What do you think Stacey's supervisor can do? What should or would you do?

Notes

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