

Comparison of Information Behavior: Physicians and Nurses

The information behavior of physicians and nurses is similar in many respects, but there are also several key differences. Both physicians and nurses are medical professionals whose first responsibility is patient care, and to that extent they have much the same problem-solving orientation; however, they have overlapping but different responsibilities. For example, doctors diagnose illnesses and develop a strategy for treating the patients ailments, whereas nurses handle various supportive tasks and in many cases carry out the treatments which the physicians have prescribed.

Although patient-doctor interaction is a not insignificant part of a doctor's information-gathering, nurses are in many cases the patient's first line of care and the person of whom they ask the most questions. Nurses also have the responsibility of administering drugs, regularly checking on the patient's condition, and providing other immediate care. Because of this intimacy with the patient, nurses are often a doctor's primary source of patient data.

The class presentation on nurses' information behavior emphasized the multidimensional nature of their job by using Leckie and Pettigrew's professional model, which classifies information behavior in terms of "roles" and "tasks." According to the presentation, nurses play five different occupational roles: service provider, manager/administrator, researcher, educator, and student. In those roles are embedded tasks such as assessment, counseling, and writing. Nurses not only monitor patients but keep detailed records, look up drug and other information, instruct patients, answer questions, and take classes to hone and update their skills. These many, varied roles and tasks produce various information needs.

Studies of physicians' information behavior place emphasis not on the roles that doctors play but on the kinds of information they use or need. Gorman (1995) identified five types of information needed by doctors: patient data (about an specific patient), population statistics (aggregated data about groups or populations of patients), medical knowledge (generalizable to the care of all patients), logistical information (for example insurance information), and social influences (information about the expectations and beliefs of other people). These are to a large extent the same kinds of information needed by nurses; the only difference is perhaps a shift of emphasis or importance, in that nurses may take over many administrative tasks (involving logistical information) from doctors, who can then concentrate on medical knowledge.

Most interesting is the relationship between doctors and nurses with regard to patient data; as noted above, nurses are often the doctor's primary source of patient data. In a hospital setting, the nurse has immediate responsibility for the patient, while the doctor may only make his rounds once a day; even in a general practitioner's office, a nurse always takes a patient's temperature and blood pressure before the doctor comes in. Although this was not stated in the nurses' presentation, doctors are also surely a source of medical information and instructions on patient care. This is an important symbiotic relationship, especially since both doctors and nurses seek most of their information from human sources rather than from computer systems, journals, books, or other non-human sources.

Doctors and nurses use many of the same types of information sources, because they seek the same types of information. Both use a variety of sources, whether formal or

informal, internal or external, oral or written. Both tend to prefer human sources, but they also use many of the same non-human sources, such as drug databases.

Studies of both doctors' and nurses' information behavior emphasize the lack of time that medical professionals have and the impact that has on their information-seeking; however, studies of nurses' information behavior seem to concentrate on ways to make information-seeking faster and more comprehensive, for example through new systems for managing patient data, while studies of doctors' information behavior also consider the high percentage of doctors' questions that go unanswered. Gorman and Helfand (1995) conducted a study in which they found that most (70%) of doctors' questions go unpursued, though most pursued questions were answered. The greatest positive factors in the decision of whether to pursue a question were the urgency of the patient's problem, the belief that the patient expected the doctor to have the answer, and the belief that a definitive answer existed. Doctors want immediate and applicable answers and accordingly select the questions they want to pursue; therefore, the greatest potential for affecting doctors' information behavior is to persuade them to pursue more questions, perhaps by changing their ideas about what information is available, making it easier for them to find information, or actively "pushing" more information to them. In contrast, studies of factors in the information needs of nurses emphasize personal characteristics, such as age, education, specialization, career stage, geographic location, situation, frequency of need, and predictability of need. A direct comparison of these studies is difficult; however, it is likely that many of the same personal characteristics which affect nurses are also applicable to doctors.

In conclusion, the information behavior of doctors and nurses is similar because they work in the same field and with the same priority of patient care. However, they also have different responsibilities which affect the types of information they seek as well as the ways in which they seek that information.

Adelman, P., Sims, L., & Tanji, M. (2002). Information seeking behavior of nurses.

Retrieved December 11, 2002: <http://students.washington.edu/maliat/nurses.html>

Gorman, P., & Helfand, M. (1995). Information seeking in primary care: How physicians choose which clinical questions to pursue and which to leave unanswered. *Medical Decision Making*, 15, 113-119.

Gorman, Paul N. (1995). Information needs of physicians. *Journal of the American Society for Information Science*, 46 (10), 729-736.