Performing Boundary Work:
An Exploration of Public Library Workers' Provision of Health and Social Services Information to People Experiencing Homelessness

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Abstract

Public libraries are often considered welcoming spaces for people experiencing homelessness. For people experiencing homelessness, the public library offers a warm place to stay in the winter, and a cool place to spend time in the summer, as well as a variety of information services. In 1990, a lawsuit filed by Richard Kreimer against the city of Morristown, New Jersey reinvigorated discussions around the role of public libraries in providing services to people experiencing homelessness. I use boundary work theory to explore the experiences of public library workers as they provide health and social services information to people experiencing homelessness. Boundary work refers to the situations or activities in which public library staff are creating, negotiating, reinforcing, or crossing boundaries (Gieryn, 1983, 1999).

In this dissertation, I focus on the following overarching question: How do public library staff perform boundary work when providing health and social services information to people experiencing homelessness? To address this question, I look at the major areas around which public library staff perform boundary work and the functions of boundary work for the profession of public librarianship. I conducted interviews with 24 public library staff at three library systems and conducted directed qualitative content analysis to develop a theoretical framework of public library workers' boundary work.

This study demonstrates that library staff perform boundary work around: identifying who experiences homelessness, issues of privacy, professional roles, organizational structures, and professional discourse. The analysis also reveals that public library workers rely on boundary work to legitimize their profession, their professional roles and responsibilities, and to define what it means to be a public librarian in comparison to other fields—namely social work,

and health. In the discussion, I also develop a theoretical framework of public library staff and their performance of boundary work. I conclude by arguing that public librarianship is indeed experiencing change and that it perceives itself as overlapping with social work in ways that it does with health professions. By performing boundary work, public library staff cope with change, articulate their expertise, and consider potential directions for the future of the profession.

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Time and space: infinite and vast, and yet we still find ourselves reaching for more of both. Writing this dissertation left me wanting for more time, more space. It did not, however, leave me wanting of support. I am incredibly grateful to the friends, family, colleagues, and mentors who reached out and supported me during the dissertation process.

To my father: I will never forget the times you took me to the public library and let me use your library card to check out all the books I could carry. Such a simple act of kindness that showed me what magical worlds await through reading. Mom, you always encouraged me to do well in school but never wavered in being gentle and supportive of my space cadet childhood self. All those times you brought me the homework I forgot at home paid off! You were (and are) so incredibly patient. I am so grateful to both of you.

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When I think about my Madison family, I cannot help but think of my roller derby family. My lovely, best derby friends, A Magnitude 10 and Trueblood, you showed me what 'framily' means. You are phenomenal, strong women, and I am so lucky to know you both. You both taught me to be brave and confident, and I will always cherish that. Being friends with you has changed my life. It has also reminded me how amazing the beach is.

I could spend pages thanking you, Justin, for so many things related to this dissertation and my doctoral education. Whether it was making me meals, reading my work over and over and helping me revise it, or simply giving me a hug, you were there for me. You helped me fix so many ridiculously long sentences. You helped me think about the science in 'social science.'

You handed me a beer when I needed one. You made me coffee so many times, and when it got cold, you made me more. Your love and patience have made me a better person and scholar, and I am thankful for that. But most importantly, thank you for looking at me in high school and asking me why I wasn't going to college. I will never forget that day. I didn't realize it at the time, but it changed everything for me. You have always believed in me, saw the best in me. I wouldn't be who I am today without you.

My dissertation is dedicated to my grandmothers: Dorothy Winters and Theresa Schmidli. Dorothy, you are one hell of a lady. You have been through so much, and you are one of the strongest women I have ever met. I'll never trust you with that cane. Theresa, your love of families, your community and public libraries has made such a large impact on my life and career. Thank you both for being so wonderful, outspoken, brave, and beautiful.

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Chapter 1: Introduction

On an unseasonably warm day, I took a walk to my favorite coffee shop downtown. I stopped to chat with a man experiencing homelessness, who I only know as the harmonica playing man. I see him almost daily and am always joyed to hear his music as I walk, bike, or drive by. I stopped this time to tell him how much I enjoy hearing his music. He explained that he had blown through his reeds playing, and was trying to collect enough money to get another one. I gave him a couple bucks and his face lit up. He was excited. He explained to me that someone had offered to put a video of him up on YouTube and that he was hopeful he'd be able to sell it. He just needed a few more dollars to get another harmonica. We chatted for a couple more minutes and I was on my way. I began thinking about all the places downtown where I run into people that are presumably experiencing homelessness or dealing with housing issues of some kind. Some of them are under bridges, sitting on the stoops of buildings, or like this gentleman, playing harmonica on the street. Others go to the public library. As a recent National Public Radio piece explained, "librarians aren't just tolerating; they're welcoming the homeless" (Collins, 2017).

1.1 The Story of Richard Kreimer

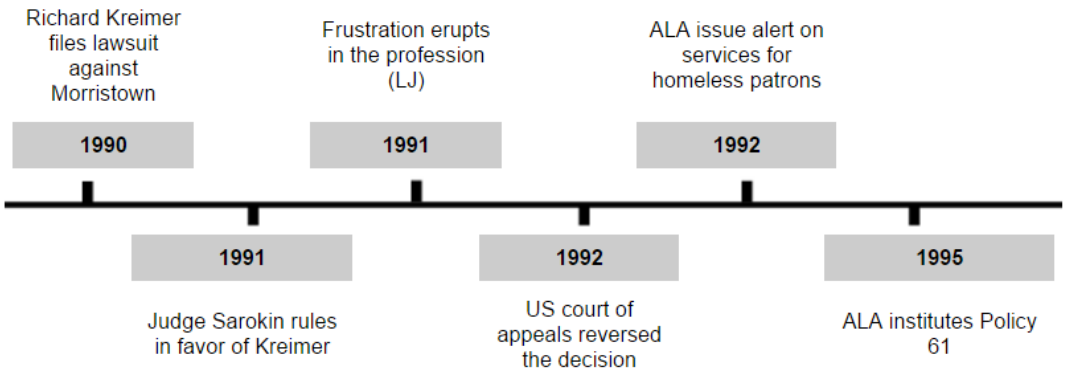
In 1990, Richard Kreimer, a 41-year-old homeless man, filed suit against the Joint Free Library and Morris Township in New Jersey (hereafter referred to as *Kreimer v. Morristown*). In the suit, Mr. Kreimer claimed that his civil rights were violated because the library expelled him for loitering in the library and because of issues with personal hygiene (Morristown Library and Local Police, 1990). Mr. Kreimer further claimed that he was the victim of unconstitutional harassment by both the library and the police (Library Journal, 1990). According to the summary

of the case as described in the UNABASHED Librarian (1992, p. 3), Judge Sarokin ruled in favor of Mr. Kreimer, explaining:

The public library is one of our great symbols of democracy… in establishing regulations for use, the conditions imposed must be specific, their purposes necessary, and their effects neutral. Likewise, enforcement cannot be left to the whim or personal vagaries of the persons in charge.

The case had a ripple effect within the profession immediately after the decision and has impacted the profession since (see Figure 1 for a timeline of events). The decision indicated that, in Judge Sarokin's view, several rules excluding patrons from using the library were unduly vague and in violation of the First Amendment. These included staring with an intent to annoy another person, not being engaged with library materials, or patrons with body odor so offensive that it is a nuisance to others. Libraries responded with frustration that they were unable to enforce behavior policies because they did not have the weight of the law behind them. Local police, who had recently also settled a case with Kreimer, explained that Kreimer was not an advocate for the homeless but rather an advocate for Mr. Kreimer, Kreimer responded that he is an advocate for people experiencing homelessness, and that library policies violated the rights of homeless people (Library Journal, 1991). In 1992, counsel for the American Library Association (hereafter ALA) issued a legal alert to public libraries nationwide advising them of regulations regarding library access and patron behavior. The alert cautioned libraries against enforcing policies concerning patron behavior or access to library materials (Goedert, 1992).

Figure 1. *Kreimer v. Morristown* Timeline



On February 14, 1992, the U. S. Federal Appeals Court judge ruled unanimously in favor of Morristown, a decision that affected not just the Morristown library but libraries across the country. According to the then director of Morristown library, the decision meant that "libraries have the right to eject disruptive patrons and do whatever is necessary to ensure their ability to function" (Hammeke, 1992).

Although this case was settled, it catalyzed professional concerns. In particular, *Kreimer v. Morristown* incited discussion regarding public librarians' treatment of people experiencing homelessness that has continued for over twenty-five years. Public libraries' stories concerning providing library services to people experiencing homelessness continue to persist in popular media and news agencies. Sometimes these stories focus on the successes in this area of service provision, and other times the focus is on the tensions between libraries and homeless individuals.

The reach of the *Kreimer v. Morristown* case went beyond provoking discussion to influencing policy decisions within professional library organizations. In 1991, immediately following the decisions related to the case, the American Library Association issued a

"nationwide legal alert advising librarians about regulations governing access and patron behavior" ("ALA Alert," 1991). Additionally, the ALA created a task force designed that in 1995 developed the "ALA Policy Statement: Library Services to the Poor" to help guide libraries in providing services to the poor. Scholars in library and information science have extended the discussion by continuing to examine issues of rights, ethics, and access as they relate to public libraries' provision of services to people who are living in poverty and/or experiencing homelessness (e.g. Bardoff, 2015; Berman, 2007; Mars, 2012; Muggleton, 2012). Most recently, in 2016, the International Federation of Libraries and Institutions (IFLA) sponsored the development of their "Guidelines for Library Service to People Experiencing Homelessness," a series of documents targeted at helping libraries and library staff in their work of providing services to people experiencing homelessness. Although these guidelines are not targeted specifically for public libraries, they indicate the continuing importance for libraries as places that address the needs of people experiencing homelessness.

1.2 Homelessness in the United States

Homelessness is an intrinsic and complex part of the history of the United States. A variety of factors have influenced the number of people experiencing homelessness and the development of agencies and policies to address housing problems (Bratt, Stone, & Hartman, 2006; Burt, 1992; Wasserman & Clair, 2010). The discussion that follows focuses on the period after 1980 and leading up to the present to provide a background on homelessness in the U.S. before and after *Kreimer v. Morristown.*

Experiencing homelessness is a result of both macro and micro economic factors that occur at systemic and individual levels. As Curtis et al. (2014) noted, families often experience

homelessness as a result of adverse life events, or as a result of "a 'conjunction of bad circumstances' occurring when market conditions and individual characteristics collide" (p. 2). It is not just market or individual characteristics, but rather the interaction of the two in a series of adverse events, that contributes to homelessness. Pointing to the 1980s, to Burt (1992) explained that he recession of 1981-1982 resulted in reports of an increased need for services for people experiencing homelessness. Burt describes additional demand for emergency shelters and soup kitchens, "reflecting the effects of high unemployment, a rising cost of living, and a retrenchment in government programs that cushioned earlier economic downturns" (1992, p. 3). During the 1980s, homelessness continued to increase, although as Burt (1992) argues, it is not possible to attribute homelessness to any one factor or set of factors. Rather, a combination of governmental, economic, and social factors catalyzed increases in homelessness and subsequently an increase in need for support systems.

Some arguments, such as Tilly's (2006) work, note that the hourly wage has continued to decline since 1973, and that by the 1980s, both men and women were more likely to experience wage declines. By 2002, accounting for inflation rates, the hourly wage was at only 95% of the hourly wage in 1973 (Tilly, 2006). Furthermore, the upward income shift during the 1980s resulted in greater income disparity, and as Tilly describes, "worsening income equality translates directly into growing inequality in housing affordability" (2006, p. 28). Thus, the inequality between the hourly wage and the cost of housing made locating affordable housing, or housing that did not comprise most of one's income, extremely difficult.

A major piece of legislation—the Stewart B. McKinney Act, later renamed the McKinney Vento Act—was signed by President Reagan in 1987 (Pub. L. 100-77, 101 Stat. 482, 42 U.S.C. § 11301, *et seq.*). The McKinney-Vento Act focused on ensuring a variety of services for people

experiencing homelessness by including measures related to health care, housing, job training, and education ("McKinney-Vento Act," 2006). The Act also facilitated the establishment of the United States Interagency Council on Homelessness (USICH). The USICH facilitates the federal response to issues related to homelessness and creates partnerships at all levels of governments and with private sector organizations with the goal of reducing and ending homelessness. The agency also works to maximize the effectiveness of the federal government's role in addressing issues related to homelessness (United States Interagency Council on Homelessness, 2017). In 2010, the McKinney-Vento Act was revised and amended with the HEARTH Act, which expanded several services and the definition of homelessness to include those who are imminently homeless (US Department of Housing and Urban Development, 2017).

While considering the macro-economic influences on homelessness is important, recent work has shifted to considering micro-economic and individual level factors. Since the mid-1990s, the work of sociologists and social scientists has focused on considering the individual factors of experiencing homelessness (Desmond, 2012). Some argue for doing this via differentiating "among types of homelessness, provid[ing] credible demographic estimates, and show[ing] how being homeless affects a person's life chances and coping strategies" (Lee, Tyler, & Wright, 2010, p. 501). Lee et al. (2010) further argue that homelessness occurs as a result of a combination of factors. As such, the authors argue, housing-centric views of homelessness need to be reevaluated to consider what homelessness means in terms of both the individual and the temporal nature of one's homelessness.

Historical counts of people experiencing homelessness often overestimate or grossly underestimate the amount of people experiencing homelessness. A *New York Times* article stated that the Census refused to release detailed 1990 data about people experiencing homelessness

because they were concerned about the inaccuracy of the data, but that homelessness had increased from 228,621 to 280,527 between 1990 and 2000 (Holmes, 2001).

Mitchell (1997) argues that gentrification in many communities in the United States in the 1980s and 1990s has resulted in an "annihilation of space" (p. 305). By this phrase, Mitchell is referring to changes in law designed to make the streets less habitable for people experiencing homelessness. Mitchell asserts that these laws amount to "regulation over the bodies and actions of the homeless" with the goal of improving and enhancing the urban landscape (1997, p. 316). Mitchell (2011) articulates the historical geography of homelessness by tracing policies and practices over time. Mitchell argues that the development of these policies and practices has exacerbated homelessness in the United States as well as heightened struggles over social control and the "propertied and unpropertied" use of space in communities (2011, p. 948). Ultimately, Mitchell explains that despite fluctuations in the number and visibility of people experiencing homelessness throughout the history of the United States, homelessness is

> *structurally determined by changes in labor markets, the minimal rise and thorough evisceration of the welfare state, and the destruction of low-cost and public housing through disinvestment, gentrification, and the neoliberal shift towards market "solutions" to low-income housing* (2011, p. 950).

In the 21st century, as Rosenthal & Foscarinis (2006) describe, federal housing policies have helped to create and exacerbate homelessness. Similarly, local governments encouraging gentrification and changes to social service programs have also contributed to the continued prevalence of homelessness in communities (Rosenthal & Foscarinis, 2006). Additionally, the number of people in families experiencing homelessness has grown in recent years (Curtis et al., 2013).

As of 2016, there are approximately 549,928 people experiencing homelessness (US Department of Housing and Urban Development, 2016). Figure 1 illustrates the number of people experiencing homelessness by state, with data derived from Census counts taken in 2015 (United States Interagency Council on Homelessness, 2016).

Estimates of Homeless People by State, 2016.

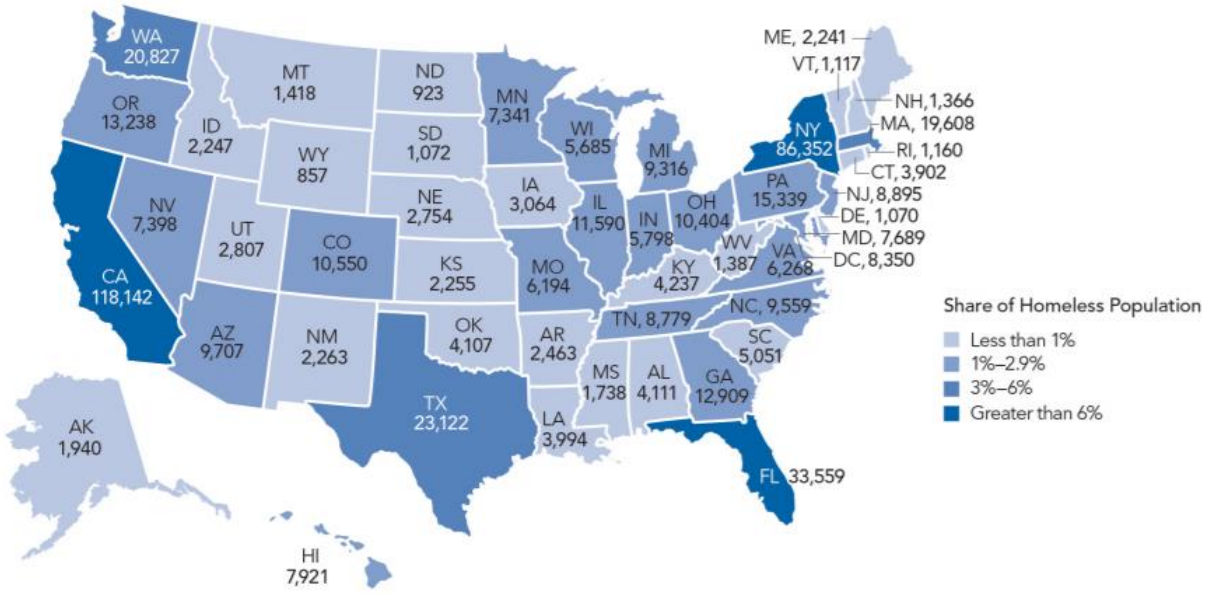


Figure 2. Total people experiencing homelessness on a given night in 2016 (US Department of Housing and Urban Development, 2016).

Figure 2 demonstrates the range and variability in terms of the number of people experiencing homelessness in the United States. Figures 3 and 4, reported by the US Department of Housing and Urban Development illustrates changes between 2007-2016 in the subpopulations of people experiencing homelessness in the United States. People experiencing homelessness have any number of backgrounds and situations: they may be sheltered, or unsheltered. As Some may be individuals, or people in families. Some people experiencing homelessness may be living in shelters or on the street. Others are veterans. Another subset of

people experiencing homelessness are chronically homeless individuals or chronically homeless families. Finally, some people experiencing homelessness are unaccompanied children or youth (US Department of Housing and Urban Development, 2016).

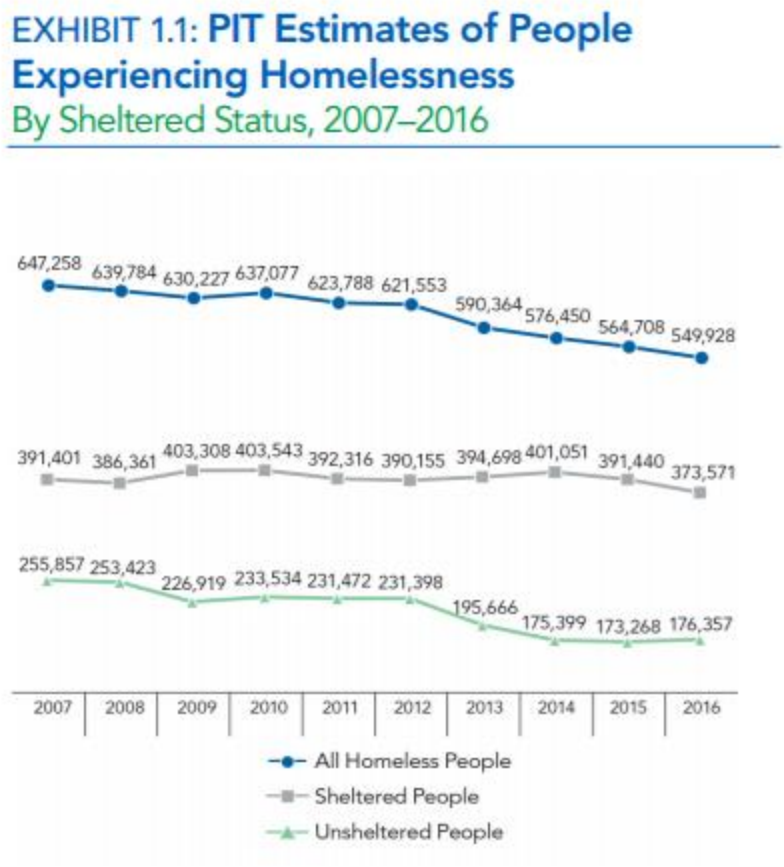


Figure 3. Housing and Urban Development Point-in-time Estimates of People Experiencing Homelessness, 2007-2016.

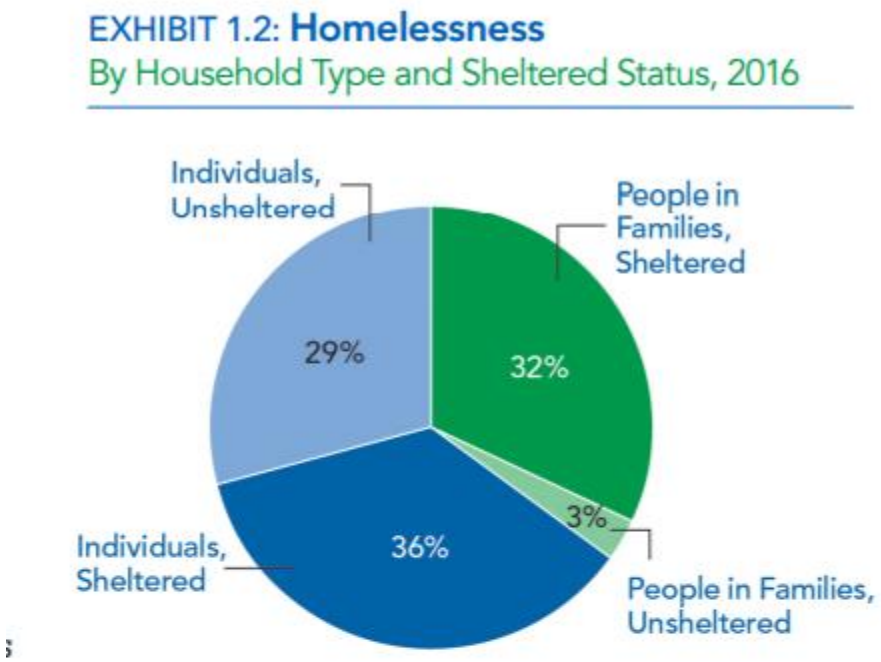


EXHIBIT 1.3: **Percent of People Experiencing Homelessness**
By Age and Sheltered Status, 2016

	All Homeless People		Sheltered People		Unsheltered People	
	#	%	#	%	#	%
Total	**549,928**	**100.0**	**373,571**	**100.0**	**176,357**	**100.0**
Under 18	120,819	22.0	108,866	29.1	11,953	6.8
18 to 24	50,001	9.1	33,281	8.9	16,720	9.5
Over 24	379,108	68.9	231,424	62.0	147,684	83.7

Figure 4. US Department of Housing and Urban Development Percent of People Experiencing Homelessness, by Household Type and Sheltered Status and Age and Sheltered Status, 2016.

Figures 3 and 4 show that, in general, the number of people experiencing homelessness has continued to be a consistent concern over time depending on the subpopulation depicted.

This prevalence of people experiencing homelessness, in terms of numbers and in areas throughout the United States, indicates how important it is for public libraries to consider the information and service needs of people experiencing homelessness.

1.3 Research Questions

The core goal of my project is exploring the tensions that arise in public librarians' provision of health and social services information to people experiencing homelessness. Exploring this tension involves framing it as an issue of professionalization and boundaries. Issues of ethics, rights, and access are prevalent in studies of public libraries and homelessness. However, no research to date has considered issues of professional boundaries and identity as they relate to experiencing homelessness and public libraries. By boundary work, I am referring to the situations or activities in which public library staff are creating, negotiating, reinforcing, or crossing boundaries (Gieryn, 1983, 1999). In addressing this topic, my study considers the following major research question:

How do public library staff perform boundary work when providing health and social services information to people experiencing homelessness?

a. Around what issues do public library staff perform boundary work?
b. What functions does boundary work serve?

To consider this question, I am examining how public librarians perform boundary work in several different ways. Abbott (1988, 1998) outlines a system of professions, wherein varying disciplines compete for control over domains of knowledge. In a system of professions,

professionalization happens as the conflicts, or turf wars, between different fields occur. Abbott refers to three different factors that influence how this professionalization occurs: individual, organizational, and sociocultural. I am addressing these factors by using Richard Scott's (2014) discussion of institutions, which he defines as "multifaceted, durable social structures, made up of symbolic elements, social activities, and material resources" (p. 43). In his work on institutional theory, Scott introduces a pillars approach that argues that institutions are structures with rules that govern social interaction; they change over time, and are made up of "regulative, normative, and cultural-cognitive elements" (2014, p. 43). As Palthe (2014), who draws on Scott's institutional work, describes, "institutionalism is viewed as the social process by which individuals come to accept shared definitions of reality – the process by which actions are repeated and given similar meaning by oneself and others" (p. 60).

Drawing on Abbott and Scott, the first area of my analysis considers interactions between librarians and people experiencing homelessness at the worker-client level, or at the *normative* and *cultural-cognitive* levels. By normative factors, I am referring to the values and norms that guide behavior for public library staff: what they do because they feel like it is something they *should* do, or what one does as the result of the informal structures in one's working environment. When addressing cultural-cognitive factors, I am pointing to the systems that guide beliefs and values and influence how someone interprets shared beliefs or mental models as an organization goes through change.

Addressing the cultural-cognitive and normative pillars includes first analyzing individual interactions between librarians and people experiencing homelessness to understand boundary work on a worker-client level. Using Scott's (2014) pillars approach will help explain how informal, everyday practices and cultural systems influence the relationship between library

staff and people experiencing homelessness. Understanding how public librarians provide health and social services information to people experiencing homelessness will be used to unearth the tensions that lead to boundary construction, negotiation, reinforcing, and crossing.

Next, I will consider some of the organizational, or what Scott describes as *normative* level issues that impact how boundary work occurs in public libraries, as well as some of the *regulatory*, or broader cultural/institutional forces that shape public librarians' boundary work. Normative and regulatory factors influence both the informal structures that explain what one should do, and the established rules that govern what public library workers are obligated to do. Finally, my discussion will turn to an analysis of professional issues in public librarianship, and how public library workers' perceptions of social work and health professions compare. This analysis will include interviews with public librarians and an examination of professional documentation on guidelines for providing services to people experiencing homelessness.

As Abbott states, the information professions are, by definition, "involved in continuously negotiated and contested divisions of labor" (1988, p. 223). Abbott (1998) argues that librarianship is perpetually contested because there is a tension in whether information expertise will survive in the individual worker or in the organization. Furthermore, as Abbott points out, there is already a differentiation between different kinds of librarianship (academic, school, and public), and that the next changes for librarianship will occur within organizations. This includes what he describes as differentiating between a "core professional elite" and "a larger but peripheral group that provides actual client access to those resources" (1998, p. 440). The continued differentiation between different roles and between worker roles and the organization combined with the fact that librarianship is an information profession, position it as a field that is continuously negotiated. As Abbott argues, this is the process of

professionalization. What Abbott fails to account for, however, is the kinds of boundaries that are contested during the process of professionalization. His work does not address how struggles over divisions of labor relate to issues of professional values, organizational norms, and public library workers' perceptions of what their profession entail. Thus, this project explores how public librarians perform boundary work because of individual interactions with people experiencing homelessness, organizational norms/the library as an institution with specific values, and conceptions of professional practice and the profession of librarianship.

1.4 Important Concepts and Definitions

In this section, I define key concepts related to my study. These include homelessness, boundary work, consumer health information, patient education, and social work (Table 1).

Table 1. Concepts and Definitions

Concept	Definition

Experiencing Homelessness	• primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations
	• living in transitional housing, without permanent housing, staying in a shelter, abandoned building, vehicle, or any unstable living situation [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]
	• Hannon, 2014:
	  ○ homelessness as an issue rather than a condition
	  ○ terms like "homeless people" or "the homeless" can result in an emotional disconnect where it is easier for us to dismiss homelessness as a condition.

Information Services (what the Reference and User Services Association of the American Library Association refers to as "reference transactions")	• Information consultations in which library staff:
	  ○ Recommend, interpret, evaluate, and/or use information resources to help others to meet particular information needs.
	  ○ Do not include formal instruction or exchanges that provide assistance with locations, schedules, equipment, supplies, or policy statements" (RUSA Board of Directors, January 14, 2008).

Boundary Work (Gieryn, 1983; Gieryn, 1999)	• Performance of activities that help demarcate what a field of knowledge is and is not, and involves a dynamic negotiation of what those boundaries are. • Cultural cartography/behaviors used to draw lines to support the legitimacy of a field. • Any situations or activities in which public library staff are creating, negotiating, reinforcing, or crossing boundaries.
Consumer Health Information (Consumer and Patient Health Information, Medical Library Association	• "information on health and medical topics provided in response to requests from the general public, including patients and their families. • In addition to information on the symptoms, diagnosis, and treatment of disease, CHI encompasses information on health promotion, preventive medicine, the determinants of health, and accessing the health care system" (1996, p. 238).

Patient Education (CAPHIS, Medical Library Association)	• "is a planned activity, initiated by a health professional whose aim is to impart knowledge, attitudes, and skills, with the specific goal of changing behavior, increasing compliance with therapy and, thereby, improving health" (1996, p. 238). • Dreeben-Irimia (2010): patient education is clinical in nature and is "a planned, systematic, sequential, and logical process of teaching and learning provided to patients and clients in all clinical settings" (p. 4).
Health Education	• Focused on wellness, prevention, and promotion and can be provided to individuals, groups, and communities.
Social Work	• *National Association of Social Workers (NASW):* "Social workers help individuals, families, and groups restore or enhance their capacity for social functioning, and work to create societal conditions that support communities in need."
Social Services Information	• *Oxford English Dictionary:* a service "provided or undertaken for the benefit of the community, especially one provided by the state, as education, health care, housing, etc."
Institutions (Palthe, 2014; Scott, 2014)	• "Institutions comprise regulative, normative, and cultural-cognitive elements that, together with associated activities and resources, provide stability and meaning to social life." • *Regulative pillar* (legal systems, rules, because one 'has to'): involves establishing rules, inspecting conformity to them, and creating rewards/sanctions to influence behavior. • *Normative pillar* (moral and ethical systems, because one should do something): values and norms guide behavior, informal structures in the immediate environment • *Cultural-cognitive pillar* (cultural systems): guides values, beliefs, how someone interprets shared conceptions/changes in beliefs or mental models as an organization goes through change

Homelessness:

Homelessness can be defined in many ways and varies based on the agencies serving individuals experiencing homelessness. The definition of homelessness used for this study is the one adopted by the US Department of Health and Human Services:

A homeless individual is defined in section 330(h)(5)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

When talking about people who are homeless, I use the term "people experiencing homelessness," because as Hannon (2014) pointed out, it forces us to think of homelessness as an issue rather than a condition. Furthermore, using terms like "homeless people" or "the homeless" can result in an emotional disconnect where it is easier for us to dismiss homelessness as a condition. Thus, when talking about people who are homeless, this study will use the phrase "people experiencing homelessness."

Information Services:

When discussing information services, I am referring to what the Reference and User Services Association (RUSA) of the American Library Association describes as "reference transactions." RUSA defines reference transactions as "information consultations in which

library staff recommend, interpret, evaluate, and/or use information resources to help others to meet particular information needs. Reference transactions do not include formal instruction or exchanges that provide assistance with locations, schedules, equipment, supplies, or policy statements" (RUSA Board of Directors, January 14, 2008).

Boundary Work:

As Gieryn (1983) explained, boundary work involves the attribution of certain characteristics to the institution of a domain of knowledge (in Gieryn's case, this was science) in order to distinguish it from another domain (for Gieryn, this was non-science). Boundary work is the performance of activities that help demarcate what a field of knowledge is and is *not*, and involves a dynamic negotiation of what those boundaries are. Gieryn (1999) describes this as 'cultural cartography,' or behaviors used to draw lines to support the legitimacy of a field. In this study, by the term *boundary work* I am referring to any situations or activities in which public library workers are creating, negotiating, reinforcing, or crossing boundaries.

Consumer Health Information and Patient Education:

Consumer health information and patient education are similar in subject matter but occur in different arenas and with different objectives in mind. According to the Consumer and Patient Health Information Section (CAPHIS) of the Medical Library Association (MLA), consumer health information is defined as "information on health and medical topics provided in response to requests from the general public, including patients and their families. In addition to information on the symptoms, diagnosis, and treatment of disease, CHI encompasses information on health promotion, preventive medicine, the determinants of health, and accessing the health

care system*"* (1996, p. 238). Patient education, while the same subject matter, "is a planned activity, initiated by a health professional whose aim is to impart knowledge, attitudes, and skills, with the specific goal of changing behavior, increasing compliance with therapy and, thereby, improving health" (1996, p. 238). The distinction between consumer health information and patient education is in the control of the interaction *and the ultimate decision as to what to do with the information*. With consumer health information provision, the consumer controls the interaction and what to do with the information received, and with patient education, the health professional controls the interaction (personal communication, Smith, 2017).

Social Services Information:

While Wilson (1986) discusses the information needs of social workers and social services departments, I am concerned with how public librarians use social services information in a library context to answer questions from and aid people experiencing homelessness. Social services information, for the purposes of my research, refers to information *about* social services. A 'social service' is defined by the Oxford English Dictionary as a service "provided or undertaken for the benefit of the community, especially one provided by the state, as education, health care, housing, etc." By *social services information,* then, I am referring to information about services that are designed for the benefit of the community, for the welfare of others, or for the public good.

Social Work Profession:

According to the National Association of Social Workers (NASW), "Social workers help individuals, families, and groups restore or enhance their capacity for social functioning, and

work to create societal conditions that support communities in need." Essentially, social workers help people solve and cope with problems in everyday life. Furthermore, as the NASW points out, the social worker's position requires knowledge about human development, behavior, knowledge of economic and cultural institutions, and how all these factors interact with one another. They help people with all backgrounds, and help people overcome difficult life problems such as poverty, mental illness, abuse, addiction, and so on.

Patient and Health Education:

Dreeben-Irimia (2010) provides a helpful definition that distinguishes patient education from health education. Patient education is clinical in nature and is "a planned, systematic, sequential, and logical process of teaching and learning provided to patients and clients in all clinical settings" (p. 4). In patient education, teaching and learning is continuous and involves both the health care provider and the patient/client. Health education, on the other hand, is more focused on wellness, prevention, and promotion and can be provided to individuals, groups, and communities.

For the purposes of this study, when discussing how public library staff perceive their work as comparable to the health professions, I am relying on the health education and patient education definitions. When speaking generally of these fields, I will refer to them as "health education professions." People in the roles of patient educator, health educator, and community health worker are most closely aligned with the kind of role that public librarians adopt when providing information services to people experiencing homelessness.

1.5 Methodology

To address the research questions I outlined in Section 1.3, I have conducted interviews with 24 public librarians at three public library systems in three different states. Included in the analysis will be contextual information about the individual communities and homelessness in each of the three locales. Additionally, I have collected professional documents within library and information science that are related to services for those in poverty and people experiencing homelessness to contextualize my interview data. I use a review of the literature to suggest a tentative conceptual framework that I then validate and expand upon using my analysis of public librarians' boundary work. To conduct this analysis, I use directed content analysis. This form of analysis involves deductively analyzing the interviews based on concepts derived from boundary work theory and then inductively identifying additional boundary work concepts from the data.

1.6 Organization of This Study

This chapter provided an overview of my problem statement, my research questions, relevant terminology, and my methodological approach. In Chapter 2, I provide a review of the literature in public libraries and homelessness, public libraries and consumer health information, and boundary work to situate my own study and demonstrate the limitations in previous work. I also outline the theory of boundary work and how I will implement it in my study. Finally, in Chapter 2, I introduce a conceptual framework based on previous boundary work studies. I am using this conceptual framework to validate and extend boundary work theory in the context of public librarians' provision of consumer health and social services information to people experiencing homelessness. Chapter 3 details the methodological approach of this project,

including a discussion on my ontological and epistemological approach, research design and methods, and data collection and analysis.

In Chapters 4 and 5, I describe the results of interviews with public library staff and the analysis of policy documents created by the American Library Association, International Federation of Library Associations and Institutions, and organization specific documents such as mission statements and codes of conduct. Chapter 6 provides a detailed discussion of the results of the study, as well as a refined conceptual framework for future study. The final sections in Chapter 7 concludes with the implications of using boundary work to analyze issues in the profession of librarianship. It also provides recommendations for how to implement the proposed conceptual framework to look at additional issues of professionalization in library and information studies.

Chapter 2: Literature Review

The preceding chapter lays the groundwork for understanding how providing information services to people experiencing homelessness has become an enduring issue in the profession of public librarianship. It also outlines the major research questions in this study and the implications of undertaking such a project. In this chapter, I review recent studies centered on public libraries and experiencing homelessness. For this part of the literature review, I examined results from major databases in library and information science, as well as in Web of Science. I also outline previous work related to health information and public libraries from work found in major LIS databases, Google Scholar, Web of Science, PsychInfo, PubMed, and CINAHL.

2.1 Public Libraries and Experiencing Homelessness

As Woodrum (1988) explains, "libraries have always been havens for the homeless" (p. 55). However, since *Kreimer v. Morristown*, research and commentary surrounding issues of homelessness and public libraries has continued to be a prevalent concern within the profession. Work in this area typically falls into one of three categories. One of these areas involves studies focused on understanding how to deal with the "problem patron" in the public library, or critiquing an attitude that views people experiencing homelessness as problematic. As Chattoo (2002) points out in a comprehensive literature review exploring the term, defining 'problem patron' is difficult, and there is a fine line between a problem patron and a patron with a problem. As Simmonds & Ingold (2002) explain,

Problem patrons come in all shapes, sizes, races and nationalities, and stretch across many boundaries of behaviors. There are the homeless, the drunks, those who are never satisfied with the provided service, the noisemakers, the mothers with crying babies and misbehaving children and those who view on-line pornographic sites (p.56).

Regardless of the background or needs of the individual, a problem patron is perceived as being disruptive to the library's ability to function. People experiencing homelessness are often considered to be problem patrons (see for example, Cronin, 2002; Hersberger, 2005; Lilienthal, 2011; Mars, 2012).

Another major area is concerned with how public libraries deal with ethical issues related to library access and information access for people experiencing homelessness. Although limited, some research has also examined the information needs of people experiencing homelessness, as well as their perceptions of the public library (for example, Hersberger, 2001; Kelleher, 2013).

2.1.1 Problem Patrons, Policy, and Professional Roles

The perception that people experiencing homelessness are problem patrons has persisted in the literature about public libraries, particularly since *Kreimer v. Morristown*. The American Library Association focused mostly on the legal ramifications of policies that created barriers for people experiencing homelessness, cautioning libraries to be careful in how policies are constructed and enforced because they could violate the First Amendment (Goedert, 1992). Various works over the past two decades have provided countless suggestions for providing services to people experiencing homelessness and creating or adjusting policies to address the

needs of these library users (e.g., Ayers, 2006; Hersberger, 2005; Lichtenberg, 1998; Norfolk, 1995; Shuman, 1996).

Norfolk (1995) provides a practical guide that discusses ways for libraries to establish services for homeless children, particularly in terms of partnerships with the homeless shelter. The guide clarifies that librarians are not "trying to be social workers or build houses," but are providing library services (p. 3). Norfolk outlines steps in identifying and reaching out to homeless shelters and reflects on the challenges of implementing library services for people experiencing homelessness. Shuman's (1996) analysis of people experiencing homelessness in the public library frames the issue as one of policy by beginning with a discussion of federally enacted policies in the Reagan and Bush administrations. Shuman ultimately moves toward a critical analysis of policies public libraries create in reaction to the behaviors of people experiencing homelessness. Lichtenberg (1998) conducted a survey of public libraries in Ohio to determine whether and to what extent public libraries provide services specifically for people experiencing homelessness. Lichtenberg found that "many [libraries] had an unstructured accommodation and informational assistance for homeless persons who visited the library" (1998, p. 20).

Arguing that libraries need to change their perception of people experiencing homelessness as problem patrons, Murphy (1999) highlights the tension between the library as 'a place for all' and a place for people experiencing homelessness. Murphy says that libraries have always been agents for social change and that it is essential for library workers to proactively seek ways to assist people experiencing homelessness via training, build partnerships within the community, and provide access to materials specifically about homelessness. Using a

hypothetical case, Gudsen (2001) discusses the legal ramifications of mistakenly detaining a homeless person for theft.

Arguments related to identifying 'legitimate' library users have also been prevalent in discussions regarding public libraries and people experiencing homelessness. Cronin (2002) heatedly contends that the library is not a refuge for the homeless and that "a disruptive minority is effectively preventing the majority of bona fide library patrons from exercising their rights" (p. 46). Hersberger (2005) counters this position by describing this attitude as 'outright discrimination', explaining that people experiencing homelessness are not a homogenous group (p. 200). Berman (2007) describes a lack of implementation of the American Library Association's Policy #61, Library Services to the Poor, as a form of classism. Berman describes attitudes toward people as classist because, as he states, these attitudes are based in a prejudice toward

> *people who possibly do not look, smell, or "behave" like us, like folks with money, like solid middle class persons, but who nonetheless pay taxes and even work (though not earning enough to afford housing), people who often need the library not solely for sanctuary, but also for job searching, education, entertainment reading, and emailing (2007, p. 105).*

Berman further laments that librarians need to acknowledge their "attitudinal hang-ups," recognize that "poverty—not poor people—is the problem," and "that the most vulnerable and dispossessed among us are citizens and neighbors who deserve compassion, support, and respect" (p. 107). He concludes by articulating that poverty, homelessness, and hunger should be the focus, not the people who experience them.

Muggleton (2013) continues the debate in talking about the categorization of people experiencing homelessness as problem patrons. In his analysis, Muggleton calls categorization a form of othering. Muggleton (2013) describes both the othering of people experiencing homelessness and the othering of non-homeless people that occurs when libraries create programs specifically targeted to those populations experiencing homelessness. He uses this discussion to argue for including services to marginalized populations as part of the core goals for public libraries, rather than as separate from those core goals. Pateman and Vincent (2016) point to perceptions of worthy and unworthy library patrons by describing the Victorian roots of public libraries as places to meet the needs of the '*deserving* poor' rather than the *undeserving* poor (p. 2). The authors state that while to some degree libraries have met the needs of the *deserving* poor, the public library has failed to do is meet the needs of the *undeserving* poor. This includes people experiencing homelessness, transient populations, ethnic minorities, refugees, among others (Pateman and Vincent, 2016, p. 2). Rather, as argued by the authors, public libraries tend to focus on the passive and easy to reach populations along with the core groups of regular library users. It is apparent from the literature that libraries question what role they should adopt as organizations and as professionals when providing services to people experiencing homelessness. They are actively engaged in discussions about how the profession should respond.

In a descriptive analysis of public libraries and people experiencing homelessness, Wong (2009) focuses on defining who experiences homelessness, whether they are problem patrons for the public library, what their information needs are, and what libraries can do to address the 'problem'. Wong argues that libraries can help people experiencing homelessness while maintaining a "pleasant and safe haven for all users" by establishing consistent practices,

collection development to address homelessness, increasing public awareness, and having empathy (p. 407). Like Shen (2002), Wong asserts that public libraries need to find a balance between serving the needs of the general public and the needs of people experiencing homelessness.

Working to create a novel framework for addressing 'problem patrons', Ferrell (2010) compares lis literature on problem patrons to analyses of 'difficult patients' in the nursing literature. Ferrell takes a symbolic interactionist approach, a sociological approach that addresses the subjectivity of meanings and labels applied to the terms 'problem patron' and 'difficult patient.' From this perspective, Ferrell (2010) advocates for a multilevel approach to handling problem behaviors in the library, including the community/society level, the library level, or the librarian-patron level. Ferrell argues that the definition and questions of 'problem patron' and the associated behaviors are different at different levels, and that considering the problems from the appropriate level can help library staff more effectively address issues that arise. In the analysis, Ferrell offers 'questions for thought' at each of the levels as well as suggested actions for addressing those questions.

Much like Abbott's (1998) work and the present study, Ferrell's (2010) analysis considers the multiple levels involved in addressing how public library staff perceive and interact with people experiencing homelessness. Anderson, Simpson & Fisher (2012) recommend removing the stigma of "problem patron" and recognizing the diversity among homeless library users. Furthermore, rather than leaving the relationship between library staff and homeless patrons ambiguous, Anderson et al. (2012) suggest identifying it and working to strengthen it through more formal collaborative programs.

Discussions in the literature point to the idea that people experiencing homelessness are not going away and that public libraries need to address the problem or change their perceptions of the 'problem' (Mars, 2012; Murphy, 1999; Shuman, 1996). For example, Muggleton (2013) refers to the ways in which library policy results in the othering of people experiencing homelessness and argues for research that helps extend inclusion by understanding the ways in which homeless individuals use the library and the barriers they face when doing so.

Few studies of public libraries and homelessness explore issues related to social inclusion for homeless individuals in public libraries (Gehner, 2010; Hodgetts et al., 2008). Hodgetts et al. examine how homeless men's trips to the library allow us to view the library as a space where homeless and housed people interact, and the library provides a space where homeless people can be present as regular library patrons. Furthermore, the authors explain that the cohabitation of homeless and housed in the library is tenuous and "textured by tensions around appropriate behaviour, inclusion, and understanding" (2008, p. 950). In an article exploring the potential for blurring the boundaries between social work and professional librarianship, Cathcart (2008) examines e-government and community information referral in the public library. Research is also limited regarding the connections between social workers and public librarians, although Shelton & Winkelstein (2014) examine partnerships between librarians and social workers to better serve homeless LGBTQ youth.

Safety, refuge, embrace, challenge: these are just a few terms recent news articles have used to describe the role of public libraries in providing information and services to people experiencing homelessness. Recent press coverage has centered on the trend for public libraries to incorporate elements of social work into work practices and/or hire social workers to address the information and resource needs of people experiencing homelessness. Many articles in the

press focus on staff changes in public libraries. These staff changes are used as a strategy public libraries to better assist people experiencing homelessness. For example, a recent *Washington Post* article discusses the recent closing of a downtown library branch in Washington, D.C. (Brown, 2017). Considered a retreat and refuge for people experiencing homelessness to enjoy during the day, the closing of the library branch for a three-year renovation project is leaving many wondering where people experiencing homelessness will be able to go. The library branch had hired a full time social worker as a "homeless coordinator" to assist people experiencing homelessness with their resource needs.

Other libraries have implemented programs designed to provide people experiencing homelessness with a meal and information on how to access local social services resources, such as the Kansas City Public Library and the Dallas Public Library (Campbell, 2017; Collins, 2017). Many articles also point to the challenges public libraries face when attempting to balance safety, a welcoming atmosphere for all, and the specialized and acute needs of people experiencing homelessness (see for example, Winters, 2017 for a discussion of Everett Public Library, or Do, 2016 for an article about Santa Ana Public Library).

Reflecting on the changes in the community served by the Free Library of Philadelphia, Reardon (2016) described hiring social workers to aid "vulnerable constituencies." A graduate of the Penn School of Nursing recently developed a grant-based partnership with the Free Library of Philadelphia to provide embedded nurses in public libraries in the Philadelphia area (University of Pennsylvania, 2016). Zettervall (2015) argues that this is a 'golden age' for libraries, which are increasingly partnering with social services agencies and professionals "without asking that [librarians] take on the burden of acting as social services providers" (p. 12). For Zettervall, social workers and librarians have something to offer each other: social

workers have expertise in human services, and librarians have expertise on information organization and access (2015).

2.1.2 Information Needs and Access

Another major area of literature centered on homelessness and public libraries relates to ethical issues in access to the library. This area of the literature describes the challenges public library workers face when facilitating access to services for homeless library users, including, for example, rights issues and the ethics of policies that affect the homeless (Ferrell, 2010; McCook & Phenix, 2007; Shen, 2002).

Some studies related to access focus on physical access to the library—for example, issues of transportation, issuing library cards, or use of collections and space in the library. Some work has examined how public libraries can better serve the needs of the homeless by recognizing it as a space open to all, by enhancing library collections and services and creating partnerships (e.g. Cart, 2002; Mars, 2012). Behrman (1994), in discussing issuing library cards to those without permanent addresses, points to the tension that arises between attempting to balance supporting intellectual freedom and the practical issues related to library management, particularly in terms of fiduciary responsibility.

Additional commentary in the field has been critical of public libraries' treatment of people experiencing homelessness. For example, Shen (2002) critiques the ambivalence of public libraries, particularly as the end of the 20th century saw almost 2 million people experiencing homelessness per year (p. 77). Shen concludes by arguing that the "bottom line is that we cannot implement a policy of segregation within libraries against the homeless" (p. 82). Additionally, the Hunger, Homelessness, and Poverty Task Force (established in 1995) critiques

changes that exclude homeless individuals and states that poor hygiene and homelessness are *conditions* of extreme poverty rather than *poor behavior* and should be treated as such (2005).

As Hersberger (2005) explains, "the homeless most often have been dealt multiple crises including various combinations of mental health issues, substance abuse, domestic violence, loss of a job, loss of a loved one, loss of one's home, and so forth" (p. 200). While not focused explicitly on people experiencing homelessness, Westbrook's (2015) recent work on helping patrons in crisis is useful in thinking about public librarians' provision of information services to people experiencing homelessness. Westbrook (2015) provides some suggestions for effectively engaging with library patrons who are in crisis. First, this involves considering the patron's self-perceptions and responding accordingly, asking what these patrons may need based on what they are currently experiencing in terms of the crisis. She further argues that reference strategies will vary based on the self-perceptions of patrons in crisis, explaining that these strategies may involve focusing on *engaging* rather than *solving*. It might not be possible to solve a patron's crisis in the moment, and it may be too emotionally burdensome to attempt to do so. Westbrook (2015) also suggests that, rather than focusing explicitly on the crisis at hand, librarians can teach information evaluation tools and techniques that will be helpful for the library user.

More recently, Bardoff (2015) explores whether it is ethical to block a person's access to the library if they make other people uncomfortable. Bardoff found that while it is legal and widely accepted to expel someone for the library based on behavior associated with experiencing homelessness, a review of legal cases and social justice literature reveal that it is not ethical to do so.

Some literature examines how library services can be better structured to serve the needs of homeless children, teens, and families (Dowd, 1996; Terrile, 2009). For example, Dowd

(1996) conducted a nationwide survey of 148 libraries to determine whether public libraries are serving homeless children and whether those efforts were successful. Dowd found that only 20% of respondents provided services to a notable number of homeless children and that librarians were not confident that they were meeting the needs of homeless children. The article discusses six library systems that are successfully serving the needs of homeless children to provide suggestions for libraries working to implement services. Dowd also recommends putting public libraries into the "loop" for social services agencies (1996, p. 160).

Focusing on information poverty, Hersberger (2001, 2003, 2005) explores the everyday-life information needs of homeless people and how information is transferred via social networks for those experiencing homelessness. Information poverty is defined as a situation "in which individuals and communities, within a given context, do not have the requisite skills, abilities or material means to obtain efficient access to information, interpret it and apply it appropriately" (Britz, 2004). Hersberger's work emphasizes the heterogeneity among people experiencing homelessness and addresses some of their everyday life information needs. She also refers to the importance of developing policies that are equitably enforceable and that attitude toward people experiencing homelessness can greatly influence service provision to people experiencing homelessness. Kelleher (2013) surveyed homeless community members to learn why they do or not use the public library. Kelleher found that entertainment purposes and use of the computer were primary reasons to use the library and a lack of a welcoming atmosphere was a primary reason to avoid doing so.

The research, opinions, and experiences of those writing about homelessness and public libraries differ widely. However, it is apparent that providing services to people experiencing homelessness has and continues to be a point of contention in the profession of public

librarianship. Providing equitable policies and access to information and services is a difficult and critical aim for public libraries, particularly in assisting people experiencing homelessness. Libraries recognize the inherent challenges in being sympathetic to the needs of people experiencing homelessness while still meeting the needs of all their users.

2.2 Public Libraries and Health Information

This study relies on the definition of consumer health information provided by the Consumer and Patient Health Information Section (CAPHIS) section of the Medical Library Association (MLA). According to CAPHIS/MLA. The definition of consumer health information is contrasted with that of patient education:

Consumer health information (CHI) is information on health and medical topics provided in response to requests from the general public, including patients and their families. In addition to information on the symptoms, diagnosis, and treatment of disease, CHI encompasses information on health promotion, preventive medicine, the determinants of health, and accessing the health care system.

Patient education is a planned activity, initiated by a health professional whose aim is to impart knowledge, attitudes, and skills, with the specific goal of changing behavior, increasing compliance with therapy and, thereby, improving health.

CHI and patient education overlap in practice, since patient behavior may change as a result of receiving health information materials. Patient education and CHI often differ in terms of the setting in which the process occurs, rather than in terms of the subject matter. (1996, p. 238).

Public library staff provide consumer health information rather than patient education—they are not health professionals, but rather provide information about health and medical topics in response to requests from the general public. Since the late 19th century, providing consumer health information to the public has been and continues to be an important service area for public libraries (Gillaspy, 2000; Rubenstein, 2012). Wood & Renford (1982) note that "over the years, public libraries have been called upon to provide a wide variety of health care information to the communities they serve" (p. 84). While initially "cloaked…in social mission language and philosophy," consumer health information has continued to become more integrated with public librarianship responsibilities (Rubenstein, 2012). This information covers many different topics, including "diet, nutrition, drug abuse, child care, pregnancy, mental health, body functions, etc." (p. 84). And as Smith (2015) points out, "medical information is apparently very, very important to the general public and has been for a long time" (p. 72).

Scholars note that the consumer health movement has been growing since the 1960s and 1970s and that this movement has made impacts on service provision and collection development in public libraries (Baker & Manbeck, 2003; Smith, 2008). Gillaspy (2000) provides a step by step guide for developing a consumer health information service in a public library and focuses primarily on handling issues related to collection development and management. Gillaspy's 2005 study extends her work by considering factors impacting the provision of consumer health information by outlining what had and had not changed in the consumer health landscape over the past 5 years. This article highlights the dynamic nature of providing consumer health information. Borman & McKenzie (2005) examine the barriers public library staff members' use to tell the narrative of their provision of consumer health information

to library users. As the authors point out, library workers use barriers and counterstrategies to "tell stories about their libraries, their users, their coworkers, and themselves" (p. 143).

Some recent work has explored issues in health information collections, focusing on what should be included in health collections, and the types, currency and authoritativeness of the sources public library staff consult (see for example, Baker & Manbeck, 2002; Flaherty & Kaplan, 2016; Kouame, Harris, & Murray, 2005). In their discussion of collection development issues, for example, Baker & Manbeck (2002) provide a step by step guide for creating a collection development policy, and discuss ways to market consumer health information collections and services. Kouame, Harris, & Murray (2005) note that while libraries may have good health collections for a general audience, they face more difficulties when trying to address the information questions of those consumers with more specialized health information needs.

Additional studies related to collection development and resource use have covered topics such as promoting authoritative resource use, identifying the readability of medical texts and those written for the average consumer, and the positive effects of collaborative training between medical and public libraries (Baker & Wilson, 1996; Flaherty & Roberts, 2009; Wessel, Wozar, & Epstein, 2003). Flaherty & Kaplan's work involved conducting what they termed "unobtrusive stacks assessments" wherein public libraries' print health and diabetes related materials were assessed for currency (2016). The authors found that there are not consistent standards among the randomly selected libraries' collections and that most of the libraries had outdated materials.

Flaherty's extensive research on health information in public libraries has included studies implementing unobtrusive reference visits, examining public librarians' source selection and use, exploring issues related to the quality of health information, embedding consumer

health librarians in public libraries, and pilot testing pedometers to consider health promotion in rural public libraries (Flaherty & Grier, 2014; Flaherty & Luther, 2011; Flaherty & Miller, 2016; Flaherty & Roberts, 2009). For example, Flaherty & Luther's (2011) survey of rural public libraries in New York State showed that there are disparities in rural public libraries when it comes to providing health information that is accurate and authoritative. The authors further described the usage of outdated materials, reliance on print materials, and a mismatch between reported and actual practices in providing health reference to the public.

Although covered less in the literature, some studies have highlighted issues experienced by public library staff in providing health information to the public (see for example, Luo, 2015; Luo & Park, 2013; Rubenstein, 2016). Luo & Park (2013) conducted a survey to explore what public librarians need to be able to provide a consumer health information service, asking questions about popular health information needs and the challenges faced by public librarians in providing health information. Two of the most prevalent challenges identified by librarians who took the survey include difficulty interpreting patrons' questions and a lack of knowledge about available and trustworthy information sources. In 2015, Luo conducted a two-stage study that identified an array of barriers experienced by public librarians when answering consumer health questions and surveyed professional consumer health librarians for advice on how to help public librarians successfully conduct consumer health reference interviews.

Linnan et al. (2004) surveyed public librarians in North Carolina about their ability and experience with providing health-related reference services, finding that they are actively engaged in providing health information and feel variably knowledgeable about providing it. Additionally, over 50% of respondents in their study desired additional training in the use of

health information and resources, matching patron needs with resources, and ethical issues related to providing health information.

Analyzing public librarian reference services in phone and e-reference in the context of the SARS public health crisis in Canada in 2003, Harris, Wathen & Chan's (2005) study found variability in the level and types of services offered among public libraries. The authors discovered that only 26% of library staff prompted callers for additional information on their question, and no additional prompts for information were provided in e-reference. Harris et al. (2005) explain that the variability in responses from library staff was "remarkable," with some described as "perfunctory and uninformative" and others as "careful, detailed responses with multiple Internet referrals to relevant local, provincial, and federal government Web sites with specific links to other health information sites" (p. 151). Their study also critically questioned what kind of role and functions public librarians should fulfill in providing health information in crisis situations. Harris et al. ultimately argue that while library staff can be successful in providing health information, being successful requires commitment at an organizational and system level in which there is education for library staff.

Rubenstein (2016) conducted interviews with 38 public library staff to explore their understanding of health literacy and the challenges they face when facilitating access to and providing health information for the public. Rubenstein noted that while library staff felt like health information was as important as other types of information, they were unsure whether the library was the best place to provide it. Additionally, they were unclear about the meaning of 'health literacy' and struggled with several barriers to providing health information, including a lack of interest on the part of library patrons in health-related programs (Rubenstein, 2016). Additional studies examining public library workers and health information have noted that

librarians are very cautious and concerned when it comes to distinguishing between providing health information and health advice (See for example, Dewdney, Marshall, & Tiamiyu, 1991; Kouame, Harris, & Murray, 2005; Luo & Park, 2013). Smith (2015) provides a detailed discussion of the longstanding perceptions of providing health advice as problematic for librarians. As Kouame, Harris, & Murray assert, this distinction can be difficult, especially for patrons who may not understand that "this is the approach the librarian is taking," or the patron "blurs the line between health information and health advice" (p. 471).

Although Hersberger (2005) lists health and health care information as a common information need among people experiencing homelessness, an examination of recent literature shows that research focused on health information, homelessness, and public libraries is extremely limited. One of the few mentions of health information resources for people experiencing homelessness comes from Shen (2002), who refers to street information cards, which provide lists of local agencies, including health resources, for people experiencing homelessness.

Reviewing studies of health information and public libraries indicates that the provision of consumer health information has a rich history in public libraries. Authors have demonstrated that consumer health information provision has and continues to be an important aspect of public libraries that merits additional research, professional training, and collaboration between different types of libraries. However, when considering public librarians' experiences providing consumer health information to people experiencing homelessness, research is practically non-existent. Public libraries, viewed as places of refuge for all, have an opportunity to provide more consumer health information and services to people experiencing homelessness. Understanding how public library staff view the boundaries of their profession when compared to that of the

health professions is an important initial step in this direction. In the next chapter, I outline recent work related to boundaries and the professions of social work and health. I also consider recent sociological studies of boundary work and introduce the conceptual framework of boundary work used in this analysis.

Chapter 3: Responses to *Kreimer v. Morristown*

3.1 The Aftermath of *Kreimer v. Morristown*

In 1992, in response to *Kreimer v. Morristown*, then-President of the American Library Association, Patricia Glass Schuman, stated:

> *Libraries are in business to serve all people. Our profession is dedicated to the public's Right to Know. This ruling recognizes the First Amendment right to receive information and it recognizes the need to ensure a welcoming environment for library users.*

The federal appeals panel who overturned the original *Kreimer v. Morristown* decision continued to support the idea that public libraries are "the quintessential locus of the receipt of information," and that as such, are open to all members of the public (Goodes & Wallace, 1992). However, the change in the decision was that the court upheld the ability for the library to regulate conduct that was not related to activities protected by the First Amendment. Also protected were policies designed to make the library available to all patrons. As Schuman and the federal appeals panel noted, *Kreimer v. Morristown* was both an access to information issue and a First Amendment rights issue. At what point does a library turn away someone experiencing homelessness, if it is the public's right to receive information at the library? Finding that balance was at the core of this case.

Response within the profession to *Kreimer v. Morristown* was heated. It focused on finding the balance between access to information for all and the creation and enforcement of policies that could differentially impact someone's access to information. This chapter describes the major themes I identified in 31 documents related to services for people experiencing

homelessness and created because of the *Kreimer v. Morristown* case. These documents provide much needed context to the debates that arose in public librarianship during and because of *Kreimer v. Morristown.* I included documents from between 1989-present that were directly related to *Kreimer v. Morristown.* I also incorporated any professional documents related to homelessness and libraries that were created by the American Library Association (ALA) and the International Federation of Libraries Association (IFLA). The Public Library Association uses documents created by the ALA. Analysis of these documents is important in understanding how the profession responded to the case during the initial ruling and immediately after the decision was overturned. The documents created in response to the case also lay the groundwork for examining how the profession has helped shape public library workers' perceptions of how they should interact with people experiencing homelessness.

I identified the major themes related to these documents through the following steps. First I read through each of the documents and made brief notes, listing the different kinds of information I found. Next I put this information into categories with brief descriptions covering what the information was about, and aggregated those smaller categories into broader themes. I concluded by revisiting the categories and each of the documents to determine whether the information in the documents was adequately represented by the developed themes. Additionally, I re-examined each of the documents to ensure that all the information relevant to the study was represented by the major themes. The documents covered a range of topics, and included:

- The American Library Association Statement on Library Services to the Poor (Policy 61)

- Documents created by the International Federation of Libraries Association over the past between 2012-2017 (professional journal articles and web resources for implementing policies in libraries)
- Professional journal articles related to *Kreimer v. Morristown*
- 5 randomly selected news articles from between 1989-1995 related to *Kreimer v. Morristown*
- Court decisions from the first ruling in 1991, and the reversal in 1992
- Documents included in the ALA Information Packet provided in response to *Kreimer v. Morristown*

I identified the following four major themes in the documents:

- The Role of Public Libraries
- Development and Enforcement of Equitable Library Policies
- Conflicts Among Professional Organizations
- Access to Information and Library Services

3.2 The Role of Public Libraries

The *Kreimer v. Morristown* case invigorated discussions within librarianship about what the role of libraries is and should be for the public. The case highlighted several key areas related to the role of libraries that became heatedly debated within the profession after *Kreimer v. Morristown*. These areas include acknowledging the public library as a place that exhibits democratic principles and first amendment rights and addressing the role of the library as a limited public forum.

The documents that addressed these topics included professional journal articles, news articles, and documents for the legal case. Discussions about the role of the library as a bastion of democracy were centered on responding to court decisions in *Kreimer v. Morristown*. As one article noted, "the suit challenges the constitutionality of the library's patron policy" (Wilson Library Bulletin, 1990). In both the original ruling and the appeals case, the judges identified the library as a democratic institution, and both decisions pointed to the role of libraries in communities. Judge Sarokin, in the original decision, explained:

The public library is one of our great symbols of democracy. It is a living embodiment of the First Amendment because it includes voices of dissent. It tolerates that which is offensive. The library of today frequently provides not only access to books, newspapers, and magazines, but also to concerts, lectures, and exhibits It is a source of fact and fiction. (Kreimer v. Morristown, 1991, p. 1).

Arguing that the policy that resulted in *Kreimer v. Morristown* was a First Amendment rights issue, Sarokin further stated that "The First Amendment protects the right to express ideas and the right to receive ideas; it protects the right of the speaker and the listener, the writer and the reader." Sarokin uses this argument to explain that the library's enforcement of behavior policies as a public forum was overly vague and unconstitutional.

In the appeal, the federal panel agreed with much of the original decision made by Sarokin but viewed the scope of the enforcement of policies in the Morristown library differently. The panel pointed out that the policies in question were not unconstitutional, as had originally been argued, and that the policies were necessarily vague. The decision also

emphasized that libraries are limited public forums, and as such are only required to allow the public to exercise rights that are “consistent with the nature of the library” (School Library Journal, 1992).

A 2005 report from the Hunger, Homelessness, and Poverty Taskforce of the ALA questioned whether public libraries are criminalizing the poor. Members of the task force responded by working to “clarify that poor hygiene and homelessness are conditions of extreme poverty, not types of behavior” (Public Libraries, 2005). The article further explains that this has been borne out in the literature, which has characterized people experiencing homelessness as ‘problem patrons.’ The article concludes by outlining tenets of the ALA Policy 61 and argues that “the democratic principles that govern our work demand a humane and informed response to people struggling with homelessness and poverty” (HHP Taskforce, Public Libraries, 2005).

3.3 Developing and Enforcing Equitable Policies

Creation of equitable behavior policies that do not violate First Amendment rights became a focus for the profession during and after the *Kreimer v. Morristown* case. The ALA was already responding to the issue, and at its conference in 1990 the governing council approved a "Poor People's Services Policy Resolution," a policy that acknowledge "the urgent need to respond to the increasing number of poor children, adults and families in America” (Melvin, 1990). Immediately following the case was caution concerning the enforcement of policies (Goedert, 1992). Shortly thereafter, the ALA developed its Policy 61: Statement on Library Services for the Poor.

The conflict between Kreimer and the library highlighted the problems inherent in enforcing policies that affected people experiencing homelessness. Referring to the case with

Kreimer and the library's recent institution of no staring and hygiene rules, the library director for Morristown said in 1989, "We want to serve everyone in the community. But we're not social workers" (Schmitt, 1989). One article referred to a case that 'almost was.' Describing the library's policy on charging a fee for non-resident library cards, the article explained that the library wanted to charge the patron experiencing homelessness as a non-resident because he was not housed (American Libraries, 1990). The article referred to the idea these sorts of conflicts between marginalized patrons and libraries were creeping up across the country, and that the time was ripe for this kind of debate to occur within the profession and the legal realm.

After the decisions, the American Library Association (ALA) tapped the Intellectual Freedom Committee Taskforce to create an information packet for libraries to use in developing policies and addressing issues of poverty and homelessness in libraries. The Hunger, Homelessness, and Poverty Taskforce was established in 1996 to advocate for the implementation of ALA's Policy 61 in public libraries. More recently, the International Federation of Libraries Association (IFLA) developed a series of policy documents that give guidelines on supplying library services to people experiencing homelessness. One of those documents focuses explicitly on how to interact assertively with people experiencing homelessness while avoiding conflicts or debates with them (Dowd, 2016). Another offers an overview of the guidelines themselves, with an emphasis on situating the library as a caring community institution (Winkelstein, 2016).

3.4 Conflicts Among Professional Organizations

Much of the response to *Kreimer v. Morristown* highlighted the tensions that arose between professional library organizations, and among constituents of ALA. The profession overall was in upheaval after the 1991 decision, and has continued debating the issues that arose

in the case. The main conflicts identified in the documents included the conflicts between Kreimer and the library, the American Library Association (ALA) vs. the New Jersey Library Association (NJLA), and frustration among ALA members about the ALA response to *Kreimer v. Morristown*. Some members retorted that the ALA was more interested in addressing international policy issues than it was in addressing policy development and the needs of its librarians in the U.S.

Conflict between the ALA and the NJLA and Morristown library was focused on the lack of involvement on the part of ALA. While the ALA relied on the Intellectual Freedom Committee Task Force to provide an information packet after the ruling, it did not get involved with the case at the ground level. The information packet contains 200 pages of text. The packet includes primarily the court decisions, a letter of caution from Paula Goedert, the counsel for the ALA, and copies of recent news and journal articles related to *Kreimer v. Morristown.* A letter from the NJLA in August of 1991 explicitly stated, "[o]ur association believes that it is important that the complex issues involved in the Kreimer decision be examined and discussed fully by our profession" (Vernon, 1991). The ALA did not provide guidance to the Morristown library or NJLA in the case, and both entities felt unsupported. ALA Counsel Paula Goedert explained in correspondence with the ALA and in an alert she wrote for *American Libraries* that the case was a difficult issue, and that caution was warranted by the profession (1992). The Social Responsibilities Round Table outright opposed support for the case, passing a resolution on "The right to be in libraries." The library director for Morristown explained that the ALA involvement was too late and noncommittal. Another article in *School Libraries* highlighted the noncommittal stance of the ALA, stating that "reaction from the American Library Association (ALA) and the

Freedom to Read Foundation was more swift and positive than it had been for the library's attempt to curb Kreimer, or its appeal of the initial ruling" (1992, p. 11).

While other libraries offered their ad hoc solutions or "house rules" for interacting with people experiencing homelessness, no formal involvement by ALA was made at a time when the library felt like it needed it (Library Journal, 19991). The NJLA explained that while the case was extremely challenging, the greater challenge came from the conflict that arose between the NJLA, ALA, and the Intellectual Freedom Committee, who supported the decision and were unwilling to have an open conversation about the implications of the ruling (Tumulty, 1992). The ALA advised NJLA not to act to have the ruling overturned, which in the view of the NJLA was a lack of consideration of the official position of the association in the case (Tumulty, 1992).

3.5 Access to Information and Library Services

Many responses to the case focused on the role of libraries in providing access to information and library services for the community. Some the debate centered on whether the issue at hand with Kreimer v. Morristown was an issue of homelessness or as then-ALA President Patricia Glass Schuman stated, an issue of "access to information and about libraries providing a safe and accessible environment for staff and users" (School Library Journal, December 1991). The case pointed to the difficulty task of "determining where to draw the line so that the restrictions on library usage do not imping on access to information" (Library Journal, August 1991). After the decision was appealed, the Freedom to Read Foundation expressed their contentment with the ruling because "the rights of access of all patrons are protected, [and] the rights of libraries to make reasonable rules to protect that access were upheld" (School Library Journal, May 1992).

Both the ALA and IFLA policies on services to the poor and people experiencing homelessness underscore how essential it is for public libraries to provide equal access to information and library services. According to its policy, adopted in 1990 and promoted by the Hunger, Homelessness and Poverty Taskforce, ALA "promotes equal access to information for all persons, and recognizes the urgent need to respond to the increasing number of poor children, adults, and families in America" (Policy 61, 2017). The ALA aligned itself closely with its Freedom to Read Foundation in responding to *Kreimer v. Morristown.* Members of the Freedom to Read Foundation argued for a moderate approach that "recognizes that the public library is a public forum for the purposes of access to information, but not for expression generally" (Goodes & Wallace, 1992, p. 30). Furthermore, members of the Foundation stated that while the right to receive information should *not* be restricted, other non-First Amendment regulations on conduct and minimizing interference with the access to information should be upheld if they meet the goals of the library. According to members of the Foundation, there must be a balance between the right to accessing information and the power of libraries to enact and enforce policies (Goodes & Wallace, 1992).

3.6 Conclusion

The major themes related to the *Kreimer v. Morristown* case discussed in this chapter add additional context to the interview results presented in Chapter 5. The responses within the profession to the decision in *Kreimer v. Morristown* point to the tensions related to public librarians' interactions with people experiencing homelessness. This conversation has persisted over time and continues to be an important part of understanding what public library workers do, and perceive themselves as doing. The next chapter goes into depth regarding the implications of

public library workers' perception of their profession as it relates to interacting with and providing information services for people experiencing homelessness.

Chapter 4: Boundary Work and the Profession of Public Librarianship

In this chapter, I explore recent scholarship that examines boundary work in the professions of social work and health as well as sociological studies of boundaries. I also address some of the major concepts within this body of literature to introduce a conceptual framework of boundary work. In subsequent chapters, I use this conceptual framework as a basis for analyzing my interviews with 24 public library staff. Considering recent research on issues of boundaries is important for applying concepts of boundary work to the context of public library workers' provision of health and social services information to people experiencing homelessness. Furthermore, in Chapter 7, I discuss the implications of boundary work in the profession of public librarianship. I also develop the conceptual framework I introduce here into a theoretical framework. For recent studies related to boundary work, I searched major sociology databases (SocINDEX, Sociological Abstracts), social work databases (Social Work Abstracts, PsychINFO), Web of Science, Google Scholar, and CINAHL. I also searched ProQuest Dissertations/Theses for unpublished doctoral and thesis projects covering these topics.

4.1 Boundary Work

In this section, I provide an overview of boundary work theory. I then outline recent research on boundary work and social work, followed by a review of literature related to boundary work and the health education professions. From there I describe specific concepts related to boundary work that previous studies have examined. These concepts are used in Section 5 of this chapter to introduce a conceptual framework that my study applies and extends

in the context of public librarians' provision of health and social services information to people experiencing homelessness.

4.2 Theory Overview

Boundary work that examines issues in the professions has an enduring history in sociological theory. Boundary work is a social construct that involves creating, negotiating, reinforcing, and crossing boundaries between abstract fields of knowledge. In his 1983 article, Gieryn describes what constitutes science, and what science is not. He uses descriptions of 'science' and 'science as not-x or y' to demonstrate the ways in which boundaries are created to delineate what a domain of knowledge is and is not. Gieryn (1983) also argues that threats to the professions are struggles over boundaries, which are often rooted in conflicting or evolving ideological issues. Arguing that boundary work is a dynamic process, Gieryn explains:

Science is no single thing: characteristics attributed to science vary widely depending upon the specific intellectual or professional activity designated as "nonscience," and upon particular goals of the boundary-work. The boundaries of science are ambiguous, flexible, historically changing, contextually variable, internally inconsistent, and sometimes disputed (p. 792).

Extending this further, Fournier (1999) asserts that claiming ownership of particular areas of expertise (and excluding other practices) establishes autonomy and authority through the construction of various boundaries. It is in these boundaries that actors justify what they perceive they can or should do as professionals. Fournier further suggests that reliance on notions of professionalism may result in restricted understandings of what professional practice entails.

Fournier (2000) emphasizes that boundary work leads to knowledge production, which allows professions to build authority and maintain exclusivity. Liljegren (2012) explains that boundary work is performed for several reasons, including "to create legitimacy, to negotiate jurisdictional boundaries, to determine the nature and extent of rewards, and to define levels of discretion and autonomy" (p. 296). Liljegren (2012) also says that boundary work can be the result of altruistic or egoistic motivations.

As Abbott (1988) describes, there are two ways of understanding what a profession entails. Abbot explains that one understanding of professions relies on hands-on techniques, often referred to as crafts, and the other relies on practical skills designed to maintain control over a domain of abstract knowledge. Public librarianship falls under the second understanding of professions, since the abstract knowledge of librarianship is born out in very practical ways (Abbott, 1988, 1998). This may include, for instance, the practical tasks of providing reference services to the public or performing story times for toddlers. Abbott (1988) also points out that it is important to note that these practical tasks may be delegated to other workers. For example, the fact that some paraprofessional staff shelve books in the library does not negate public librarianship as a 'profession'. Developing his theory of professionalization further, Abbott (1995) argues that professions are in motion all the time, and that the world of professions is "one large, conflicted turf" (p. 551). Abbott labels sections of the 'turf' over which professions dominate 'jurisdictions,' and where the boundaries of these jurisdictions come into conflict are where threats to professions occur. Determining where to draw the lines between what a profession does and does not help contribute to the professionalization of an occupation. With his theory on boundary work and the professions, then, Abbott is talking about the idea that professions are shaped, not by internal functions or even transcending interprofessional

boundaries, but by conflicts on boundaries. Occupations become professions as a result of this boundary conflict with other professions.

Librarianship as a profession is perpetually in flux. According to Abbott (1998), the future of librarianship as a profession is influenced by larger cultural and social forces, competing professions, and competing organizations. Public library staff are constantly negotiating their own professionalism in the context of these competing areas. My study considers these three contexts to identify specific tensions that result in boundary work when public library workers provide health and social services information to people experiencing homelessness.

As Fournier (2000) points out, legitimacy in the professions comes from the "fragmentation of the world into isolated fields of analysis and intervention, and a corresponding demarcation between areas of single disciplinary jurisdiction" (p. 89). Librarianship claims jurisdiction via its accreditation as a graduate education program with an independent field of knowledge over which it maintains control. However, as Fournier further explains, the boundaries of all professions are eroding in response to cultural forces, technology, the shift toward service oriented professions, and the labor market in general (2000). These changes allow the opportunity to "shift boundaries, creating new divisions along which (at least some) professions can seek to rearticulate and reconstitute their fields of knowledge" (Fournier, 2000, p. 95). The process of realigning the boundaries of the profession is described by Fournier as a legitimizing action, and one that allows professions to be more flexible and transparent.

In this study, by the term *boundary work* I am referring to any situations or activities in which public library workers are creating, negotiating, reinforcing, or crossing. This analysis also relies on Scott's (2014) discussion of institutions to understand the regulative, normative,

and cognitive-cultural aspects of the performance of boundary work. There may also be boundary work taking place that have not been identified by previous work, and these emergent forms of boundary work will be used to refine the conceptual framework described in Section 5.

4.2.1 Social Work, Health Care, and Boundary Work

In this section, I outline previous research related to boundary work, the profession of social work, and the various professions in health care.

In exploring the professional dynamics in social work, Abbott developed his theory of the system of professions. Abbott (1995) describes taking several different approaches in attempting to analyze social work as a profession. One approach was reminiscent of Talcott Parsons, an American sociologist whose work uses a functionalist approach to look at social systems in society. Abbott's first work in analyzing social work took this systems perspective and paid more attention to structure of the systems than the actors. As Abbott pointed out, this approach meant that he was adopting Parsons' notion that the "four functions of the entire human world were carried out by what he called the four "levels" of action: the body, the personality, the social system, and the cultural system" (Abbott, 1995, pp. 549). For Abbott, this was problematic because social work as a profession seemed to be a "fifth wheel in a four function world" (1995, p. 549). He describes this realization as leading him to understand social work as a profession that mediates among others. In refining his theory, Abbott comes to describe social work as a profession of interstitiality, an entity in which "social agents tie social boundaries together in certain ways" (p.555).

Gachoud et al. (2012) uses boundary work to compare how social workers, nurses, and physicians perceive and understand patient-centeredness. Boundary work is employed by nurses

and social workers to justify their perspective that their work is more patient-centered than the other two professions. In this study, social workers and nurses are more closely aligned with one another, and they are both struggling for dominance. However, despite this struggle, the author notes that there was no explicit friction between the different roles of social worker and nurse (Gachoud et al., 2012).

Saario, Juhila, & Raitakari (2015) look at boundary work as a means of obtaining what they term "organizational jurisdiction," or what they define as what professionals do to claim "their authority over a certain domain of practice, primarily as representatives of their agency" (p. 610). In their study, the authors analyze how professionals in a community based mental health practice perform boundary work when transferring clients from one agency to another. The authors focused on examining boundary work that led to disputes, or contrasts, between professionals' views and collaborators' views. The results of the study show that mental health professionals "use day-to-day evidence as a strategy of boundary work in inter-agency client transitions," which involve both the seriousness of a "mental ill-health and clients' inadequate living skills" (p. 613). As a result of the study, Saario et al. (2015) found that this boundary work helped with finding living arrangements for clients and also strengthened and legitimized the agency.

Studies on boundary work and the many fields in the health professions are abundant (See for example, Albert, Laberge, & Hodges, 2009; Derkatch, 2008; Foley & Faircloth, 2003; Goode & Greatbatch, 2005). Some studies focus on issues of technology introduction, as in for example Burri's (2008) study of radiologists, who because of new imaging technology performed boundary work and continually reconstituted both their professional expertise and identity. Other works examine the discursive nature of boundary construction in medical fields

such as nursing, describing how workers use narratives to both define and socially constitute what their professional identity entails (e.g. Åkerström, 2002; Allen, 2001). Drawing on issues of interdisciplinary teamwork and boundaries, some recent research has considered what contributes to the construction and maintenance of boundaries between medical professions and the social science research disciplines (See for example, Albert, Laberge, & Hodges, 2009; Cooke, 1993). For example, Albert, Laberge, & Hodges (2009) analyze biomedical and clinician scientists' perceptions of social science research to better understand resistance to incorporating social science methods and team members into biomedical and clinical research projects. The authors found that biomedical scientists are more likely to develop and reinforce cultural boundaries that exclude social scientists from participating in research in the health domain than clinician scientists. In their findings, Albert, Laberge & Hodges (2009) also discuss the defensiveness of social scientists as a form of boundary work used to legitimize their research methods, who argued for different measures of truth value in research than clinician and biomedical researchers. Ultimately, their study found that cultural boundaries can be created and reinforced in ways that limit interdisciplinary research and that this boundary work happens between people in both groups.

Deverell and Sharma (2000) analyze the experiences of HIV outreach workers to explore professionalism as what they term a 'micro-relationship' by focusing on the worker-client relationship. The authors explain that boundaries are often seen as essential because they enable workers to manage their interactions with users and maintain a separation between work and personal life. Deverell and Sharma (2000) suggest that empathy can result in blurred boundaries between professional and client identities. Because of empathy, workers may sometimes see themselves as part of the same community. Portraying oneself as someone who has links within

that community, rather than as a distanced professional, can be viewed as an empathetic and essential aspect of providing services to clients (Deverell & Sharma, 2000, p. 26).

As the definition provided by CAPHIS (1996) noted, consumer health information and patient education overlap in subject matter but differ in the settings in which they are provided, and patient education is typically an activity planned by a health professional. Thus, while studies of boundary work in the healthcare professions are quite common, it is important to examine more closely the research related to boundary work and patient education. To look at this area of the literature, I searched for studies of boundary work and patient education, health education, and community health workers (for definitions of these terms and how they differ from one another, see Chapter 1, Section 1.3).

4.2.2 Concepts Derived from Boundary Work Studies

Recent studies of boundary work have brought attention to several concepts that this study relies on in analyzing the experiences of public librarians as they provide health and social services information to people experiencing homelessness. Malin's (2000) edited volume, for instance, contains a variety of analyses focused on boundary issues in health care and social services. Within this work are Deverell and Sharma's (2000) discussion of emotion as potentially resulting in boundary breaking in worker-client relationships, as well as their discussion of confidentiality/privacy as resulting in boundary enforcing.

Several factors influence how boundary work occurs. Polk (2010), for instance, points out that boundary work can be *accidental*, "that unintentional practices and activities can initiate instances of boundary-making" (p. 3). In their study of interprofessional teamwork, Faraj & Yan (2009) identify several boundary work concepts that are employed in this study. While the

authors discuss these terms in relation to teams, the concepts can also apply to individuals, and that is how they are used for the purposes of this analysis. One of these is *boundary spanning*, in which individuals reach out to the wider organization to acquire information, resources and support. The authors refer to these individuals as "ambassadors," "task coordinators," and "scouts" (Faraj & Yan, 2009, p. 606). Williams (2002) describes boundary spanners as networkers, entrepreneurs, and innovators who recognize the construction of boundaries and think laterally in deploying "effective relational and interpersonal competencies" (p. 110). Faraj & Yan (2009) contrast *boundary spanning* with *boundary buffering*, which is a strategy of disengagement and closing oneself off from the environment to mitigate uncertainty. *Boundary reinforcing* is an inward-facing activity in which one increases awareness of boundaries and reinforces identity in order to maintain stronger boundaries.

From examining the literature on boundary work, it is apparent that individuals implement several types of boundary work in responses to organizational threats, in working as teams, and in accessing resources outside their organization. Sometimes people perform boundary work accidentally, because of empathy they have in their worker-client relationships, or to legitimize their organization or profession. Boundary work has implications for professional identity, in that it helps people align their work to those of others and claim jurisdiction over a certain area of knowledge and/or expertise. The next section outlines how boundary work concepts will be incorporated into the present study.

4.3 Boundary Work and Public Librarianship: Developing a Theoretical Framework

Although some work has studied various aspects of public libraries and individuals experiencing homelessness, no research to date has considered the boundary work that happens

when public librarians interact with homeless individuals. The only other research to consider boundary work and librarianship is Trosow's (2001) study, which applies Abbott's (1988) jurisdictional disputes to jurisdictional issues in the boundaries between law and law librarianship. In his analysis, Trosow (2001) argues that the focus on the unauthorized practice of law is at the root of a jurisdictional dispute between lawyers and other professionals who support legal work, such as paralegals and law librarians. Trosow (2001) explains that law librarians are faced with balancing improving access to legal information while avoiding the unauthorized practice of law, and that in the process of helping patrons, navigating that distinction can be difficult. His analysis concludes with suggestions for law librarians to help them avoid creating client relationships by following behavioral standards that make that boundary apparent to patrons. This study explores the experiences and challenges public librarians express when assisting homeless library users using a boundary work approach. How public librarians understand their boundaries and navigate them may also help explain some of the underlying dynamics of information interactions with homeless library users.

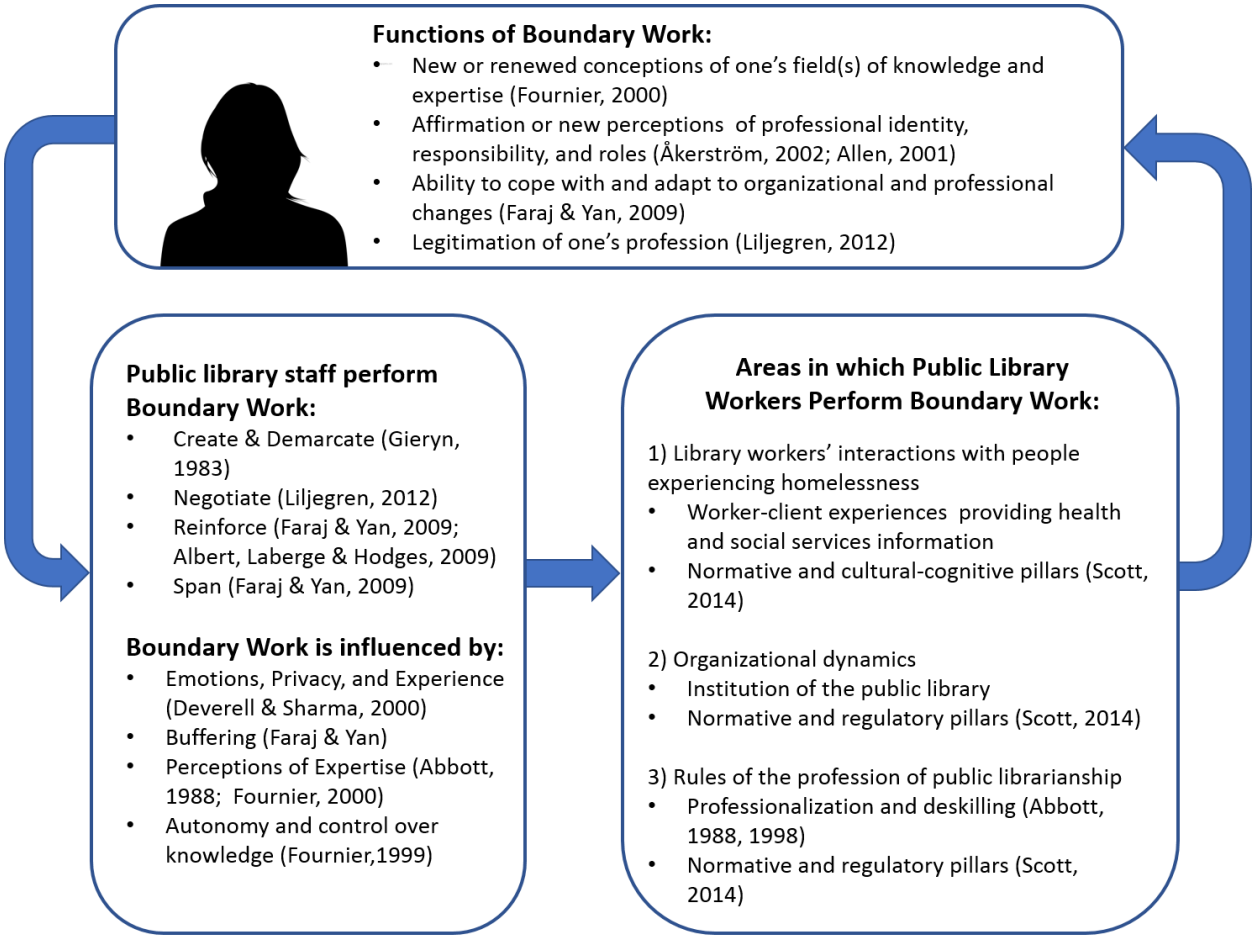
A review of the literature points to concepts related to boundary work that can be used to analyze the tensions in public librarians' provision of health and social services information to people experiencing homelessness (Table 4.3.)

Table 4.3. Boundary Work Concepts and Definitions

Boundary Work Concepts	Definition
Boundary Spanning (Faraj & Yan, 2009; Williams, 2002)	Linking internal networks/organization with external resources or information; ambassadors, task coordinators, scouts who acquire information and resources to complete tasks
Buffering/ Disengagement (Faraj & Yan, 2009)	"Buffering is a strategy of disengagement" (Faraj & Yan, 2009). Buffering involves closing oneself off from exposure to the environment; protecting oneself from uncertainties and disturbances
Reinforcement (Faraj & Yan, 2009)	Boundary work that is inward facing, the ways in which individuals internally set and reclaim boundaries by increasing awareness and developing/reinforcing identity
Confidentiality/privacy as boundary enforcers (Deverell & Sharma, 2000)	Respecting perceived practices regarding privacy and confidentiality results in the enforcement of boundaries around practices and information
Struggles over roles (Abbott, 1988) *Labours of Division* (Fournier, 1999, 2000)	The professions are constituted and maintained through boundary work rather than occurring as a result of it; turf wars, continual renegotiation of boundaries
Emotions (Empathy/Personal Experience) (Deverell & Sharma, 2000)	Emotions can cause workers to view boundaries in particular ways (as limiting, as things that need to be broken or changed, or as important to maintain)

Using the concepts identified in the literature review, Figure 1 presents a conceptual framework that can be applied to understanding the boundary work of public librarians.

Figure 1. Conceptual Framework of Public Library Workers' Boundary Work



As identified in the literature on boundary work and the professions, privacy, community level issues, professional issues, and emotion can impact actors' boundary work activities. Boundary work may involve adhering or maintaining boundaries, spanning boundaries, buffering boundaries, brokering, or accidentally constructing boundaries. Boundary work does not just help define what a profession is, but it has implications for professional identity, role development and enactment, collaboration between colleagues or others, and other activities. Although this conceptual framework presents a tentative understanding of boundary work using concepts derived from previous work, my study will refine these concepts to create a framework

that can be used to think about how public library workers perform boundary work. Additionally, my study will address the implications of this boundary work, including how boundary work is used to maintain the profession and what it means in context of identities, roles, and health and social services information provision to people experiencing homelessness.

In Chapter 4, I outline my study's methodology and discuss in more detail how the conceptual framework will be used to understand the boundary work of public library staff.

Chapter 5: Methodology

In Chapters 2 and 3, I provide background surrounding issues of homelessness and public libraries and demonstrate the need to examine public librarians' provision of information services to people experiencing homelessness. In the previous chapters I also situate the present study as filling a gap in the literature among studies of boundary work in social work and the health education professions. My project also adds an unexplored dimension to the existing research on public librarians' perspectives on providing information services to people who are homeless.

In this chapter, I outline my research approach and process for implementation. My research model is based on the five components outlined by Maxwell (2008), as taking this approach accounts for the reflexive nature of qualitative research. First, I will reiterate the underlying goals and motivations guiding my study, along with outlining my epistemological approach to conducting this research. Second, I address the conceptual framework guiding my analysis. Next, I underscore the research questions and objectives of this project and subsequently the methods by which I am answering these questions. Finally, I discuss the strategies I am implementing to increase the validity of my study and provide a reflective commentary on my methodological considerations. Discussion of ethical issues related to my research design are included in each of the sections in recognition of the fact that ethical issues must be negotiated throughout the research process (Owen, 2008).

5.1 Research Motivations and Goals

This dissertation project has three major underlying motivations. First, as outlined in Chapter 1, *Kreimer v. Morristown* has incited discussion regarding homelessness and public libraries for the past twenty-five years. Additionally, library services to people experiencing homelessness is a topic frequently covered in news and media. This increased attention has resulted in librarians' continued concern regarding the tensions between providing services to people experiencing homelessness and meeting the needs of all members of the library community. Subsequent changes to professional policies on services to people who are poor or experiencing homelessness are evident in several institutional policies, including those outlined by the American Library association and more recently, the International Federation of Library Associations and Institutions. The literature review in Chapter 2 demonstrated that more research is needed in understanding public librarians' experiences providing information services to people experiencing homelessness. Chapter 3 outlines how boundary work theory helps illuminate the dynamics of these tensions in service provision.

The goals of my study are twofold. First, I am attempting to accurately portray the range of experiences among public librarians as they construct, negotiate, and break boundaries while providing information services to people experiencing homelessness. The second goal of my research is to understand the implications of this boundary work: what it means in terms of public librarianship and information provision to people experiencing homelessness.

5.2 Ontological Approach

My approach to this project is ontologically relativist and based in what Lincoln and Guba (1985) originally termed naturalistic inquiry, and later referred to as constructivism (Guba

& Lincoln, 1994). By a naturalistic or constructivist approach, I mean that my research is interested in understanding how people participate in life activities in natural settings (Owen, 2008). As a researcher, I want to understand how people interact in natural contexts, and for the purposes of my study this means everyday work situations. My research is qualitative because it is appropriate given my ontological and epistemological approach and because methodologically, my research is observational and concerned with examining a phenomenon rather than quantifying human behavior (Guba & Lincoln, 1994). My focus is on understanding the breadth and depth of my participants' realities rather than measuring those realities in a quantitative way.

My research is reliant on the five major tenets of the naturalistic paradigm. These include the recognition that realities are multiple and constructed, the interactive relationship between myself as the researcher and my participants is inseparable, the fact that I cannot distinguish between cause and effect, my research is informed by context and temporality, and my research is influenced and bound by my own values (Lincoln & Guba, 1985).

This study takes a naturalistic approach for several reasons. First, as a researcher I recognize that my values align with a naturalistic approach to research. I view reality as socially constructed, subjective, and dependent on the perspectives of myself as the researcher along with those of my participants. This paradigm is most appropriate for my research because I am concerned with understanding the multiple, constructed perceptions and realities of public librarians and acknowledge the subjectivity of examining these constructed realities as my research objective. As Åkerström (2002) noted, a constructivist approach has been used in previous work to study how "people construct boundaries around various activities, conditions or types of people" (p. 519). Additionally, in adopting this paradigm, I appreciate that the

constructed realities of my participants may be conflicting, all are potentially useful, and taken together, may point to some consensus or patterns that can be interpreted in some way (Lincoln & Guba, 1985).

As Hsieh and Shannon (2005) note, the naturalistic paradigm is also well suited for qualitative content analysis. Although the first step of my directed content analysis is deductive (because it uses concepts derived from theory), I am subsequently identifying emergent themes and concepts. The overarching goals of my research are based on exploring ideas that emerge from the data rather than only deductively applying concepts.

5.2.1 Directed Content Analysis

One of the major goals of this dissertation is to develop a conceptual framework of boundary work in public librarianship based on existing and emergent theoretical concepts. As such, my study is situated among previous studies of boundary work in social work, boundary work in health education, and issues in health information provision in public libraries. Using a conceptual framework based in prior research and the underlying dynamics of boundary work theory, my project employs qualitative content analysis, which is helpful for understanding themes, patterns, and meanings within texts (Zhang & Wildemuth, 2009). As Krippendorff (2004) notes, content analysis is a "systematic reading of a body of texts, images, and symbolic matter" (p. 3). A directed content analysis approach is particularly useful for this study because I am seeking to extend existing boundary work theory by providing additional description and context (Hsieh & Shannon, 2005). Directed content analysis is appropriate for this study because my initial coding approach employs deductively applying existing concepts from previous boundary work scholarship. The next steps of my analysis process take an inductive approach

and involve identifying emerging boundary work concepts that are related specifically to both validating and developing my conceptual framework of public librarians' boundary work (see Chapter 2, Figure 1, Public Librarians' Boundary Work: A Conceptual Framework). Section 4 provides a detailed description of the data analysis process.

5.2.2 Data Sources

For my study, data sources include one-on-one interviews and institutional documents and policies from professional organizations. Interviews with public librarians are included to understand individual perspectives on providing information services to people experiencing homeless. The study also makes use of professional documents from public library related organizations to ascertain how providing services to people experiencing homelessness has grown as an issue of interest to the profession of public librarianship.

Additional ancillary data, including census tract data and community specific statistics on homelessness and library services is included to help describe the communities in which public librarians are providing information services to people experiencing homelessness.

5.3 Data Collection

The following section describes my process for identifying research sites, participants, and collecting data. My study involved purposefully selecting research sites and purposively sampling public library staff.

5.3.1 Site Selection and Access

For my study, I purposefully selected three public library systems that provide services to communities with a number of people experiencing homelessness. Table 5.3.1 provides information about the populations of each community, the number of people experiencing homelessness, and the number of interviews conducted at each system. This study was approved by the Institutional Review Board on September 28, 2015.

Table 5.3.1. Research Site Information

3 interviews, System A	• 245,000-300,000 (population) • 3500 people experience homelessness (1%)*
9 interviews, System B	• 84,000 (population) • 2,500 people experience homelessness (3%)*
12 interviews, System C	• 245,000-300,000 (population) • 1,500 people experience homelessness (.5%)*

*Homelessness statistics from *The US Department of Housing and Urban Development, Point in Time Estimates.*

5.3.2 Interviewee Access

Because I was required to contact library directors for approval prior to conducting interviews at the three sites, library directors acted as gatekeepers for gaining access to staff who were willing to participate in the interviews. I began by contacting library directors, who then forwarded the recruitment letter to staff who met the criteria for inclusion in the project. Those

eligible to participate include staff (professional or paraprofessional) who spend the greater part of their day engaged in providing information services to the public. At all three systems, the library director designated a staff member to coordinate interviews with interested employees, and we scheduled interviews via email.

All staff who agreed to participate were interviewed in a location of their choice and given $10.00 for agreeing to participate in the study. Interviews were conducted in a quiet space of the participant's choice.

One ethical constraint in this part of the recruitment process is that I was required by the IRB to contact library directors to gain access to participants rather than being able to contact participants directly. Because of this, it is possible that respondents felt coerced to participate in the study. However, during individual interviews, I tried to mitigate this concern in several different ways, as described in 3.3.

5.3.3 Interview Process

The interview protocol is as follows. First, the interviewee and myself met in the location of the participant's choosing. This was in all but one case a library meeting room; in one case this was a quiet corner of a coffee shop selected by the participant. I introduced myself, spoke about my background as a public librarian and my current role as a graduate student. I then provided a brief description of the project and its goals. Next, I gave participants the consent form. I gave them the opportunity to review the form, offered to answer any questions, and then reviewed what they read before signing to ensure that they were aware of the risks and benefits of participating in the study. After the consent form was completed, I asked participants if they had any questions about the project and reminded them that our conversation would be recorded. I also explained that, *at any time,* if they felt uncomfortable being recorded, they could ask me to

turn off the recording and that this would not affect whether they received their incentive for participation.

All the interviews lasted approximately 40-60 minutes and were audio recorded using a voice recording application on a mobile device. Each interview relied on an interview script (Appendix D: Interview Guide). However, depending on the nature of the discussion and throughout the evolution of the interviews, I often added or rephrased questions to ensure that I was adequately covering the topics introduced by my participants. Thus, interview questions varied beyond the basic script based on the experiences and topics of interest expressed by participants. Throughout the interviews, I rephrased responses to ensure that my understanding of the participant's answer was accurate according to their perspective. I also assured respondents before and during the interviews that at any point we could stop the interview with no negative repercussions. At the end of the interview, I asked respondents if they would like to return to any topics, and whether there was an additional topic they would like to discuss before ending the recording.

5.3.4 Other Data

Several types of documents will be used to help contextualize the data I acquire via interviews with public library staff. The first set of documents relates to *Kreimer v. Morristown*. Documents and articles related to this legal case help contextualize the growth of public libraries' concern for providing services to people experiencing homelessness since 1991. These documents include: the rulings for the original case and the appeal, professional journal articles about the case, and news articles about the case. The timeline of this landmark case points to the enduring tensions between public librarians and people experiencing homelessness as well as the variety of perspectives on providing information services to this population. Analyzing these

documents helps set the backdrop for how the profession has changed in response to the case and the discussions regarding providing services to people experiencing homelessness that arose as a result of it.

The second set of documents are policies for services to the poor and people experiencing homelessness created by professional library organizations. Understanding professional standards for services adds additional context that is helpful when analyzing public librarians' perceptions of providing services to people experiencing homelessness. These documents include toolkits and policies created by the ALA and the IFLA, as well as each library's strategic plan, organizational chart, and mission where available. Considering these policies helps provide an understanding of the normative and regulative factors influencing boundary work.

The third set of data are statistics on experiencing homelessness. While not part of the formal analysis, basic descriptive statistics of the areas in which the library systems function is important for recognizing the levels of poverty in the area as well as the differential needs of the groups of people experiencing homelessness in each area. The data also includes counts on those experiencing homelessness, breakdowns of homeless populations (e.g. families, veterans, etc.) and risk factors for experiencing homelessness.

5.4 Data Analysis

5.4.1 Methods Overview

The conceptual framework introduced in Chapter 3 provides a basis for exploring how concepts related to boundary work are represented among public librarians' perceptions and experiences. According to Miles & Huberman (1994), conceptual frameworks explain, "either graphically or in narrative form, the main things to be studied—the key factors, constructs, or variables—and the presumed relationships among them" (p. 18). My conceptual framework of

public librarians' boundary work relies on existing research on the theory, with the expectation that my study will help extend this theory in a novel context.

By using directed content analysis, my research develops a conceptual framework that validates and extends boundary work theory when considering public librarians' provision of health and social services information to people experiencing homelessness. Directed content analysis is employed in this work because it allows the researcher to begin by deductively analyzing the conceptual framework while allowing the researcher to account for emergent concepts and themes in subsequent coding steps (Hsieh & Shannon, 2005).

5.4.2 Data Analysis Process

As with any rigorous qualitative research study, my analysis of interviews with public librarians relies on several processes to prepare and analyze my data. Before beginning analysis, I prepared my data by transcribing the interview data in a word document. I anonymized each transcript by assigning a letter for the public library system and a number for the respondent number. I later assigned a pseudonym to each participant that corresponded with the letter and number (for example, B9 is Janine, where B is the library system, 9 is the 9th respondent, and Janine is the assigned pseudonym). This two-step process helped ensure anonymity of participants' identities.

The process of transcribing the interviews required three major practical considerations, as described by Schilling's (2006) discussion of the initial steps in preparing data for qualitative content analysis. Following Schilling's guidelines involved determining whether to do the following in my transcriptions:

1) Include detailed notes on observations, sounds and audible behavior (for example, dialects or behaviors);
2) Transcribe all questions in the interview rather than selecting specific questions and answers; and
3) Write down verbatim what participants said rather than summarizing their responses

I omitted step 1 because I am concerned with understanding descriptions of public librarians' experiences, which are more thematic in nature rather than based on individual or small amounts of utterances. If I had been concerned with individual terms or speech-focuses issues (as would be the case with a content analysis of transcripts for conversation analysis, for example) I would have included step 1. However, for the purposes of my research steps 2 and 3 were sufficient and most appropriate.

After transcribing and anonymizing the interview transcripts, I determined that the unit of analysis for coding is individual themes. Coding for themes was the most appropriate unit of analysis because of the *a priori* approach of my study, namely its reliance on previously identified concepts related to boundary work theory. The theme as a unit of analysis means that instances of those themes may be embodied in different size chunks of text, which may include half sentences, sentences, or entire paragraphs, as long as those chunks refer to a single theme that relates to my research questions (Schilling, 2006; Zhang & Wildemuth, 2009). My analysis approach was cross-question, which means I coded all of the responses in one interview transcript before moving to the next transcript. I took this approach to get a fuller sense of the experiences of respondents and account for emergent themes beyond those identified via the conceptual framework (Schilling, 2006). Schilling recommends this approach as particularly

appropriate when the researcher is attempting to understand the full complexity of each interview.

The strategy of directed content analysis adopted for this research began with an initial deductive coding phase that applied concepts derived from previous studies of boundary work theory and related research findings (Zhang & Wildemuth, 2009). The conceptual framework developed in Chapter 2, and its associated operationalized concepts, formed the basis of my initial round of coding.

Before beginning the initial round of coding, I applied my coding scheme to a sample of text to identify any codes to determine how well the data represented the concepts. I also identified and noted any emergent concepts or themes that could not be accounted for by the conceptual framework, and set these aside for subsequent inductive rounds of coding (See Appendix E for the Coding Manual). I recognize that coding, especially with qualitative content analysis, is iterative and requires continual negotiation and revision of the coding manual. To further check the consistency of coding, I gave excerpts of interview transcripts to a second coder to help validate codes, clarify definitions of codes, and identify emergent codes from the data.

Taking a similar approach as that I used when analyzing the transcripts, I applied an inductive thematic analysis of policy documents and organizational papers included in my study. While I could have applied specific boundary work concepts to these documents, taking an inductive approach was more appropriate for these documents to get an understanding of the major issues they addressed. Although these documents may help point to some of the motivations or consequences of boundary work, they are not considered boundary work in themselves for the purposes of this research (See Appendix E for the Coding Manual).

5.4.3 Software

For the purposes of coding my data, I used two pieces of software. I used Microsoft Word to organize themes, subthemes, and representative examples to create a comprehensive codebook (See Appendix E for the final codebook of major themes and definitions). For actual coding processes, I used NVivo, a qualitative analysis software I used to organize my data, code the data, and apply queries to better understand relationships between different codes.

5.5 Evaluation of Method

I relied on five criteria to determine whether the methods, implementation of methods, and the findings of my study are trustworthy (Lincoln & Guba, 1985). These include credibility, dependability, conformability, transferability, and authenticity, which correspond to evaluative criteria of positivist approaches to research. For the purposes of evaluating my method, I base my criteria on both Lincoln and Guba (1985) and Shenton's (2004) descriptions of the ways in which those criteria are applied by qualitative researchers. After discussing these criteria, I provide a reflective commentary on both my methodological decisions and on the strategies I have employed to increase the trustworthiness of my research findings.

5.5.1 Credibility

By credibility, I am referring to what Lincoln and Guba describe as an alternative to internal validity, in which the researcher demonstrates an inquiry's "truth value," or the idea that multiple realities of participants are reconstructed credibly by the researcher (p. 296). Establishing credibility involves a variety of tactics on the part of the qualitative researcher as discussed by Shenton (2004). I have endeavored to employ these approaches as comprehensively

as possible given the design and implementation of my research. I will outline my implementation of these strategies in the following sections.

First, in using qualitative content analysis to develop a conceptual framework, I have adopted methods that are established and employed in information science. Prior professional experience in public libraries as well as visits to each of the library systems and conversations with library directors helped me to engage with the research sites and the profession before interviewing participants.

Although I purposively sampled for this study based on the participants I could acquire through the library directors, I did leave my inclusion criteria as open as possible to get as wide a range of participants as possible. Thus, I was able to interview library managers, librarians, and library staff with a variety of specializations and a range of library experience. However, I do recognize that participants may have felt pressured to participate by their supervisors and that supervisors had a hand in selecting who those participants were. I discuss the ethical issues associated with my sampling approach in Section 3. I also interviewed library staff at three different systems to attain site triangulation. Additionally, I used data about the profession in general, statistics on homelessness, and data regarding *Kreimer v. Morristown* to contextualize my study. I attempted to acquire a wide range of participants, interviewed at multiple locations, and consulted on several different types of data to triangulate my data.

Two additional tactics I implemented to increase the credibility of my study involved iterative questioning and encouraging honesty in participants (Shenton, 2004). Before interviews began, I gave participants the opportunity to refuse to participate, to refuse to continue participating at any time, and that there were no negative repercussions for doing so. During interviews, I often used probing questions to get a better sense of what participants were

expressing. I also rephrased questions and returned to topics from earlier in the interview to ensure that I adequately understood what my participants were saying and so that they had an opportunity to clarify and validate their previous responses. I also conducted member checking with participants throughout and at the end of interviews. I continuously reiterated what participants said, clarified to be certain of what their responses meant, and gave an opportunity to participants to talk about any other topics they wished to discuss at the end of each interview.

Finally, providing thorough research on relevant previous research and giving thick description of the phenomena I observed has helped increase the credibility of my research. Previous research informed the development of my conceptual framework, and I have also included emergent concepts to ensure that my data are accurately represented. My descriptions contain context about the individual organizations, communities, and the profession as a whole as well detailed descriptions of the experiences of my participants. By being as detailed as possible I can give the most representative depiction of public librarians' experiences.

5.5.2 Dependability and Confirmability

In my study, I provide detailed descriptions of my research design, methods, implementation, and reflections on my approach. These strategies help increase the dependability of my research and give readers an opportunity to appraise "the extent to which proper research practices have been followed" (Shenton, 2004). As previously described, I worked to triangulate my data, provided detailed description of my methods, and admit the limitations of my research approach. These contribute to the confirmability of my research design and allow the reader to trace the steps I took in designing and implementing my project. In the results and discussion, I represent the scope of viewpoints expressed by my participants and include negative instances and extreme cases where possible.

5.5.3 Transferability and Authenticity

Transferability is used as a criterion in this study as opposed to external validity, and refers to the degree to which study findings can be transferred or applied to other contexts and settings (Guba, 1981; Shenton, 2004, Trochim, 2006). The provisions I make in this study to support the transferability of my research are providing detailed information about the context of my study and detailed descriptions of boundary work so that readers can more adequately make comparisons between settings (Shenton, 2004).

Guba & Lincoln (1994) discuss various types of authenticity and how they can be implemented in qualitative research, although they note that at different stages of research, these measures may be more, or less, salient. To improve the authenticity of my project, I endeavor in my description of public librarians' boundary work to "represent a sophisticated but temporary consensus of views about what is to be considered true" (Seale, 1999, p. 469). I endeavor to represent a range of realities and perceptions regarding public librarians' experiences accurately to demonstrate the fairness of my work.

Chapter 6: The Perspectives of Public Library Staff

This study is concerned with the boundary work performed by public library staff as they provide health and social services information to people experiencing homelessness. In this chapter, I begin in 5.1 by providing an overview of each of the communities in which the three library systems included in my study operate. Sections 5.2 outlines the health and social services information provision experiences revealed in my interviews with 24 public library staff. This section demonstrates the range of health information questions asked by people experiencing homelessness as well as the sources and strategies used by public library staff to answer those questions. Finally, Section 5.3 describes the results of the analysis used to identify the kinds of boundary work public library staff perform as they provide information services to people experiencing homelessness.

One of the interview questions asked library staff how they knew someone was experiencing homelessness, or what clued them in that someone was experiencing homelessness. This prompted a wide range of responses. Some library workers explained that people simply told them they were experiencing homelessness, others relied on a patron's clothing, large amounts of bags, or the fact that they were in the library every day from opening to closing. Others talked about how uncomfortable they were considering whether someone was housed, or that housing status was irrelevant to the information interaction. Alice shared her experiences:

Often times people will tell you, as a matter of fact, some people will tell you right off the bat, other times you kind of get the idea as you see them day after day in the library. And you know often times they're the first ones in the library because they're discharged from the shelter over there and they wait for us to open. It's mostly not a question that you ask, you just um make some

assumptions that may be right, may be wrong. Unless somebody actually tells you or tells you information to believe that they're homeless we don't assume that they are.

Others, like Patrick, Janine, and Erin mentioned that they simply got to know patrons experiencing homelessness, and as they built a rapport with them, the patron felt comfortable sharing their housing situation with them. Patrick also mentioned gathering information from other sources that helped him deduce whether someone was experiencing homelessness:

We also hear from our security staff a fair amount about [the homeless], or at least us that are getting the incident reports that come through. You know we might here that 'so and so' was in here and there was a behavioral issue, and then one of the shelters called to ask us about it. So you kind of figure it out from that.

John talked about his person efforts not to make assumptions about whether someone was experiencing homelessness, explaining that some folks are just passing through the area:

We have a really thriving, very diverse community here, and there are quite a few people who I would consider either well below the poverty line or they're just choosing to live an alternative lifestyle, which some people will describe as fringe. We have a lot of people in their 20s who are just kind of travelers, or drifters coming through here.

Jess, like John, talked about her desire to avoid making assumptions about the housing status of her library patrons, explaining that many times people outright told her they are experiencing homelessness and need help answering an information question. She further stated:

I think lots of people would see someone in and assume maybe if they are unkempt or perhaps have some hygiene issues, you might think, 'oh, they're homeless,' but that's not always the case!

A couple of library staff expressed uncertainty about whether they had ever even helped a person experiencing homelessness. For example, Michelle said:

There is occasionally a patron who maybe has a lot of like, maybe plastic bags, I kind of wonder if maybe they might be homeless, but sometimes it's just people who like to carry a lot of bags in from their car. So to my knowledge I haven't actually encountered anyone who was homeless at this branch.

For the most part, library staff described having had at least some encounters with people experiencing homelessness. Not all library workers perceived housing status to be relevant to providing information services to people experiencing homelessness. Of those that did, library staff mentioned disclosure by the patron, baggage, hygiene, time spent in the library, and incidents reported by shelter staff or security as clues into who was experiencing homelessness.

6.1 Overview

As explained in the methodology chapter, library directors at the three participating library systems facilitated my interviews with 24 public library staff. The following section describes the three communities for the library systems and provides basic demographic information about the participants from the study.

All three communities are located in three different states in the US, two in the Midwest and one in the South. All three communities have between two to nine library branches within their library system. The three states in which the three library systems are located all experienced slight decreases in the number of people experiencing *unsheltered* homelessness overall from 2014-2015 (National Alliance to End Homelessness, 2016). Table 6.1.1 describes basic demographic characteristics of participants at the three locations. The library staff members

I interviewed held a variety of positions, including: 2 paraprofessionals, 5 managers, and librarians at a variety of levels. Of those who participated, 17 of 24, or 70.8% were women—slightly lower than the 83% female library workforce reported by the 2015 Current Population Survey (Department for Professional Employees, 2016). Public library workers self-reported their professional and/or paraprofessional work experience, which ranged from less than 1 year to over 13 years. In Table 6.1.2, I include the pseudonyms of all participants, the library system in which they are employed, and their position. Table 6.1.3 provides demographic information about the three library systems, and their community's populations of people experiencing homelessness.

Table 6.1.1.
Participant Characteristics

Library System	Participants	Range of Experience	MLIS	% Female
A	3	8+ years	66% (2/3)	100% (3/3)
B	9	<1 year to 13+ years	88.9% (8/9)	33% (3/9)
C	12	5+ years	100%	91.7% (11/12)

Table 6.1.2
Pseudonymized Participants, Position Title, and Library System

Library System A	
Pseudonym	***Position***
Alice	Librarian
Carrie	Library Assistant
Janine	Librarian
Library System B	
Pseudonym	***Position***
Beth	Librarian
Erin	Librarian
Patrick	Librarian
Tim	Librarian
Dylan	Librarian
John	Librarian
Seth	Assistant Branch Manager
Andrew	Librarian
Renee	Librarian
Library System C	
Pseudonym	***Position***
Karen	Librarian
Michelle	Librarian
Richard	Assistant Branch Manager
Jess	Librarian
Diana	Librarian
Sue	Librarian
Lindsay	Librarian
Jodi	Assistant Branch Manager
Amanda	Librarian
Alex	Assistant Branch Manager
Meredith	Reference Assistant
Bob	Branch Manager

Table 6.1.3
Library System and Community Characteristics[a]

Library System	Number of Branches	Change in Homelessness in State (2014-2015)	Chronically Homeless	Suffering from Mental Illness	Victims of Domestic Violence	Substance Abuse	Veterans	Unaccompanied Youth	Total Homeless Persons
A	9	0% change	18	24	24	15	7	5	629
B[b]	2	0-2% decrease	10	16	19	11	8	**7**	3,711
C	6	10-15% decrease	10	14	5	12	15	6	1,064

[a]Statistics from U.S. Department of Housing and Urban Development, 2016.
[b]Point in time estimate includes several counties.

6.1.1 Library System A

Library System A is in a city with a population of approximately 250,000-300,000 residents (United States Census Bureau, 2016). According to a Point in Time Homeless Count (PIT) conducted by the US Department of Housing and Urban Development in 2016, there are about 450 households experiencing homelessness with 629 individuals experiencing homelessness in the community (HUD Exchange, 2016). From 2014-2015, the state experienced no change in the number of people experiencing homelessness. Note that this count is a snapshot rather than a comprehensive estimate of people experiencing homelessness, and the count includes people living in transitional housing, emergency shelters, and in unsheltered conditions. The PIT count also broke down the over population of people experiencing homelessness into subgroups. Of the total number of people experiencing homelessness in this area:

- 18% are experiencing chronic homelessness
- 24% suffer from severe mental illness
- 24% are victims of domestic violence
- 15% suffer from chronic substance abuse

- 7% are veterans
- 5% are unaccompanied youth

The community served by Library System A has several homeless shelters and free clinics available to people experiencing homelessness. Geographically, these are located throughout the city, with some resources available within a mile of the "central" library branch. The public library in this community is part of a consortium of agencies that provide services to people experiencing homelessness. The consortium provides services that include case management, information, and referrals to people experiencing homelessness in the area. The library's role in the consortium is to provide referrals for services and case management. The library system has had a grant funded social worker on staff in the past; however, the funding for this position ended and as of 2017, the system does not currently employ a social worker.

6.1.2 Library System B

Library System B is in a city with a population of less than 100,000 people (United States Census Bureau, 2016). The total population of people experiencing homelessness in the area (where the library is located and surrounding counties) is approximately 3,711 (HUD Exchange, 2016). According to a Point in Time Homeless Count (PIT) conducted by the US Department of Housing and Urban Development in 2016, of the total number of people experiencing homelessness in the area:

- 10% are chronically homeless
- 16% suffer from severe mental illness
- 16% suffer from substance abuse
- 8% are veterans

- 7% are unaccompanied youth
- 19% are victims of domestic violence

While not part of a coalition to address homelessness in the community, this library has a nonprofit central, with a staff representative who provides information to local nonprofit community organizations, including those that provide services to people experiencing homelessness. Library System B does not have a social worker on staff, but in the past has had a grant funded health librarian.

6.1.3 Library System C

Library System C is in a city with a population of slightly over 300,000 people (United States Census Bureau, 2016). According to a Point in Time Homeless Count (PIT) conducted by the US Department of Housing and Urban Development in 2016, of the total population, about 1,100 people and 950 households are experiencing homelessness (HUD Exchange, 2016). Most people experiencing homelessness in this community are white males, which outnumber women experiencing homelessness at a ratio of approximately 3:1. About a quarter of those experiencing homelessness are African-Americans (25.2%) and a small percentage of Hispanic/Latino people experiencing homelessness (.05%). Over 15% of those experiencing homelessness in this community are households that have at least 1 adult and 1 child. In this community:

- 10% are experiencing chronic homelessness
- 14% suffer from severe mental illness
- 5% are victims of domestic violence
- 15% are veterans
- 12% suffer from chronic substance abuse

This library system is actively involved in a local coalition of organizations in the community focused on ending homelessness. One initiative focuses on a housing first model, and another collaboration that has since ended provided a grant funded triage team comprised of social workers and health professionals. A third grant funded initiative is focused on redesigning the park space adjacent to the central branch of the public library.

All three communities have varying general and homeless populations. As Table 6.1.2 demonstrates, there is variability in the types of homelessness experienced by people in each of the three communities. In Library System C, for example, a greater percentage of people experiencing homelessness are veterans than in the other two communities.

6.2 Providing Health and Social Services Information to People Experiencing Homelessness

In this section, I provide background on public library workers' experiences providing health and social services information to people experiencing homelessness. Having an overview of their experiences is the basis for exploring how issues of boundaries arise (addressed in Section 6.3). This section provides the context for and sets up the scope and variability of responses regarding provision of health and social services information to people experiencing homelessness in these three different library systems. These experiences are crucial to understanding the boundary work public library staff perform, which is discussed in the subsequent chapters.

6.2.1 Health Information Provision to People Experiencing Homelessness

Interviews with library staff began by covering a series of questions related to health information provision in the library (See Appendix D for the interview guide). Before the interview began, participants were given the following definition and examples of questions related to health information:

Health information can mean a lot of things. What I am interested in is hearing your use of health information as:

- *preventive health information (for example: exercise and nutrition programs),*
- *vaccinations (for example: do I need them/should I get them, general information about vaccinations),*
- *diagnosis/treatment information (for example: a patron has a recent diagnosis such as breast cancer, and she is looking for information on the topic and/or treatment information),*
- *questions about medical providers or health insurance (for example: Where can I find a dermatologist? What are my options for health insurance?),*
- *questions about a specific medical condition (I'd like to know more about the risk factors for pneumonia)*
- *or anything else you might think of or consider health information!*

These questions can arise from any number of motivations, and may be related to the person asking the question, related to a friend or family member, or just arise simply out of curiosity.

Health information can be provided via formal or informal tools, in print resources, online, or in communication with others (as in a talk or workshop focused on a specific health topic).

Public librarians overwhelmingly explained that they provided health information to the public at the "patron's request" and that providing health information to people experiencing homelessness was no exception. Several library staff mentioned that providing health information to people experiencing homelessness was at times more challenging than providing health information to the general public. Libraries workers explained that this was due to, at times, patrons' limited information and computer literacy and a discomfort with asking people about the particulars of their living situation. Many described how important it is to be careful to not give health advice but to answer questions one-on-one, usually by providing printouts from websites that give an overview of a condition or directing people to printed materials that can be checked out. Among the 24 staff members was the general sense that health information requests at the library fell along the lines of what they described as 'typical' or 'average' for public libraries. Several staff described the situational nature of health information questions and explained that the use of print materials or that printing out website materials was the most preferred source for finding health information for library users, followed by reputable resources such as Medline Plus or the Mayo Clinic.

Throughout the course of the interviews, public library staff identified several types of health information needs or questions that they heard frequently from people experiencing homelessness, as well as a variety of information sources and programs related to health. When asked what the health information needs for people experiencing homelessness were, library staff often described both health information and health services or health-related programs. Common health information questions included: specific diagnoses or chronic health conditions; options

for health insurance coverage; pill identification or drug interactions; and referrals to local health agencies.

Several library staff discussed answering questions related to recent diagnoses or chronic health conditions. For example, Beth, a librarian, discussed receiving questions such as:

This is what my doctor told me I had, can you tell me more about this?

Another librarian, Karen, referred to specific conditions when talking about common health questions:

Conditions can be anything from asthma, diabetes we get on a regular basis, fibromyalgia, we get fairly regularly. To a lot of the more difficult cancer diagnoses, we get those on a regular basis too. and they're wanting to get more information [about] that.

Over a third of public library workers (9/24) identified questions about health insurance as another important health information need they addressed when interacting with people experiencing homelessness. Questions related to health insurance involved how to get healthcare with limited or no health insurance coverage and how to sign up for health insurance. According to Healthcare.gov,

A health navigator is [a]n individual or organization that's trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the [health insurance] Marketplace, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers (2017).

Library Systems A and C both provided space for local agencies to bring in health navigators to provide assistance for patrons signing up for health insurance. This was not limited to people experiencing homelessness but was perceived as a valuable resource for anyone regardless of housing status. Richard noted that for the past two years it has had a representative from a local clinic available to assist patrons with signing up for health insurance coverage, and Library System A follows a similar model with representatives from a local health agency. Each of the three library systems had a staff member tasked with connecting library patrons to navigators or had someone on staff who acted as a health navigator for the library system. As Beth pointed out, sometimes this involved working as the health navigator in answering "questions about Obamacare [the Affordable Care Act]."

Several library staff mentioned providing referrals to agencies such as the local health department, dental and medical clinics, and substance support groups (9/24). Library staff also described the need to have a doctor or nurse in the library, or a "triage team" as one participant noted. Bob talked about the library's former triage team:

[What you need] really depends on the population you have and where you're located. I would say not just a social worker but like [what] we had, kind of like a triage team. There were counselors, clinicians, people that could do more than one thing.

Focusing on referrals to local health agencies, Erin explained: "I probably referred at least one or two or a few people to the medical clinic in town where they can get free healthcare." Similarly, Renee said, "I do have them come and sometimes they're looking for an [Alcoholics Anonymous] or an [Narcotics Anonymous] meeting. So I've helped them with that quite a bit too to help them find when the next scheduled meeting is." Alex describes some of the challenges involved in referring someone to a local health clinic:

One [example] in particular comes to mind because he was a regular, was a younger man who would come in, he was mostly wheelchair bound. I don't know the terminology, I don't think he was always homeless, but I don't think he had a secure place that he could always go, he didn't have family in the area, and he would come in, he had a great deal of difficulty, and he was very open about his issues. He had diabetes, and there were some autoimmune issues you know, they were some challenging things. He had a horrible time even getting--he could go to the clinics, we'd get him even sometimes set up with an appointment, and--but then he would have a really hard time getting his prescriptions filled, so figuring out a place he could go to get his prescriptions, and mobility. his physical mobility was an issue because he was wheelchair bound and again he relied on the bus system so even just figuring out where he could get healthcare and how he could get there could be a real challenge.

As Alex explained, she had helped him find a clinic, make the appointment, and worked to help him navigate the public transportation system.

Health programming related to weight management and nutrition, chronic pain issues, diabetes, and Alzheimer's were discussed as popular and relevant programming for many library patrons, whether they were experiencing homelessness or not. For example, Library System C partnered with a local physician to offer a clinic on pain free joints. It also offers a program on selecting the right Medicare options and coordinates a 13-week couch to 5k program. Diana, a librarian at system C, highlighted the value of working with local organizations to provide health programming to the public:

The health department has told me on more than one occasion that providing their programming at a public library rather than at the health department can help them avoid some of the stigma

of their own organization, some people look at the health department and just say, 'oh that's for a particular group.' And by doing it here, where everybody's welcome, you get a more diverse group come to in and take part.

Library System A offers a yoga class and health insurance sign-up events. Library System B worked with health navigators from a local nonprofit coordinate healthcare signups in the library and also collaborated with a local agency to provide a series of workshops on caregiving. Beyond providing health information, public library staff spoke frequently about providing health-related programming to library users in general. However, no staff at any of the three library systems recalled the library providing health-related information or programming specifically geared toward people experiencing homelessness.

Library staff explained relying on a variety of information sources to answer health questions from people experiencing homelessness (Table 6.2.1.1). At Library System C, staff discussed referring people to print materials in the collection, often explaining that the library maintains relevant and up-to-date materials covering health topics. However, while public library staff explained that print materials were a great resource, some also noted the limitations of medical reference books such as the *Physician's Desk Reference* or *Merck* manual due to the technical language that might make comprehension difficult for library users.

Table 6.2.1.1
Public Library Workers' Commonly Used Health Information Sources

HEALTH INFORMATION SOURCE[a]	**EXAMPLES**
Print materials (15/22)	"We have a core collection of medical resource books, but when you're dealing with the population that we're talking about, sometimes they don't have high literacy skills, or they don't have computer skills so you can't just say hey get on WebMD or some Medline and check this out because that's not a reality. So you know we could point out those resources but if we do have somebody to point them to or say the you know there's a medical clinic or dental clinic meeting downtown then that would be the better of those options." (Karen). "If somebody approaches us and asks us a question we'll direct them to books or to reliable online sources um we use MedLine Plus a lot as a good starting place" (Patrick).
Medline Plus (11/22)	"Medline Plus! Medline Plus is my favorite! That database is really good, it's got really good information on all levels, you know however deep you wanna go, because I've read some really good research in there for instance on how red wine can lower your cholesterol" (Richard). "We use Medline Plus a lot as a good starting place, it's fairly accurate and reliable information and then referrals to local organizations, like clinics and stuff" (Patrick).
Mayo Clinic (10/22)	"Mayo clinic… they have a really good sort of overview section for a lot of their stuff" (Alex). "I'll use the Mayo Clinic stuff which works pretty well" (Seth).
WebMD (5/22)	"WebMD…provides stuff in layman's terms" (Meredith).

[a]Two respondents said they avoided answering health questions altogether, so the number of respondents for this question is 22, not 24.

Other sources for health information mentioned by a small number of library staff members included the following: pamphlets on local services agencies, an in-house community resource center, resources from the Cleveland Clinic, CDC, government websites, Black's medical dictionary, United Way 211 or 411 resources, State level health exchange website, and Consumer Health Complete (Table 6.2.1.2). While some of these sources are social services oriented, staff mentioned them because they were organizations that also provided health information and services, or because the organizations themselves provided health information that the library can then use for programs or simply print out and make available to the public.

Table 6.2.1.2
Health Information Used Less Frequently by Public Library Workers

SOURCES	**EXAMPLES**
Cleveland clinic	"If they want symptoms of stuff, I would recommend going to the Cleveland clinic, [or] sites you can trust" (Sue)
Centers for Disease Control	"You know, the CDC!" (Diana and Dylan)
Government websites	"The government has some good health info websites" (Diana)
Black's medical dictionary	"We still have things like PDR, Merck manual, a general medical dictionary like Black's dictionary" (Karen).
<u>Local organizations:</u> *Health Department* *Social services agencies* *Alzheimer's Association* *Diabetes Association* *AARP* *United Way 211 or 411*	"We do some diabetes education with the county health department" (Jodi) "You go online and look up places in town, health clinics, with the college here we're fortunate there are lots of dental clinics, health clinics, so we refer people to places like that all the time" (Jess) "United Way runs an area 211, so that's available for people, along with lots of different social service agencies, so there's a whole net of those here" (Seth)

State level health exchange website	"We also have worked with someone from the state health exchange, they're called connectors and someone sets up here a couple times a week and helps people enroll in health insurance" (Jess)
Consumer Health Complete	"We do have one paid database, it's called consumer health complete, and it is a general consumer information, so we do not very often get the academic questions, we have to refer someone to the university when we start getting [to] the research angle for it" (Karen)

Two participants explained that they would actively avoid answering health questions altogether because of concerns over legal repercussions for answering those questions. Lindsay explained that if someone asks a question about a diagnosis, she usually just points them in the direction of the medical encyclopedia rather than directly answering a question because she is concerned that a library patron will ask her to interpret what a diagnosis means:

We try not to [answer health questions], because like with the legal advice and the medical advice we really try hard not to do that because we're not professionals at this… we try to kind of say 'here's the resource' and 'here's the page.'

6.2.2 Public Library Workers Experiences Providing Health Triage

When asked about their experiences providing health information to people experiencing homelessness, library staff frequently explained that while they did not often answer health information questions, they did commonly help people experiencing homelessness with health issues, particularly health emergencies. This theme emerged as an important issue faced by public library staff, who were eager to share their experiences providing assistance to people

having medical emergencies that typically required contacting an ambulance and some form of triage. For example, several staff members described a library patron who recently had a heart attack. Amanda was the librarian on staff that day and described her experiences helping him during his medical emergency:

We had a gentleman who may or may not have had a heart attack here a couple weeks ago and I was the only one here. His car is actually still parked here. He's okay, he's in the hospital now, the hospital actually called us a couple days ago, he's going to be here a little longer, he has to do physical therapy. So I think maybe he had a stroke? They didn't tell me what happened to him. That gentleman was homeless…and his van is here and I went out there to lock it after he had the maybe/maybe not a heart attack and he had like a whole setup in there, there's like a wheely computer chair and a loaf of bread.

Amanda further goes on to describe her experience helping a teenage girl who collapsed at a different library branch, and discusses how important it is that she had and continues to have training in aiding people having health emergencies. As Jodi explained, the staff decided to leave the van in the parking lot:

We committed to not towing his car because that would be kind of insult to injury. It's still here for him, but um, just based on his circumstances and the car and everything, it has out of state plates, he was probably living out of his van, journeying from one place to another. I have a feeling there's probably more of that than we realize.

Jodi then shared a story about another homeless patron having a medical emergency:

There was a gentleman who asked for help and he said that his knee hurt and that he couldn't walk any farther, he walked with a cane and he said he couldn't walk any farther. And I said,

"well, is there someone we can call for you?" And he said no, and I said, "well do you want us to call 911, we can and they're probably gonna take you to the [university hospital], and he said he was okay with that because he didn't have any where to go and didn't have anybody to come get him.

Jodi continues to muse about what it means to experience homelessness and what she perceives as a lack of a support network. From Jodi's perspective, this lack of support network occurs because someone has likely "burned all their bridges," which brings them to the library, where staff often call emergency services to provide assistance. Others, such as Alice, expressed concern over people experiencing homelessness who continue to suffer from health issues but for whatever reason do not reach out to library staff to ask for help:

I know this gentleman, he's in here every day. He definitely has all these health issues but I don't think he's ever asked me for [health information], and sometimes it's obvious to us that there's some sort of mental illness issues or [he] might be looking very sick. I can call in our social services and see, and maybe if they're looking really bad, we'll call the police for a wellness check. I feel like we do that more than answer specific [health] questions.

Although they were not expressly asked about their experiences helping library patrons with their health issues, library staff described helping patrons experiencing homelessness with this problem.

6.2.3 Providing Social Services Information to People Experiencing Homelessness

Beyond providing health information, public library staff also described providing an array of social services information to people experiencing homelessness (Table 6.2.3.1).

Table 6.2.3.1
Social Services Information Needs

Type of Information Need	*Resources Provided*	*Examples*
Basic needs • *Food* • *Housing* • *Clothing* • *Showers* *Diversion/Entertainment* *AA/NA meetings* *Job Help* *Transportation* • *bus schedules* • *money for buses*	• Handouts • Homeless service agencies housed in library • Phones • Information about Veteran's Affairs • Computers • Internet access • United Way 211 • Computers • Resume classes • Information on contacting Social services workers • Security staff • Street information cards	"I mean so many of our regulars who you would see every day, and they don't talk to you, and as soon as we got the social worker, they'd ask you, "when's the social worker gonna get here?" They didn't wanna talk to us about stuff but the minute we actually had a social worker in the library suddenly they were hanging around the library all the time and asking questions" (Amanda). "Something that they're focused on, is shelter, then they're struggling with maybe some addiction issues or maybe mental health issues" (Jess). "We're probably helping them find AA meetings—luckily there's one right over there at the church, or helping some of them get to work or, they might be eligible for unemployment benefits" (Seth).

One of the most common social services information needs identified by public library staff was information regarding shelter, food, and clothes. Beth explains that library users experiencing homelessness are often wondering where the rotating shelter is on a given night, or ask question about local resources available to them:

[T}hey'll always ask where the community kitchen is, where's the bus, the township trustee, um where can I get free bus tickets?

She also noted that most of the time, people experiencing homelessness '*just wanna use the computers, so they're asking questions on how to use the computers.'* And as John described:

[U]sually it's just getting through the day, 'can I spare some change?' that kind of thing, solving quarrels or altercations with people. There's some big family groups that are sort of in and out of homelessness around here, and they don't always get along.

6.3 Public Library Staff and Boundary Work

Boundaries do not in themselves result in boundary work. Because I am considering boundary work to be a dynamic activity, my study relies on several criteria to identify instances of boundary work. First, library staff had to identify (either implicitly or explicitly) a *boundary*. By this I mean staff had to have some conception of how they expected a role or a situation to operate. The work aspect of boundary work refers to the activities around that boundary. Per the literature review, these could include any number of activities (see literature review chapter for a detailed discussion of boundary work concepts).

For the purposes of this project, I coded boundary work as occurring in the following situations. First, library workers identified boundaries and performed boundary work implicitly by describing situations of othering. Othering involved describing what that staff member does or what that particular organization does, and then othering something else. Juxtaposing activities in this way is boundary work to demarcate, or distinguish one thing from the other. In other situations, library staff implicitly performed boundary work when they justified their perspectives, practices, or organizations by aligning them with particular values, practices, or standards. Aligning thus involved recognizing that there is a way or system of doing things and that the library worker's activities were in congruence with that perception. In this way,

boundary work is identified as an activity that can either follow continuities or create discontinuities, and it allows for any number of types of boundary work to be enacted by an individual. Some individuals also spoke about the changing boundaries of a situation or work role over time, or in particular spaces. These were considered instances of boundary work if the library staff member talked about dynamic activities situated around that issue of changing time or space. Finally, in some instances, library workers performed explicit boundary work by simply stating that there were boundaries, limits, or lines, and then described the activities they used to deal with them.

In coding for boundary work, I relied on the following concepts, as defined in Table 6.3.1.

Table 6.3.1
Boundary Work Concepts and Definitions

Concept	**Definition**
Constructing	The act of identifying and constructing new boundaries that attribute certain behaviors to what one does and what one does not do (e.g. we used to do x, but now we've had to start doing y instead)
Negotiating	Process of examining and shifting boundaries (we did x via y, but now we are doing it via z)
Reinforcing	Reflecting on and justifying a continuity (we've done x, and I had an experience that reinforced why I should keep doing x)
Buffering	Avoiding the boundary altogether for self or organization preservation, to mitigate risks (I do x, and will keep doing x, because y is too risky)
Demarcating	Process of delineating 'what it is that we do' versus what someone else does (we do x, they do y)
Spanning	Moving across boundaries to create connections to people or resources outside an organization (we do x, and they do y, and if I make a connection, we can have access to or do z)

During analysis, deductive application of boundary work concepts identified in the preceding chapters was used to find potential points of boundary work. Subsequent rounds of

inductive coding helped elucidate types of boundaries and whether the dynamic activities described by Gieryn (1983) were present when examining the identified boundaries. Library staff identified many different types of boundaries related to providing information services to people experiencing homelessness. These boundaries were aggregated into broader themes, compared and refined through the analysis. The results focus on the following major themes as described in Table 6.3.2.

- Individual boundaries between library staff and people experiencing homelessness
    - Identifying who is experiencing homelessness
    - Respecting privacy
- Professional identity
    - Librarianship and social work
    - Librarianship and health professions
- Organizational structures
    - Changing job requirements
    - Changing job titles/new positions
    - Acquiring external resources

6.3.2
Major Boundary Work Themes

Theme	Boundary Activities
Identification • *of library users experiencing homelessness*	• Buffering • Negotiating
Privacy • *respect for patrons* • *professional responsibility*	• Negotiating • Demarcating • Reinforcing
Professional Identity • *librarians vs. social workers* • *librarians vs. health professionals*	• Demarcating • Negotiating • Reinforcing • Constructing
Organizational Structures • *Changing job requirements* • *Changing job titles/New Positions* • *Acquiring External Resources*	• Constructing • Demarcating • Spanning

6.3.1 Interacting with People Experiencing Homelessness
6.3.1.1 Identification

Almost half of those participating in the study performed boundary work related to the process of identifying who is experiencing homelessness. Identification and interaction with people experiencing homelessness is considered boundary work because it involves activities designed to situate the librarian in relation to the client. Identification during these interactions took several forms, including buffering, negotiating, and demarcating.

First, 5 out of 24 participants noted that they would actively avoid distinguishing between who is homeless and who is not. This activity was coded as *buffering* because it involved making distinctions for the purpose of avoiding uncertainty. For example, Alice explained that she followed what she described as rules when talking to library patrons, saying:

We don't necessarily know who's homeless and we try not to distinguish, we try not to discriminate, we try to meet each person head on.

Erin talks about the importance of respecting a patron's willingness to disclose housing status:

I suspect that a lot of times they might be between homes but don't consider themselves homeless—like for one week and we just have to get through that one week or something, so maybe we might technically consider them homeless but they don't necessarily identify that way.

Dylan states that he would never assume he was 100% sure that he was helping a person experiencing homelessness, explaining:

I would try not to identify people by that term because that's really not germane to the question they're asking most of the time, [although] sometimes it is.

John furthermore says that there is no way to identify people experiencing homelessness, and Meredith describes this as something she'd "certainly *never* ask," instead waiting for someone to volunteer the information

Two library staff members told stories about making assumptions regarding the housing status of a library patron to inform how they *negotiate* boundaries related to identifying who is or is not experiencing homelessness. Participants used these experiences to help them negotiate the process of delicately addressing the information needs of people experiencing homelessness without directly addressing their housing status. Carrie shared her story of mistakenly identifying someone as experiencing homelessness:

You know that is hard, because one time I assumed this man was homeless and [gasp]! It was a bad reaction and a bad interaction when I thought that man was homeless, I've seen him every day and he just looked a little grubby, and I insulted him and I apologized extremely so you can't tell a book by its cover, so with that I never judged anymore!

Carrie further explained that with this experience, she learned how to better negotiate this boundary by focusing more on a library patron's line of questioning to figure out whether someone is experiencing homelessness:

When people ask [you questions], you can tell by their line of questioning, like when you see someone on the internet looking for apartments, and they're only on craigslist, it's like let's talk about tenant resources and look at startrenting.com. Don't only go to craigslist! Don't trust everything on craigslist, and then you can kinda get in there and see, then you find out they're in the shelter.

Janine shared a story about someone who had recently passed away:

Here's a sad story about a guy that came in every day, he had become homeless but a lot of us didn't know it, he was a regular favorite, then he became homeless, then without anyone knowing it, we found out that he was terminally ill and he passed away from cancer, and none of us—we all were teary when we found out he left, when he left us, when he passed on, we didn't know and that was the part that made us the most sad.

Three additional public library workers talked about the importance of not conflating those with mental health and substance abuse issues with those experiencing homelessness. For example, Tim observed

In some people's minds 'it's all the homeless population' even if we know it's not!

Arguing that the term homelessness was flawed, Seth advocated for using the term under resourced, explaining

There are a lot of people that we know, or that we guess, there are a lot of people for outsiders looking in people would say are homeless. But I'd say they probably aren't homeless, but they are vastly under resourced and they're using a lot of the stuff available to them downtown.

Jess saw it as an issue of stereotyping and stated,

"I think lots of people would see someone in and assume maybe if they are unkempt or perhaps have some hygiene issues, you might think, oh they're homeless but that's not always the case.

Participants were very careful about identifying who was experiencing homelessness, viewing it as a line they should not cross when helping those patrons. Sometimes this meant avoiding identifying those patrons altogether, or it meant not asking questions that would have provided relevant information that was helpful for addressing information needs. Still others saw identifying who was homeless as risky because it could result in assumptions about mental illness, or the terminology was stereotyping.

5.3.1.2 Privacy and Boundaries

About a third of the public library staff interviewed in this research addressed issues related to privacy when describing their interactions with people experiencing homelessness. Respect for the privacy of all library patrons, regardless of housing status, was a boundary described both explicitly and implicitly by many of those who participated in the study. Sometimes identification of those experiencing homelessness was characterized as an issue of privacy. Other times, provision of health information was characterized as an issue of privacy.

When speaking of health and social services information referrals, Janine said that providing information was an issue of privacy, but that if people directly asked, she would provide it. She further argued that privacy is a training issue, musing how much was appropriate to bring up without getting into trouble. She found it difficult to balance her desire to help with her desire to respect the privacy of the patrons with whom she was interacting. Tim questions whether it is even possible to provide health information specifically for people experiencing homelessness while still respecting patron privacy, explaining that "knowing whether or not somebody is [homeless] is a different sort of struggle." Andrew said that, "unless I'm approached by that patron it would be inappropriate for me to approach them."

When talking about providing health information, Alex explicitly refers to issues of privacy and boundaries, saying "it's a really fine line between asking enough information for somebody to get them good, find them good sources, and you know, keeping their privacy you know." Alex further explains that she doesn't assume "someone needs help with something unless they ask for it, even if somebody walked up with all these stereotypical indicators." Alex reiterates the difficulty of negotiating that boundary by saying that "it's hard to keep that line between getting enough information to be accurate and just *flat out being nosy*." Meredith is empathetic toward people experiencing homelessness and explains, "a lot of people are very private about health needs and they don't want other people to know."

Richard views it as a responsibility to keep library users' housing status private. He elaborated,

I don't tell staff, and they ask who [is homeless] and I say that's for me to know and you to find out, I happen to know because I've met them before, but if you discover keep it to yourself.

Some of the library staff interviewed reinforced boundaries by aligning issues of privacy to those of other sensitive types of information, such as legal or financial information. For example, Dylan says that maintaining a patron's privacy while answering health information questions is no different than handling "somebody's financial or legal questions." Talking about maintaining patron privacy while handing out the street information guide provided by the public library, Diana explains,

There are those people have come to town to get help, and then, for whatever reason, they're in the community and need help. , I'm gonna try to help you find whatever it is that you're looking for, and I'll get it to you discreetly because I'm a southerner and that's how we do things.

Similarly, Patrick refers to approaching conversations about health information in "a respectful and confidential manner." For Beth, privacy was a bit trickier because she volunteered with people experiencing homelessness and also interacted with them as a librarian. For her, it was important to maintain privacy by not addressing people's housing situations while interacting with them as a librarian.

6.3.2 Professional Boundaries

When interviewed about their experiences providing information services to people experiencing homelessness, all the public library workers who participated discussed issues related to their identity or "role" as a staff member in the library. While the perception of those roles differed based on an individual's position, experience, and education, the importance of work role was apparent from the interviews. Boundary work arose as important when discussing the differences between professional and paraprofessional staff, when comparing librarianship

and social work, and when comparing librarianship and health professions. Participants demarcated boundaries, crossed boundaries, negotiated boundaries, and buffered boundaries when it came to issues of professional roles.

Carrie's experience with a homeless teenager embodies the boundary work public librarians are performing with as they interact with people experiencing homelessness.

But you know some of the kids end up homeless, one girl was homeless and I took her home with me and she spent the night and we chit chatted and talked about it and I'm like well okay, you're gonna have to figure out what you're gonna do, she's twenty-something years old—she's mentally a little bit, just not cognitively connected, but she receives a check from the government, sweet young girl, she has some issues going on. So it's like what do you when she tells you, "I ain't got nowhere to go tonight"?

In describing her interactions with a homeless teen, Carrie indicated that after the library closed, she took the teen to the grocery store. She bought some hot dogs and snacks and took the teen to her home, where she provided her with a meal and sat down to talk with her. Most library staff did not describe taking people experiencing homelessness home with them, but they did display similar frustrations as Carrie about feeling like they had reached the limits of their professional boundaries. Whether it was asking for change for the bus, a ride to the bus station or homeless shelter, or help making doctor's appointments, public library staff felt like they were toeing a line between what they should do and what they are not capable of doing as 'professionals.'

6.3.2.1 Boundaries, Public Librarianship, and Health Professions

Demarcating public librarianship from other fields happened most often when library staff compared librarianship to health professions. For example, Carrie described a disconnect between librarianship and health professions, and an overlap between librarianship and social work. Beth was visibly frustrated when demarcating the role of librarians and health professionals. As if talking to the patron, she said:

"I'm going to tell you where I get this information from, and then you need to go see your doctor." They just keep pushing you, "don't you think if I take these two drugs together…?" And it's like "I don't know, you could grow another head!"

Patrick was also frustrated by the limitations of librarianship when compared to health professions:

I mean not being able to practice medicine is obviously a huge [challenge]. There are lots of times when somebody will ask me something, and I know enough just from personal experience or what I've read that they're not really asking the question they need to be asking in terms of what I think is the most immediate concern, but it's difficult with the restrictions that we're operating under to make them see that without giving advice or whatever.

Typically, demarcations between librarianship and health professions were characterized as issues of expertise, medical training, and an inability to give health advice. Even when knowledge about a patron's experiences, it is viewed as inappropriate to provide medical advice. As Tim pointed out,

[Librarians] are obviously not health professionals. Even if we have firsthand knowledge that we think is relevant to the patron we try to find credible, reputable sources that we refer people to

rather than using our firsthand knowledge even when we think we're probably as well versed as some of those sources.

By relying on sources rather than expertise, librarians can leave themselves out of the information interaction. Acting as a neutral third party is important to library staff, as Jess noted.

6.3.2.2 Boundaries, Public Librarianship, and Social Work

When comparing librarianship to social work, by contrast, library staff felt more comfortable describing similarities and overlaps in the two fields. The professions of librarianship and social work resulted in boundary work around the perceptions of work roles of public library staff. While some viewed librarianship and social work as entirely separate from one another and sought to maintain that separation, others mused that the two fields are converging. Several library staff directly stated that boundaries of the two professions are converging, and others suggested adopting what they perceived to be practices typically followed by social workers (for example, Carrie, Janine, and Tim).

Others explained that while the two fields are distinguishable, there is overlap in the goals and approaches used in both fields. Many participants viewed the kinds of expertise between librarianship and social work to be similar: librarians, like social workers, connect people to resources both within and outside the library. Because of this overlap, library staff often talked about both the similarities and differences between the two fields and used that comparison to help justify the limits of their role as library staff members. As Alex stated, "we're both in the business of helping people" but that library staff are more hands off, providing information while social workers are much more involved in the lives of the people they assist. Alex further explained, "we're not going to people's houses, we're not poking our noses in their businesses, asking about their finances, or when somebody comes up and is asking about getting

to that pharmacy? It is my job to try to provide information for them, it's *not* my job necessarily to get them there." Andrew explicitly questions the line between librarian and social worker:

> We know that librarians are technically not social workers and *yet*…so there's this *and yet*. There're gray lines because we are working with our community and in our community, and in our vision and mission statement is this "desire to make the community a well learned community, well read, well equipped" and those are things that social workers also do—so there's these fine lines.

A few library staff members remarked on the importance of both professions as important but distinct resources for people experiencing homelessness. Library staff described the importance and utility of having a social worker on staff precisely because library workers are unable to give the kind of help social workers can provide (Beth, Richard, Jess, Karen). This comparison was used to help delineate the professional boundaries of librarianship and the role of librarians in assisting people experiencing homelessness. As Patrick explains, "Having a social worker on staff would be huge." Karen juxtaposes social work to her own role as a librarian, saying "we're not equipped, we're equipped to do referrals, but we're not equipped to deal with the more serious issues, and just we can't." Bob simply describes the two positions as "vastly different," and that librarians "are there to find the help for them, and leave that to the professionals." Boundary work around professional roles, social work, and librarianship was thus centered on constructing, demarcating, negotiating, and reinforcing boundaries.

6.3.3 Boundary Work and Organizational Structures

Organizational boundaries were related mostly to issues of boundary constructing and boundary spanning, wherein library staff forged connections across multiple institutions to gain access to resources, services, and insight into how best to serve the needs of people experiencing homelessness.

6.3.3.1 Organizational Structures

The two paraprofessionals who participated in the study did not remark on the differences between library staff with master's degrees and those without. However, professional librarians (those with master's degrees in library science) often described the differences between paraprofessional and professional library staff, describing it as a structural difference that facilitated greater flexibility in work practices for librarians. In this case of Library System B, this involved an overhaul of the organizational structure overall. As several staff members pointed out, training library assistants to answer more in-depth information questions and having them work at the reference desk for most of the library's open hours was designed to allow professional librarians more opportunities for outreach and community engagement. As Tim observed,

[Library workers'] first line interaction with a member of the public is designed to happen most likely through the customer service unit. If there's a more in depth interaction that's supposed to get bumped up to a community engagement person, so that's our professional core, the librarians.

Similarly, the job descriptions for librarians at System B were changed to remove supervisory requirements and increase community engagement expectations. Librarians for particular service

units (e.g. adult services, children's or teens) became "strategists" who could presumably become more flexible and spend more time engaging with their assigned communities. Tim further explained that the transition has been rocky:

We no longer have a children's department or an adult services department, or a teen services department, but we have a children's strategist, an adult audiences strategist, a teen audiences strategist, and myself, the special audiences strategist. We're the ones that are supposed to be prioritizing how we allocate our staffing resources. I mean we have a lot of staff who are very used to the old model who are frankly struggling moving into the new model.

By changing the expectations for various positions within the library, the goal was for librarians to have more opportunities to span the boundaries of the organization to create meaningful connections within the community. John clarified this by explaining that this change meant that

[Librarians] could become more engaged in the community and go out and find new partners and do new programming and really identify new service areas.

Library System C is similarly structured to Library System B, in that paraprofessionals also act as front line staff who answer basic reference questions and then consult professional librarians when questions become too complicated. As Richard, one of the branch managers I interviewed, pointed out, the library has "trained library assistants doing the work of librarians and then asking someone else if they need help."

The addition of security staff and social workers was also described by public library staff as an important organizational change that resulted in boundary work. By creating new positions, all three library systems redefined the expectations for current positions and

constructed new limits to the positions they introduced to the library. Security staff were often described as enforcers of behavior policies. Having this position as part of the library staff allowed librarians to focus on providing information services to the public rather than policing behaviors. Social workers were helpful for addressing some of the more complex issues faced by library patrons with which library staff were uncomfortable. For example, Meredith explains that security staff take some of the pressure off library workers:

We are fortunate to have full time security, we didn't for years and things were very much more unstaffed, and we still are supposed to be the original front line for addressing problems but now we're told 'if we're comfortable doing it', you know, so it just sort of depends, it's up to individual judgment, when to call security and when to not.

Several library staff also mentioned the role of security officers in interacting with people experiencing homelessness, most often as staff who enforce no smoking policies, scoop up bags left on tables, or report other behavioral issues in incident reports (Tim, Erin, Patrick). Because they often work directly with the public in sometimes uncomfortable situations, security staff are also perceived as an information resource for public library staff who may want to know how a particular patron is doing, what challenges they might experience when trying to help that patron, and/or what resources may be most helpful to that patron.

6.3.3.2 Acquiring External Resources

The boundary work of public library staff members is also evident when considering how organizational structure can encourage access to and acquisition of external resources. Libray System B's recent staffing changes were designed to change how public library staff interact with and provide information to the public. By removing managerial responsibilities from

librarians and restructuring their positions into facilitating roles, this library system has increased responsibility for paraprofessionals to provide information services. With Library System B's reorganization, librarians are perceived to be better situated to access resources outside the library. Structuring organizations that encouraged collaboration was important for accessing resources outside the library. Alice explained that by sending staff to the "homeless services consortium meeting" on a regular basis, the library could forge connections with other service agencies in the area and become involved in hosting social services agencies in the library. Similarly, Bob discussed how Library System C's partnership with the local parks and recreation department was instrumental in acquiring grant funding to reconfigure park space outside the public library. Bob described why this grant partnership was so important:

One of the stories that I tell the people from parks and recreation is that we had the Saint Patrick's Day parade and somebody left a Frisbee out there. And there at the park, there are homeless there daily. And someone took the Frisbee and some folks were throwing it around, and it was very active and lively! And for that hour in time it was completely different than I had ever seen it. It was really nice to see the homeless smile and joke and laugh and do things that you usually wouldn't see them doing. I think what we do in the park, depending on what it is, will also have the potential at least to give them that's more constructive than just sitting out there having a cigarette. It could be something that's positive.

By being an active member of the local coalition to end homelessness, Library System C was also able to acquire a grant funded triage team provided by a mental health organization in the area. This partnership provided a social worker, counselors, and clinicians that provided services for people experiencing homelessness in the library on a regular basis.

6.4 Conclusion

In this chapter, I have described the various health and social services information provided by public library staff included in this study. I have also outlined the major themes related to the boundary work that occurs as public library staff provide information services to people experiencing homelessness. The results introduced in this chapter will be discussed further in Chapters 6 and 7 to examine the underlying motivations and results of boundary work within this context.

Chapter 7: Performing Boundary Work

My study began with the story of Richard Kreimer, a man experiencing homelessness who, in 1990, filed a lawsuit against the Morristown Library in New Jersey. The case ignited debate about the role of public libraries in providing services to people experiencing homelessness. Since 1990, the *Kreimer v. Morristown* has underscored that providing information services to people experiencing homelessness results in questioning what the role of public librarianship as a profession encompasses. Arguably, public library workers have performed boundary work throughout the history of public librarianship. They have performed boundary work regarding what the profession entails to varying degrees and in response to different events. For example, the introduction of technology resulted in renegotiating the boundaries of the profession of librarianship to claim information technology as part of the profession (Abbott, 1998). Similarly, *Kreimer v. Morristown* has catalyzed boundary work related to public library workers' provision of information services to people experiencing homelessness.

The results presented in Chapter 6 indicate that this boundary work has continued and that public library staff currently grapple with issues of boundaries in their interactions with people experiencing homelessness. Public library staff perform boundary work as they continually evaluate their perceptions of their own profession as well as those of the social work and health professions. This study is concerned with answering the following research questions:

- How do public library workers perform boundary work when providing health and social services information to people experiencing homelessness?
- What function does boundary work serve for public library staff?

Answering these questions involves discussing the experiences of public library staff as they provide health and social services information to people experiencing homelessness. It also includes understanding how issues of boundaries arise in the provision of health and social services information to people experiencing homelessness. Finally, answering these questions requires consideration of the implications of the boundary work public library workers perform, and how they are used to make connections and demarcate what public library staff perceive as the boundaries of the profession of public librarianship. In the following sections, I discuss the major themes identified in the study analysis, discuss their implications for public librarianship, and revisit the conceptual framework of boundary work.

7.1 Providing Health and Social Services Information to People Experiencing Homelessness

Public library workers' descriptions of providing health information to people experiencing homelessness is similar to that demonstrated in prior studies that note the hesitancy of public library staff when it comes to providing health information (See for example, Dewdney, Marshall, & Tiamiyu, 1991; Kouame, Harris, & Murray, 2005; Luo & Park, 2013, Smith, 2015). Library staff explained that the use of print materials was their most preferred source for finding health information for library users. They often characterized print resources as useful because they try to maintain an up-to-date collection of resources that are easily understood by the general consumer and because they are something tangible that library patrons can take with them. Just as Luo & Park (2013) found, when not providing print materials, public library staff reported providing printouts of health information they found on reputable websites such as the Mayo Clinic. Public library workers also explained their hesitance to provide any kind of interpretation of health information or health advice. Luo & Park (2013) refer to this as

an ethical tightrope in which library users view the line between health information and health advice as blurry, while library staff view it as more rigid (p. 346).

What made the interviews with public library staff unique, however, was their emphasis, not on providing health *information*, but on aiding with emergent health needs faced by people experiencing homelessness. At times this assistance involved providing health information; other times it involved calling emergency services or a social services agency. When asked about their experiences providing health information to people experiencing homelessness, staff members expressed frustration, concern, and an eagerness to share their experiences and their need for more training in this area.

Westbrook's work on crisis information and public libraries is useful in considering how public librarians provide information and assistance for people experiencing homelessness who have emergent health needs (2015). Her study provides some suggestions for engaging with library patrons who are in crisis. First, this involves considering the patron's self-perceptions and responding accordingly, asking what these patrons may need based on what they are currently experiencing in terms of the crisis. Westbrook further argues that reference strategies will vary based on the self-perceptions of patrons in crisis, explaining that these strategies may involve focusing on engaging rather than solving. These interactions should also focus on respecting affective load. Westbrook (2015) also suggests that, rather than focusing explicitly on the crisis at hand, librarians can teach information evaluation tools and techniques that will be helpful for the library user.

Public library staff were comfortable providing referrals to social services information providers and/or resources. These results are in line with what Zettervall (2015) points out—that library workers provide expertise in information organization and access, and social workers

supply expertise in human services. Referring people to agencies that provide social services and to social workers seems to be a straightforward process for public library staff. One important thing staff noted, however, is that at times the resources they have available for people experiencing homelessness are out of date. Some workers also expressed frustration in helping people use services that were out of date, or when they helped someone call a number and then were told no services are available.

Having some sort of mental health or sensitivity training was also important to library staff, whether they were interacting with someone experiencing homelessness or not. Throgmorton (2017) outlines the usefulness of mental health training in public libraries, stating that this training can help normalize mental health first aid. Additionally, the author says that mental health training can public library staff "defuse tense situations, provide needed resources, and most importantly, help patrons through crises" (p. 22). Having this training may also help public library staff implement a more sensitized approach when interacting with patrons with mental health issues, whether those patrons are experiencing homelessness or not.

7.2 Performing Boundary Work: Public Library Workers' Interactions with People Experiencing Homelessness

Issues of boundaries and the work of public library staff emerged as important in both implicit and explicit ways. Some boundary work had to do with identifying people experiencing homelessness. Other boundary work was focused on issues of privacy. Issues of boundaries arose when public library workers discussed their perceptions of the social work and health professions. Performing boundary work also arose when discussing the organizational and professional structures that influence work practices and organizational norms.

7.2.1 Identification: Who experiences homelessness?

Public library workers performed boundary work related to identifying who is experiencing homelessness. The process of identification resulted in several different instances of boundary work that included buffering and negotiating boundaries.

Situations in which public library staff buffered boundaries came up in 5 of the 24 interviews. As described in Chapter 3, *boundary buffering* is a strategy of disengagement and closing oneself off from the environment to mitigate uncertainty (Faraj & Yan, 2009). Faraj & Yan (2009) also point out that buffering is useful for minimizing information overload and outside pressures, that buffering is a place of 'psychological safety' when tasks and resources are uncertain. In the process of identification boundary work, boundary buffering occurs as a way for public library staff to mitigate the uncertainty that comes with directly acknowledging a person's housing status. Many of the library staff pointed out that whether someone experiencing homelessness was likely irrelevant, that it was something they'd never ask, or that the process of identifying whether someone was homeless or not was up to the patron, not the library staff member.

Two other staff members characterized the identification of people experiencing homelessness in terms of what can be described as boundary negotiation. For them the balance was in the delicate negotiation of addressing someone's information questions while not overreaching the worker-client boundary and causing offense to someone who was potentially experiencing homelessness. As Smith (2015) noted, "[t]ouchy questions make librarians uncomfortable because they know patrons are also made uncomfortable" (p. 59). Carrie learned that by mistakenly identifying someone as experiencing homelessness. She explained that from

that experience, she learned to rely more on the questions and the reference interview rather than assuming someone was experiencing homelessness based on the way they looked. Janine expressed sorrow over a man who had recently passed away that had begun experiencing homelessness, noting that the staff were upset that they *hadn't* known he was homeless. Both Carrie's and Janine's experiences resulted in their negotiating, or shifting, their perceptions of their professional boundaries in a way that allowed them, from their perspective, to be more sensitive to the needs of people experiencing homelessness. These are examples of negotiating the jurisdictions of one's professional responsibility for altruistic reasons (Fournier, 2000; Liljegren, 2012). While they had already determined the boundaries of their interactions with people experiencing homelessness, their experiences resulted in their examining and shifting those boundaries.

Finally, three other public library staff talked about the blurry boundary between those experiencing homelessness and those experiencing mental health or substance abuse issues. Tim expressed concern that there is an assumption that everyone experiencing homelessness is also mentally or suffering from substance abuse. Jess explained it as an issue of stereotyping, and Seth said the term itself was problematic, opting instead for the phrase 'under resourced.' Others referred to "marginally housed" as a distinct term compared to being "homeless." The goal underlying this terminology differentiation was to avoid classifying someone as 'experiencing homelessness.' Acknowledging that what it means to be homeless is tricky, these three public library workers developed ways of negotiating the identification process that fit with their perceptions of what it means to be a professional librarian.

As Muggleton (2013) suggests, it can be problematic to identify "homeless library users" as a group because it results in assuming a homogeneity that then dichotomizes homeless and

non-homeless library users. Anderson, Simpson & Fisher (2012) argue for removing the stigma of "problem patron" and recognizing the diversity among people experiencing homelessness. Furthermore, rather than leaving the relationship between librarians and homeless patrons ambiguous, Anderson et al. (2012) suggest identifying it and working to strengthen it. Whether through engaging with people experiencing homelessness or through more formal collaborative programs, Anderson et al. (2012) argue that getting to know the diverse needs of the various populations of people experiencing homelessness is important.

Boundary work related to identification is also related to the relationship between the worker or professional, and the client, or library patron. Deverell and Sharma (2000) analyze the experiences of HIV outreach workers to explore professionalism as what they term a 'micro-relationship' by focusing on the worker-client relationship. The authors explain that boundaries are often seen as essential because they enable workers to manage their interactions with users and maintain the separation between work and personal life. Empathy can result in blurred boundaries between professional and client identities. Because of empathy, workers may sometimes see themselves as part of the same community. Portraying oneself as someone who has links within that community, rather than as a distanced professional, can be viewed as an empathetic and essential aspect of providing services to a particular population.

Carrie's empathy drove her to cross her professional boundaries by taking a homeless teen home with her to give her a place to stay. Arguably it is possible she acted even beyond the professional boundaries of social work. Instead of connecting the teen to local homeless services in the area, she provided the teen with those services without, as she explained, really knowing whether that was the 'right' course of action or not. Carrie felt that the best thing she could do in this specific case was to put aside her professional boundaries as a public library worker. By

contrast, Bob described discomfort with providing someone experiencing homelessness with a ride to the homeless shelter after work. He described thinking about his own safety and that of his family, and explained that while he felt sympathetic to the needs of the person, he was just unable to act outside his role as a library staff member.

Arguably, the boundary work involved in identification is often unintentional, or accidental (Polk, 2010). Public library workers are not actively structuring processes by which they go about identifying who is experiencing homelessness or not. However, in their interactions with people experiencing homelessness, their knowledge of some of the ways that homelessness is conflated with mental health or substance abuse, and by avoiding the uncomfortable situation altogether, they are performing boundary work.

7.2.2 Privacy

When asked about providing health and social services information to people experiencing homelessness, public library workers described issues related to privacy as pivotal in their interactions. Privacy came up as an issue of respect for patrons and as a professional responsibility for public library staff. When considering issues of privacy, public library staff performed negotiating, demarcating, and reinforcing boundary work.

As Fournier (2000) explains, boundaries can be used to help justify someone's ability to demarcate or stake a claim over an area of expertise. Boundary work can also be used to rationalize what individuals perceive they can or should do as professionals. From their discussions about issues of privacy, it is apparent that public library workers perform boundary work in much the same way that Fournier describes it. Furthermore, Fournier (2000) points out

that perceptions of professionalism can result in restricted understandings of what one can and should do. In describing their respect of privacy as a professional responsibility, public library workers demarcate what professionalism entails in librarianship. They delineate their areas of expertise, and part of exhibiting that expertise relies on following a code of ethics that maintains strict privacy and confidentiality for patrons when interacting with them.

Providing health information to people experiencing homelessness posed many of the same concerns presented in the literature about public libraries and consumer health information. What complicates the provision of health information to people experiencing homelessness more sensitive, however, is that public library workers perceive both health status and housing status to be issues of privacy. In referring to her anxiety about providing health information to people experiencing homelessness, Alex explicitly refers to issues of privacy and boundaries, describing the "fine line between asking enough information for somebody to get them good sources…and keeping their privacy."

The demarcation of boundaries related to privacy is important as a consideration of public library workers' boundary work as a mechanism that has been used to professionalize public librarianship over time. Part of this demarcation is rooted in a long history of patterns related to perceptions about what is considered appropriate when it comes to providing consumer health information to patrons in public library settings (for example, Luo and Park, 2013; Smith, 2015). Other library workers negotiated the privacy boundary and used their interactions with library users to inform changes in their approach to privacy. Still other public library staff buffered boundaries related to privacy by avoiding answering difficult questions altogether, particularly if those questions were health information related.

7.3 Professional Roles

Boundary was relevant for public library workers who discussed the differences between professional and paraprofessional staff, when they talked about comparing librarianship and social work, and when they discussed the limitations of librarianship in relation to the health professions. Participants demarcated boundaries, crossed boundaries, negotiated boundaries, and buffered boundaries when it came to issues of professional roles. Public library workers' perceptions of the distinctions between public librarianship and the health professions was clear to them. However, staff perceptions of the differences between social work and public librarianship was blurrier (Cathcart, 2008; Westbrook, 2015).

7.3.1 Librarians and Health Professionals

Public library staff explained almost unanimously during the course of interviews that they are not health providers, they are not doctors. Public library staff stated that, because of their lack of expertise in the medical field, they are uncomfortable providing health advice or interpreting health information. What lies at the core of these assertions are perceptions involving the demarcation of expertise between public librarianship and the health professions. Public library workers discuss answering health questions in terms of their own expertise as well as that of the perceived expertise of health professions.

Demarcating boundaries between health and public librarianship involved making claims over certain areas of expertise and describing public librarianship as 'not a health profession.' Morgan et al. (2016) argue that public librarians are 'sentinels' in communities, and that because they are accessible and trustworthy are in an ideal role to promote a culture of health, particularly

to vulnerable populations such as people experiencing homelessness. While library staff in the present study were very engaged with the needs of their respective communities, they expressed concern about providing health information to the public and specifically to people experiencing homelessness. Although this finding is unsurprising given the history of librarianship and the role of libraries in providing consumer health information, it does point to public library workers' perceptions of the jurisdictional boundary between public librarianship and the health professions. Part of what helps public library workers describe what their profession entails is by pointing out that there are areas that it does not include.

While, as Rubenstein (2012) pointed out, consumer health information has continued to become more integrated with public librarianship responsibilities, the hesitance to provide what is perceived as health information interpretation or advice has persisted for decades (see for example, Smith, 2015). Similar to Trosow's (2001) discussion of jurisdictional disputes in law, the health professions are governed by strict laws and regulations about what it means to practice medicine or provide healthcare to individuals. While healthcare laws do not directly impact public library workers, it is apparent from public library workers' responses that their perceptions of those laws and what it means in their view to "be a doctor" or "practice medicine" is very salient in their understandings of their professional roles. They explicitly refer to their inability to practice medicine, or explain that they are not doctors, even if providing interpretation of health information is not what health professionals do. Smith (2015) points to the decades long myth that providing health information can result in legal action against public librarians. Boundary work around what it means to be a librarian versus a health professional, as Smith (2015) argues, is "legally groundless" (p. 62). As she further articulates, "librarians'

professional worries around medical information provision was fear of transgression: of violating the boundaries of the librarian's role" (p. 62).

Reflecting on and justifying the division between the jurisdictional ownership of the health professions and public librarianship is a form of boundary work public library workers performed to reinforce their roles. Opinions regarding the appropriateness of providing health information given public library workers' claims over areas of expertise are used to restrict the boundaries of the profession of public librarianship. For public library staff, the boundaries between health professions and public librarianship are distinct, and they are not competing. The claims of authority on the knowledge of public librarians do not include perceptions about what it means to be a health professional. When comparing social work and public librarianship, however, the distinctions are less clear. I discuss boundary work between public librarianship and social work in the next section.

7.3.2 Librarians and Social Workers

As Westbrook (2015) points out, "tensions between librarianship and social work have their roots in professional debates that were well underway at the dawn of the last century (p. 7). Discussions with public library workers about their experiences providing health and social services information to people experiencing homelessness markedly point to that deep-rooted tension in professional boundaries. Perspectives regarding the boundaries between public librarianship and social work were variable among the library staff interviewed, but indicate that the jurisdictions of the two fields are in dispute. As Gieryn (1983) noted, boundaries are "ambiguous, flexible, historically changing, contextually variable, internally inconsistent, and sometimes disputed" (p. 792). It is clear from the interviews with librarians as well as the policy

documents that emerged after *Kreimer v. Morristown* that library staff view this area of their profession as in dispute with that of social work. Trosow's (2001) study of jurisdictional disputes between law librarians and lawyers unearthed the idea that law librarians are faced with balancing improving access to legal information while avoiding the unauthorized practice of law. Perceiving the unauthorized practice of law is what Gieryn (1983) refers to when describing science as 'not-religion'. Librarianship becomes 'not practicing law', which results in negotiating boundaries between librarianship and law.

As Trosow (2001) points out, jurisdictional disputes between professions can "re-erupt when the circumstances of the environment change" (p. 1). It is clear that *Kreimer v. Morristown* amplified questions about the profession of public librarianship and the roles public library workers have in supplying information services to people experiencing homelessness. This renewed focus on professionalism and professionalization is particularly acute for library staff and their perceptions of the field of social work. Although some library staff view social work in much the same way as law librarians view the work of lawyers, others did not see that distinction so clearly. For those who did, the mantra, "I'm not a social worker!" is a logical way of justifying why their perceptions about what they are able or unable to do is reasonable. For those who do not see that distinction, they wonder why librarianship doesn't claim some of the professional responsibilities of social work, or describe themselves as acting like social workers. When articulating the distinctions between librarianship and social work, then, there is a jurisdictional dispute that relies on boundary work.

Some public library workers explained that they are becoming social workers, or that they are adopting that role more frequently. The interviews indicate that public library workers perceive the work of social workers as an involved but similar position to that of librarianship. A

couple of staff members had previously been social workers and felt no qualms about following up with people experiencing homelessness when they felt it was the right course of action. For public library workers, then, the boundaries between social work and public librarianship are fluid and permeable. Perhaps it is because the mission of public libraries has always been a socially oriented one. It may also be because social workers connect people to services, and public library staff connect people to resources and information. Public library workers perceive their roles as along the same continuum as that of social work—their fields of expertise are in dispute, and they thus find it easier to cross boundaries between the two fields.

7.4 Organizational Structures

Issues of boundary construction and boundary spanning were evident when library workers talked about the organizational structures in place that influence their interactions with people experiencing homelessness.

Changes to organizational structure were touted by many librarians and library managers at Library System B as a way for professional staff to better engage with the community and to essentially redefine their professional roles. By restructuring the organization of the library staff, public librarians perceived that they had a greater ability to reach outside the library to gain access to resources and partnerships that enabled them to provide a greater array of services to the public, and to people experiencing homelessness. The reorganization of staff responsibilities resulted in boundary construction. Library paraprofessional roles in this instance were revised to provide them with more reference responsibility, which introduced new forms of authority and autonomy (Fournier, 2000; Liljegren, 2012). The new boundary construction around these work

roles in turn allowed for the new boundary construction of professional librarian roles. This resulted in boundary spanning, or the ability of public librarians to shift their roles and become the ambassadors or scouts, who work to link the library as an organization with external partners and resources (Faraj and Yan, 2009). Faraj and Yan (2009) argue that boundary spanning introduces more opportunities for organizations in terms of "building relationships, scouting for information and resources, and persuading others" that support the organization (p. 606).

Successful boundary spanning resulted in partnerships with other organizations, reaching out to community organizations for events and programs, and opportunities for scouting out new information related to services for people experiencing homelessness. At Library System A, it allowed the library to provide spaces for social services agencies to provide services directly to people experiencing homelessness. At Library System C, it allowed the library to hire a triage team to work in the library and helped with grant applications for redesigning the park space adjacent to the library. In terms of providing health information, Harris, Wathen & Chan's (2005) study provides useful advice in arguing that being successful requires commitment at an organizational and system level in which there is education for library staff. Whether focused on health information provision or providing more specialized resources for people experiencing homelessness committing at an organizational level rather than just at an individual staff level enables libraries to span boundaries. In doing so, this boundary spanning functions such that libraries can create opportunities for accessing additional resources and connecting with homeless service providers. Boundary spanning that results in collaboration also legitimizes the library as an institution within the community and supports the library's ability to meet the complex needs of the public it serves.

7.5 The Functions of Boundary Work for Public Library Staff

Public library staff perform boundary work related to issues of identifying the people experiencing homelessness, privacy, evaluating perceptions of professionalism, and in considering the structure of the library organization. The boundary work of public library staff allows them to:

- Justify their roles and explain why they do or do not do something
- Reiterate and/or redefine their professional identity amidst challenges, changing practices, or organizational structures
- Identify new areas of knowledge/practice to claim, or to use to bound one's profession and thus one's practices

Justifying roles occurs primarily as a result of perceptions of expertise. When comparing public librarianship to the health professions, the divisions between the areas over which the two fields claim knowledge are distinct. The boundaries are rigid and impermeable based on the notions of professionalism and expertise exhibited by public library workers. Social work, by contrast, has more malleable boundaries that can be easily crossed, again primarily due to conceptions of expertise and the overlapping roles of social workers and public librarians.

When challenges to one's professional role, the organization, or the field occur, boundary work serves as a mitigating force that helps individuals and organizations reiterate their roles or redefine them as needed. For public library workers, providing consumer health information to people experiencing homelessness challenge them to reiterate their authority and expertise in a way that limits their perceived ability to provide health information or interpret it. Providing health and social services information to people experiencing homelessness does the opposite

when thinking about social work and public librarianship. It affords public library staff the ability to reevaluate and redefine existing roles and practices to address the needs of people experiencing homelessness. It results in library staff questioning why they aren't trained like social workers, or why they don't hire them. It helps them negotiate the boundaries of what public librarianship means and construct practices that allow for greater access to resources and services.

7.6 The Public Library as an Institution

Scott's (2014) 'three pillars' approach to institutions and organizations provides some insight into how the institution of the public library has arisen and changed when it comes to providing services for people experiencing homelessness. As several authors have pointed out, public libraries are institutions that provide a variety of services to marginalized communities (see for example, Morgan et al., 2016, Westbrook, 2015). The institution of the public library acts as both a constraining and an empowering force for public library workers, and helps shape the loose boundaries that public library staff rely on when working in the realm of professional librarianship. Scott's three pillars, regulative, normative, and cultural-cognitive, are used in this section to extrapolate on the boundary issues described in Section 7.3 and point to the elements that comprise the 'institution' of the public library.

Scott's (2014) consideration of the *regulatory* pillar of institutions is particularly useful in examining how regulatory forces influenced public library staff's boundary work. The regulatory pillar refers to legal constraints on in this case libraries, that dictate what the organization can do. The *Kreimer v. Morristown* case both directly and indirectly influenced the shaping of the

profession of librarianship. The decision directly stated that public libraries are democratic institutions and limited public forums. As such, they are required to provide equitable access to information, but can develop policies that impact non-First Amendment related issues.

Indirectly, the regulations outlined in the *Kreimer v. Morristown* ruling resulted in the development of policies (or normative elements) designed to encourage public librarians to exhibit particular kinds of values. The decisions in the case regulated how public libraries treat people experiencing homelessness and formed a basis for developing values within the profession that promoted sensitive to marginalized populations. The case also introduced justifications for the development of norms that legitimize how libraries treat people experiencing homelessness. The decision also provided a basis for developing standards such as ALA Policy 61: Library Services for the Poor. This policy provided standards by which public libraries could develop their role and that of their staff. It gave them specific measures for how they interact with people experiencing homelessness, so that they can make adjustments accordingly and in keeping with the benchmarks established.

Most of the boundary work performed by library workers as they interact with people experiencing homelessness falls along the lines of the normative and cultural-cognitive pillars for institutions. By normative influences, I am referring to what Scott (2014) describes as expectations that arise because of a social obligation to something, or as something that is considered appropriate or moral. This also includes accrediting bodies such as the American Library Association, whose provision of ethical guidelines for librarians influence the professional roles of public library staff. The uneven response to *Kreimer v. Morristown* by the ALA has contributed to some of the boundary work surrounding public library workers' provision of information services to people experiencing homelessness.

Faced with questions about the roles and responsibilities for public libraries in providing services to people experiencing homelessness, public libraries began by responding mimetically to what other libraries were doing. References to what particular libraries were doing, including offers to share recent policies or statements about services for people experiencing homelessness abounded in articles immediately following the decisions in *Kreimer v. Morristown.* Without clear direction from the accrediting organization, the profession was in flux. The American Library Association, as the national, sanctioning body for librarianship, instituted standards for how public libraries should interact with people experiencing homelessness with its Policy 61 (Stinchcombe, 1997, p. 18). However, they displayed a marked disinterest in becoming heavily involved in the case because it was such a sensitive issue, which resulted in its constituents questioning whether the organization supported the profession or not. The case ultimately caused the profession to question what is appropriate regarding public libraries' role in providing information services to people experiencing homelessness.

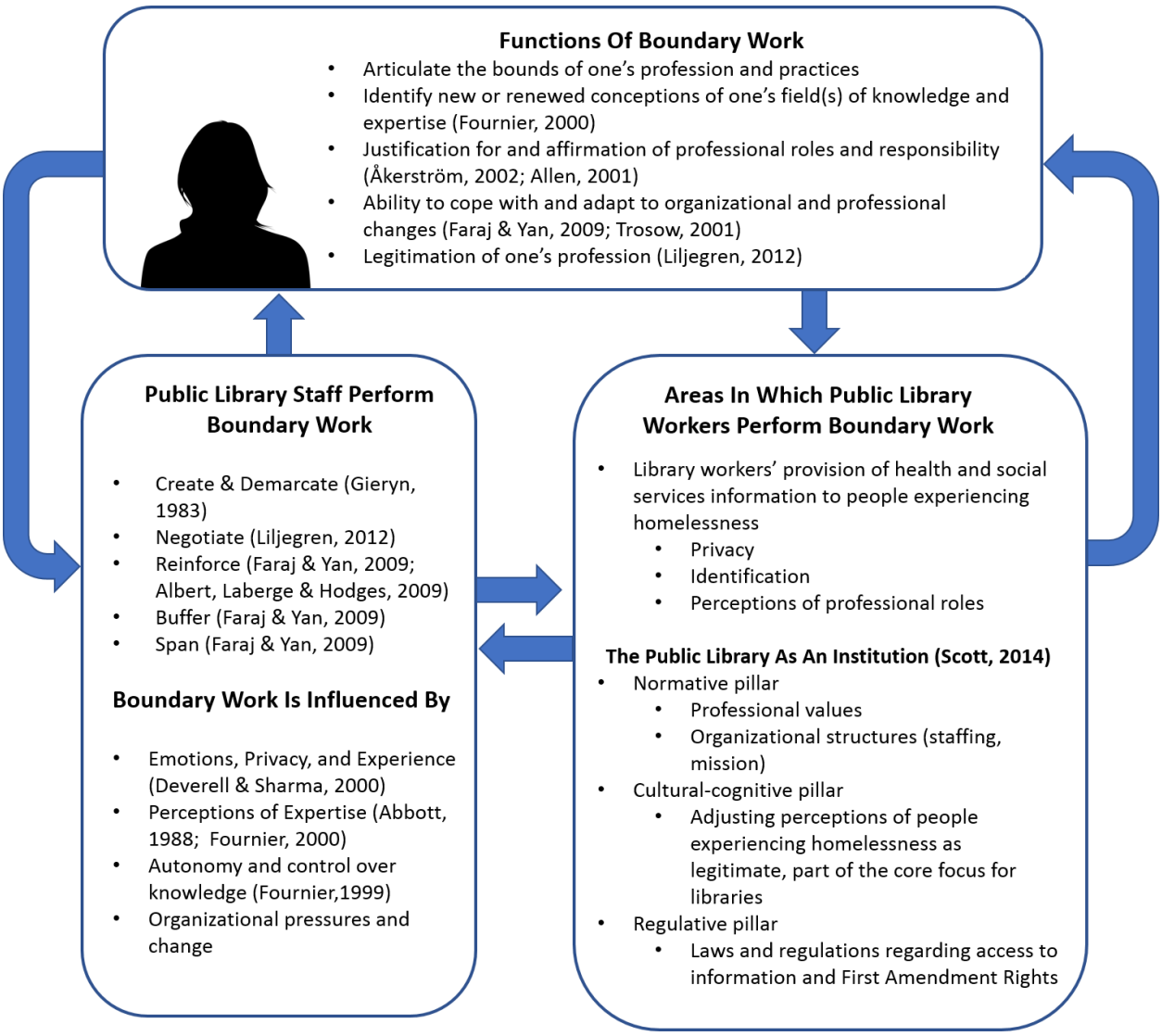
Cultural-cognitive components of institutions rely on the idea that habitual, everyday processes interpreted by individuals are shaped by external cultural frameworks (Scott, 2014). These frameworks may be local to the person, the organization, community, etc. At times, public library workers validated what they do by explaining that it is just what they do, taking for granted the everyday work practices they implement when interacting with people experiencing homelessness. Occasionally in discussing their roles, they questioned those practices, or mused about why the organization did things in certain way. However, for the most part, public library workers relied on shared understandings about what it means to be a staff member in the public library as well as what is appropriate for that role.

Public library workers performed boundary work when providing health and social services information to people experiencing homelessness. These boundaries centered on issues of identifying who is experiencing homelessness, privacy, professional roles as compared to social work and the health professions, and organizational structures. Boundary work functions as a way to develop and reiterate professional identity, respond to challenges or change, and make claims over new areas of knowledge.

7.7 Boundary Work and Public Librarianship: Refining the Theoretical Framework

In Chapter 3, I proposed a conceptual framework designed to help guide my analysis of the boundary work public library staff perform. Based on this analysis, I have refined my original conceptual framework to develop a theoretical framework that specifically addresses public library workers' boundary work in providing health and social services information to people experiencing homelessness (Figure 1).

Figure 1. Public Library Staff, Boundary Work, and Providing Health and Social Services Information to People Experiencing Homelessness



This figure draws on the previous conceptual work done in boundary work studies, Abbott's professionalization work, and Scott's institutional theory. Combining these approaches with my analysis of public library workers' boundary work, I introduce here a new theoretical framework. In this framework, I demonstrate the boundary work performed by public library

staff, the situations in which boundary work occurs, and the functions of boundary work. The arrows in the figure point to the processual and iterative nature of boundary work, as well as the role of time as an important aspect of the performance of boundary work. Reading the figure can happen from any point in the figure—there is not a beginning or end to boundary work. As Gieryn (1983) and others have noted, boundary work is a *dynamic* process. As such, it cannot be represented as a linear process with a clearly defined end result. In the box at the top of the figure are the functions of boundary work. While Faraj & Yan (2009), among others, were concerned with the outcomes of boundary work, the boundary work of public library staff was iterative and at times messy. Thus, having arrows moving in multiple directions was important. Sometimes staff performed boundary work, rearticulated their perceived work roles, and then went back and performed boundary work again. Part of this occurred in specific situations (as described in the box on the bottom right). Boundary work for public library staff was iterative, and reflective, and staff moved from performing boundary work, to thinking about identity, to performing boundary work, and so on.

The performance of boundary work functions in several different ways for public library staff. It helps staff legitimize their perceptions of their profession, explain work practices, and justify roles and responsibilities. Performing boundary work also helps one adapt to organizational and professional change. It also led some staff to negotiate previously created boundaries and to consider staking claims over new areas of knowledge. In performing boundary work and attempting to articulate where their profession fit in when compared to social work and health, public library staff described what it means to be a part of the profession of public librarianship.

Public library staff perform boundary work in many of the ways previously identified in the literature, as noted in the box on the bottom left of Figure 1. Where my analysis contributed is in the idea that organizational and professional change can influence the boundary work performed by public library staff. This is also reflected in the box on the bottom right, which points to situations in which public library staff perform boundary work. These include privacy, identifying who experiences homelessness, professional roles, and perceptions of the public library as an institution. Scott's (2014) work on institutions contributes here as a way to understand different components of institutions and how they inform work practices, professional values, institutional norms, and laws and regulations. It is also possible that this figure points to a process of professionalization, whereby someone articulates boundaries, reflects on issues of identity and the contexts in which that identity is constituted, and then continues to describe what it means to be part of a profession.

In this chapter, I have discussed the implications of the boundary work public library staff perform around identifying who experiences homelessness, privacy, professional roles, and organizational structures. I have also described how boundary work functions for library staff as an evaluative tool in understanding professional identity and roles. I then turn to a discussion of Scott's (2014) institutional theory by explaining how regulative, cultural-cognitive, and normative components of institutions relate to the boundary work performed by public library workers. Finally, I integrate my analysis with the conceptual framework I introduced in Chapter 3 as a way to examine the boundary work public library staff perform when providing health and social services information to people experiencing homelessness.

Chapter 8: Conclusion and Future Research

8.1 Summary of Key Findings

The analysis of interviews with 24 public library staff highlighted the following major findings. First, public library workers perform boundary work around issues of identifying who experiences homelessness, privacy, professional roles, and organizational issues. Public library staff perform boundary work in several ways when providing health and social services information to people experiencing homelessness. This boundary work involves creating, negotiating, reinforcing, buffering, and spanning boundaries, depending on the individual library worker and the situation in which the boundary work is being performed. Public library staff were particularly concerned about boundaries when it came to describing their perceptions of their professional roles. They situated their profession in relation to the professions of health and social work. When comparing public librarianship and the health, public library staff were explicit about the demarcations between the two professions. However, when describing their profession in relation to social work, public library staff were more apt to articulate overlaps between the two fields.

Additional examination of documents related to the decisions in *Kreimer v. Morristown* points to how the institution of the public library in part shapes and is shaped by struggles over boundaries. This review of documents demonstrates how Scott's (2014) regulative, normative, and cultural-cognitive factors influence the institution of the public library and the boundary work associated with that institutionalization. The court decision itself acted as a regulative pillar in developing the institution of the public library, defining the boundaries by which it operates as a limited public forum. The decision also articulates the kinds of norms public libraries can and

should establish when it comes to providing information services to people experiencing homelessness. The institutionalization of the public library within the community also impacts the development of professional roles, perceptions of responsibilities, and development and restructuring of staffing in library organizations.

8.2 Study Implications: The Jurisdictions of Public Librarianship, Health, and Social Work

By combining theories of professionalization, boundary work, and institutional theory, this study explores the situations that influence how public library staff perceive their profession in relation to the competing professions of social work and health. As Trosow (2001) noted, when faced with change, professions can be incited to re-evaluate what jurisdictions it does and should control. While the jurisdictional lines between the health professions and public librarianship are distinctly demarcated, the same can not be said when comparing public librarianship and social work.

Public library workers constantly perform boundary work around their profession when providing health and social services to people experiencing homelessness. The boundary work approach, and consideration of public librarianship as a profession within a system of professions, helps explain some of the tensions that arise when public library staff interact with people experiencing homelessness (Abbott, 1988, 1998; Gieryn, 1983). Boundary work helps explain the activities professionals do around competing fields of knowledge to maintain autonomy and control and in some case, define new areas of knowledge. This is apparent particularly when considering the comparisons between social work and public librarianship. Several staff members described blurring boundaries, or overlaps between public librarianship and social work. Others described their profession as part of the same continuum with social

work. Both professions rely on making connections: public library workers provide access to information and social workers provide access to resources and services.

Employing this theoretical approach also helps explain how public library staff view their expertise. Because of the credentialed nature of the health professions and the historical basis for not providing health advice within the profession, public library staff view providing health information in a very particular, regimented way. Boundaries are rigid and impermeable. Providing health information is acceptable but not encouraged; providing health advice is taboo. In this way, public library workers perform boundary work around perceptions of expertise and in articulating the limits of their profession. The boundaries between social work and public librarianship are more fluid and accessible due to perceptions that the expertise between the two fields overlaps.

I use Scott's institutional theory to concretely address Abbott's (1998) musings regarding the future of public librarianship. Abbott described the profession as in flux and explained that its future is dependent on three areas: individual relationships between workers and clients, cultural/institutional forces, and the competitions between professions. Scott's three pillars address these issues by referring to the laws and regulations, norms and practices, and mental models that help explain why public library staff perform boundary work when providing information services to people experiencing homelessness. Sometimes that boundary work is informed by perceptions of professional values; other times, it is influenced by empathy for someone experiencing homelessness. Given the institutional structures in place, public library staff are still questioning what their professional roles and responsibilities are. They are still concerned about how to 'best' to help people experiencing homelessness while meeting the

needs of the general public. All of these factors result in boundary work: around the profession, the public library as an institution, organizational norms, and personal values.

8.3 Future Research

Using boundary work to examine jurisdictional and institutional issues within the profession of public librarianship is a novel approach that can be extended in several key areas of scholarship. First, this study employed directed analysis of interviews and professional documents related to providing information services to people experiencing homelessness to look at issues of boundaries. This approach can be expanded through further analyses that apply the theoretical framework developed in this study to a survey of public library workers in additional locations. While the analysis presented here was helpful in identifying the main areas in which boundary work occurs, it is possible that there are additional ways in which public library staff perform boundary work that are not included in this project. Conducting a survey would be a useful way to further develop the theoretical framework presented here and identify boundary work issues in more depth. As mentioned in Chapter 2, public libraries serve communities with diverse populations of people experiencing homelessness. A survey that helps get at the diversity of people public libraries serve and the boundary work that happens in that service provision is important.

Additional studies of boundary work can look at the public library within a network of community organizations that provide information and services to people experiencing homelessness. Situating the library as a space that works at the boundary of multiple organizations within a community can help identify the ways in which collaboration between organizations happens successfully. It can also help identify the ways in which collaboration

fails. Also not discussed in this study is the role of the public library as a third space and how people experiencing homelessness occupying that space can result in boundary work. Thinking about boundary work in relation to spatial considerations and geographical location to resources in a community is another important area that deserves attention with future work.

Finally, my study highlights the utility of combining boundary work with theories of institutions and professionalization to understand how people in professional roles perceive the state and future of their profession. Future projects can explore boundary work in relation to other types of librarianship. It would also be a useful lens for exploring how the emerging fields of data studies and information visualization are in fact a story of professionalization and boundary work.

Considering the boundary work performed by public library staff as they provide health and social services information to people experiencing homelessness is useful for practicing librarians and library staff. As demonstrated here, boundary work can be positive: it does not just limit what one does, but can introduce new ways of doing. In some cases, this involved an individual worker's re-evaluation of existing boundaries. In other cases, it involved completely reorganizing the staffing structure of the library to create entirely new positions or change existing roles. Boundary work for some library staff resulted in affirming their professional identity and their conceptions of their professional and individual values. It allowed them to explain why they do some things, but not others. Boundary work facilitated staff members' ability to distinguish their perceptions of the profession of public librarianship with that of the health professions, and to problematize those perceptions in relation to social work.

As Norfolk aptly stated, "librarians are not "trying to be social workers or build houses," but they do provide an array of valuable services to the public (1995, p. 3). Exploring how public

library staff perform boundary work when providing health and social services to people experiencing homelessness allows us to challenge Norfolk's statement. While some would agree with the author that public librarians are not trying to be social workers, others would say, "well, why not?" In the examination of its cultural cartography, of its delineation as "not a health profession" but "maybe social work," we see public librarianship for what it is: a profession.

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Appendices

A. Initial Letter of Support Email (Sent to Library Directors, as required by Institutional Review Board)

[Date]

Dear [Library Director's Name]:

My name is Rachel Williams and I am a doctoral student at the University of Wisconsin-Madison School of Library and Information Science. My dissertation research involves interviewing public library staff about how they use health information to help the homeless. I am also exploring how other local organizations do or do not work with the public library to provide information to help people experiencing homelessness.

I am interested in talking to staff at public libraries in a variety of locations, and I would love the opportunity to speak with your library staff. I am conducting interviews this fall and spring. Is this something you would be open to for your library staff? If so, we can speak further regarding the details of the project and the timeline for interviews. I appreciate your consideration to participate in this project.

All the best,

Rachel D. Williams, MLS, PhD Student

SLIS, University of Wisconsin-Madison

B. Email Recruitment for Participation

[Date]

Dear Library Staff Member,

You are invited to join a study exploring how library staff use health information to help the public, particularly the homeless. You are invited to share your experiences because you are a staff member who spends a substantial part of your work day providing information services to the public. Interviews are being conducted in person and should take about an hour.

For participating, you will receive $10 USD. To schedule your interview, contact your library director.

Thank you,

Rachel D. Williams, MLS

C. Institutional Review Board Consent Form

UNIVERSITY OF WISCONSIN-MADISON
Research Participant Information and Consent Form

Title of the Study: Public Libraries and Health Information for the Homeless

Principal Investigator:
Catherine Arnott Smith
phone: (608) 263-2911

Student Researcher:
Rachel D. Williams
phone: (608) 263-2911
email: rdwilliams5@wisc.edu

DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study about how public libraries provide health information services for the homeless.

You have been asked to participate because public libraries may help provide insight into the challenges faced by community organizations when coordinating health information services for the homeless.

The purpose of the research is to understand whether and to what extent community organizations work together to provide health information services for the homeless. The study also explores the kinds of information challenges that are faced by staff working in these organizations as they provide assistance to the homeless.

This study will include staff from public libraries who interact directly with the public. Participants must be over the age of 18 to qualify to participate in the study.

The research will be conducted in a location of the staff member's choice in the library.

Audio recordings will be made of your participation. Rachel Williams will listen to and transcribe the audio recordings. The audio recordings will be deleted once the study is complete.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research you will be asked to complete an interview answering questions about the kinds of information you use to help serve the homeless, with particular attention paid to any health information you use.

Your participation will last approximately 1 hour per session and will require 1 sessions which will require 1 hour in total.

ARE THERE ANY RISKS TO ME?

We anticipate minimal risk to you by participating in the study. Beyond the information contained in the signed consent form, no individually identifying information will be collected. You will be asked to share your experiences and perceptions of how your workplace provides health information to the public, and more specifically, the homeless. To minimize the risk of breaching confidentiality/

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Date IRB Approval Expires: 9/27/2016
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University of Wisconsin – Madison

interview recordings will be destroyed at the close of the study period. Your name will not be used, and any demographic information provided will not be used to identify you. At any time during the interview, you may request that the recording or interview be stopped. Any sensitive information you reveal that is not related to the research questions of the study will be deleted from record.

ARE THERE ANY BENEFITS TO ME?

We don't expect any direct benefits to you from participation in this study.

WILL I BE COMPENSATED FOR MY PARTICIPATION?

You will receive $10.00 USD for participating in this study.

If you do withdraw prior to the end of the interview, you will still receive the $10 USD incentive.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

While there will probably be publications as a result of this study, your name will not be used. Only group characteristics will be published.

If you participate in this study, we would like to be able to quote you directly without using your name. If you agree to allow us to quote you in publications, please initial the statement at the bottom of this form.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions about the research after you leave today you should contact the Principal Investigator Catherine Arnott Smith at (608) 263-2900. You may also call the student researcher, Rachel D. Williams at (608) 263-2900.

If you are not satisfied with response of research team, have more questions, or want to talk with someone about your rights as a research participant, you should contact the Education and Social/Behavioral Science IRB Office at 608-263-2320.

Your participation is completely voluntary. If you decide not to participate or to withdraw from the study, you may do so without penalty.

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records.

Name of Participant (please print):_____

_____ _____

Signature Date

_____ I give my permission to be quoted directly in publications without using my name.

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D. Public Libraries and Health Information: Interview Questions

Public Libraries and Health Information: Interview Questions

Introduction to the Study

This research is about understanding how library staff like you use health information to help the public and whether, and to what extent, you use health information in your interactions with those library patrons who are currently experiencing homelessness. Health information can mean a lot of things. What I am interested in is hearing your use of health information as:

- preventive health information (for example: exercise and nutrition programs),
- vaccinations (for example: do I need them/should I get them, general information about vaccinations),
- diagnosis/treatment information (for example: a patron has a recent diagnosis such as breast cancer, and she is looking for information on the topic and/or treatment information),
- questions about medical providers or health insurance (for example: Where can I find a dermatologist? What are my options for health insurance?),
- questions about a specific medical condition (I'd like to know more about the risk factors for pneumonia)
- or anything else you might think of or consider health information!

These questions can arise from any number of motivations, and may be related to the person asking the question, related to a friend or family member, or just arise simply out of curiosity. Health information can be provided via formal or informal tools, in print resources, online, or in communication with others (as in a talk or workshop focused on a specific health topic).

Some questions will specifically ask about your interactions with those library patrons you know are homeless.

Being homeless can mean a lot of things. For this study, a homeless person is

- an individual who lacks housing
- an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations
- and/or an individual who is a resident in transitional housing.

A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or nonpermanent** living situation.

Interview Questions

1. What is your preferred place or strategy for finding health information?
2. Does your library provide health information resources or services to the public? If so, what kinds of health information does your public library have available?
3. Can you think of any specific health information resources you wish your library did have available for the public to use?
4. How is the health information at your library promoted or made available to the public?
5. Does your public library provide health information resources or services for library patrons you know are homeless? If so, can you please describe them?
6. Have you ever provided information services to those that you know are homeless? What clues you in to the fact that someone you're helping is experiencing homelessness?
7. Can you think of any other organizations in your community that provide health information to the public? How about specifically for the homeless?
8. When thinking about patrons who you know are homeless, do any frequent information requests come to mind? Any related to health information specifically that you can think of?
9. How do you think your position compares to that of a social worker? A health professional?
10. Are library staff trained in some way to assist people you know are homeless with their information questions?
11. Does the library have any policies that could potentially affect library users that you know are homeless?
12. Do you think that your patrons that you know are homeless face any barriers when seeking health information at the library? How does the library help these individuals to overcome those barriers?
13. What challenges do you as a staff person face when providing health information?
14. Do you consider your library a welcoming space for the homeless? Why or why not?

Scenario:

Imagine that your library has been approached by a community health organization about offering a series of workshops on staying healthy during the winter. Although not directly catered toward the homeless, the workshop would provide health information that those experiencing homelessness can use, as well as free flu vaccinations for those interested. Thinking about this scenario:

- What would be required in order for a workshop series like this to be successful in your library? *[Prompt: what kind of funds, resources, and personnel would be required to make this kind of workshop series successful?]*
- Do you think library patrons that you know are homeless would attend this workshop (or a similar one)?
- Are there other organizations that already offer this kind of service in your community?
- Are there any community concerns that might impact whether or not your library is able to host this kind of workshop?

  [For example, the library is viewed as an inappropriate place for workshops on health topics since there is x location doing this already]
- If workshops like that mentioned in the scenario were offered to those you know are homeless, what kind of marketing or promotion might be required/would your library do to encourage attendance by this group?

15. Is there anything you would like to talk about that we haven't already covered in our conversation?

[end recording and provide incentive to participant]

E. Final Codebooks

Analysis of Interviews: Major Themes and Definitions

Major Theme	**Definitions**
Health Information	Any references to the health information public library staff provide to the public and specifically for people experiencing homelessness, reliant on the definition provided to participants in the interview guide (see Appendix D).
Health Advice	Participants' descriptions of providing health advice/interpretation of health information to the public and/or people experiencing homelessness.
Health Emergency	Health needs described by participants that required a response that included contacting emergency services of some type.
Health Professions	References by participants to the health professions, including what they perceive health professions to be and include, and how those professions relate to the roles played by public library workers.
Boundary Work	Explicit or implicit references to situations where participants referred to issues of boundaries, including following pre-defined and understood boundaries, creating new boundaries, crossing boundaries, or articulating what counted as a boundary. For example, this included situations where participants explained that they continue to do x behavior because it was something they had always done, or perceived to be expected of them. It also included situation where they deviated from those expectations.
Privacy	Discussions about privacy issues, including respect for the privacy of health information, the housing status of people experiencing homelessness, and for personal autonomy and keeping personal information about patrons confidential.
Identification	Descriptions of the process of determining who experiences homelessness/what someone's housing status is, as well as descriptions about how one feels about that process. This includes both positive and negative perceptions of addressing issues of homelessness directly with patrons.
Social Work	Instances where participants described social work, the work they perceive social workers as doing. This theme also includes situations where individuals compare their positions to social workers or contrast their positions with those of social workers.

Social Services Information	Any references to social services information, including provision of that information, perceptions of information needs related to social services information, or inability to provide social services information.
Organizational Structures and Rules	Participants' references to organizational structure (e.g. the positions/hierarchy of the organization) and changes to that structure. Includes how individuals articulate the rules of the organization as well as their perceptions of the organization and its rules.
Professional discourse	Discussions about the profession's approach to providing health information to the public; references to professional-level reasons for decision-making processes (e.g. We don't do x because of rules about privacy, or providing health advice)

Review of *Kreimer v. Morristown*, Policy, and News Documents: Major Themes and Definitions

Major Theme	**Definition**

Conflicts Among Professional Organizations	• References to or descriptions of the disagreements that occurred between the American Library Association and:
	  ○ the New Jersey Library Association
	  ○ The members of ALA
	• References to the Conflict Between Kreimer and Morristown Free Library

Role of Public Libraries	• Discussions about the role of the public library in providing services to people experiencing homelessness.
	• This theme includes references to the following as they relate to the role of the public library
	  ○ Training for librarians
	  ○ Democratic principles
	  ○ First Amendment Rights

Access to Information and Library Services	• Importance of access to information and library services at the public library • Evaluation of library services for people experiencing homelessness
Development and Enforcement of Equitable Library Policies	• Guidelines on Policy Development • How to enforce policies equitably in the public library • Various types of policies and the issues they present when enforced