

Social Prescribing in a Japanese Community Library Shows Positive Impacts on Participants

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Evidence Summary

Social Prescribing in a Japanese Community Library Shows Positive Impacts on Participants

A Review of:

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Abstract

Objective – To determine the impacts of social prescribing in community libraries when medical and social professionals participate.

Design – Qualitative study using semi-structured interviews

Setting – A community library operated by medical and social support staff in Toyooka City, Japan.

Subjects – 10 library participants of various ages, genders, occupations, and levels of involvement.

Methods – Two of the authors in this study conducted semi-structured interviews with the users, volunteers, and staff of a community library to solicit their experiences in participating in this initiative. Using an interview guide, data was collected from study participants at the community library site or at a local college, and interviews took place in Japanese, but data was later translated to

English post-transcription and analysis. This analysis was completed using the Steps for Coding and Theorization method (or SCAT) (Otani, 2008) for qualitative analysis.

Main Results – The authors’ analysis of interview data revealed 11 major categories that participants spoke of the community library offering them, such as “a place to stay, attractive space design, diverse accessibility, choosability of various roles, consultation function, social support, empowerment, mutual trust, formation of connections across generations/attributes, co-creation, and social impact”.

Conclusion – Embedding primary care medical providers and staff who recommend or provide social supports in community libraries can reduce barriers to access in both domains and improve the local community overall. This study has implications for all libraries that welcome users to partake in supplemental services and events. However, public libraries should take special note of this study’s findings as they could be inspired to incorporate community members, primary care providers, and social supports into their service provision.

Commentary

According to the authors of this study, discussion surrounding the role of community libraries in social prescribing initiatives is missing from the literature, but there is some evidence of this unfolding (Alabi, 2020). However, given the fact that their working definition of social prescribing aligns with existing literature (Bild & Pachana, 2022) and evidence on libraries and social prescribing is lacking overall, the reader can feel confident that this work provides value.

In reviewing this qualitative study, the critical appraisal tool by Letts et al. (2007) was used. The authors’ choice to collect data using semi-structured interviews was appropriate given their desire to solicit freely spoken data. Yet, their methods of recruiting participants through purposeful selection could have resulted in this study having a highly unbalanced representation of perspectives in the dataset, and potentially biased the findings since those included were stakeholders in the community library. In addition to this, the authors do note that the lead author (a physician and manager of the community library) acting as an interviewer could have impacted the reliability of results due to participant fear of saying anything negative. This, coupled with the fact that there is no mention of sampling until redundancy or participant follow-up, creates some concerns surrounding the reliability of this data.

This study provides sufficient detail regarding data analysis. Their analytical methods were inductive, and while the authors do not mention any theoretical perspectives that helped guide their study’s design, they do state that their analyses created theoretical descriptions which helped with the emergence of a meaningful picture of the study’s focus. However, while they note that validity of their results was verified through team discussions, it has been previously noted that the lead author who participated in data gathering was also the primary data analyst. Therefore, one cannot help but question the true validity of this data if the manager of the initiative being studied not only collected the data but was also instrumental in interpreting it for the end reader.

While this study does present concerns, the conclusions drawn by the authors are appropriate given the findings, and this work adds value to the literature. Although this study lacks generalizability due to the setting’s limited reach, key facets of this initiative could be transferable elsewhere if similar partnerships were leveraged. For example, public libraries could foster deeper relationships with hospital networks, or they could invite social work professionals to hold regular meetups for community members in their spaces. Therefore, this study serves as a reminder that libraries can make a great impact using simple, cost-effective means, and that it starts by meeting community members where they are physically as well as emotionally.

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