

## Primary Care Physicians and Their Information Seeking Behavior Mangne Nylenna and Olaf Gjerlow Aasland

Summary of our Discussion  
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As the rate of change in medical knowledge increases as new technologies become ever available, coping with the information overload is a major challenge in all branches of medicine. It was the point of this article that the “majority of physicians find the current volume of scientific information unmanageable, and our knowledge about doctors’ information needs and how these are met is limited in many ways.” It was my goal in presenting this article, to illustrate how in the field of Bioinformatics we need to view “information seeking behavior” not just in terms of sources used but also in the perceptions (and often fears) that information users have.

To start with the class in general was shocked with results as far as perception in this study: A total of 1276 physicians (78%) completed the questionnaire by the end of March 1999. Surveys of this type almost never get this type of response. The class believed that high response rate had in part to do with Norwegian culture and the more community stance that that the culture focused on. We also thought that it had to do with the doctors’ high standing in the Norwegian medical community. As directors on the Norwegian Medical Association (research) they really had influence of doctors.

Soon the questions used in the study came into question. The class especially found fault in these perception questions. “ Gives me a feeling of powerlessness towards colleagues” and “Gives me a feeling of professional impotence” although it was widely believe that the way these questions were translated may have been part of problem; it was not the whole story. The questioner many have actually asked such a question. If that was the case, we believed it could have influenced the results to favor a more “controlled” feeling when it came to the information stance of the male respondents. We believed given the choice most male respondents would want to have “control” over their information vs. being professionally impotent. Secondly the questions phrasing clearly brought up the authors bias towards determining the physiological effects of information seeking over understanding the common methods of information retrieval used by doctors as the title implies. Still, we noted in spite of the slanted question this article illustrated a “disheartening statistic” when it came to doctors’ perceptions in relation to their information seeking. It clearly expresses the need for a manageable source of information for doctors, especially in the treatment of their patients.

Cultural differences were present in a number of the articles finding. For one the gross hours spent on information retrieval seemed low to us. But, this can easily explained with the fact that national workweek is shorter than their American Counterparts. Another difference came in the Internet access statistic. A lower proportion of primary care doctors in Norway had access to the Internet 59% vs. 76% of all doctors (in the US today those numbers are 99% vs. 100%). It was noted that Norwegian law that required that doctors have a separate computer for Internet access from their patient record computers.

In general the article was one of faults and weakness according to the class. Although it was “interesting” to note a number of the findings of study, (like the fact that

access to the internet did not relate to more use and the fact that doctors in general were feeling so overwhelmed by the scope of information) it was not the most scientifically sound study. It was clear after further research that area of study that the authors of the study were most concerned with was the perceptions of doctors and the fact that they were, in general, feeling very overwhelmed by their work. The national suicide rate for doctors is higher than many European counterparts and previous studies done by the authors addressed this specific issue. It was the general opinion that study done with a little bit more scientific rigor (and few less questionable questions) would have been better.

Ultimately the greatest contribution may have been its data set. A study with as respondents and as many pages is very good resource. It would have been interesting to see what the authors could do with the data interpreted in a little different light.

It was a good discussion overall.