

Healing library anxiety: How comparing libraries to hospitals can improve service to multicultural populations

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Abstract:

In order to find new approaches to better serve multicultural populations in libraries, this paper analyzes studies about services and environments in the healthcare industry for how they serve multicultural populations and, specifically, how they reduce stress for health-seeking users. Healthcare research shows that stress can impede healing. Likewise, information behavior research shows that library anxiety can significantly impede information-seeking behavior.

Multicultural users have a high risk of experiencing library anxiety because of the multiple causes of stress that they encounter. Healthcare research shows that creating environments that reduce stress and enhance well-being for patients improves the healing process. Likewise, libraries who create environments that reduce stress and enhance well-being can provide for better and more successful information-seeking experiences for multicultural users.

The three recommendations of this paper to library planners are to 1) train staff and plan physical space according to the “attitude-centered” approach of cultural competencies (a.k.a. cultural responsiveness); 2) train staff and plan physical space to improve the perception of multicultural users’ sense of personal control, and 3) enhance physical surroundings so that they aesthetically please, create safety, and stimulate the brain.

Keywords: multicultural populations, anxiety, environment, library services, hospital services, cultural responsiveness, personal control, physical surroundings

Introduction

The purpose of this paper is to find new approaches for libraries to consider in how they plan services and spaces that better meet the needs of their multicultural users. Multicultural users are, of course, individuals who come from a myriad of backgrounds and worldviews. Most often they are thought of as people who do not share the same language or ethnic background as a dominant culture. But they can also be people from diverse religious and socio-economic backgrounds, people whose various customs, beliefs, and ways of life create diversity in the demographics of any community. Like libraries, hospitals serve their communities and must also find ways to meet the needs of their multicultural users. This paper compares library services and spaces to hospital services and spaces and shows that what we learn from such a comparison can help libraries better serve their multicultural populations.

Hospitals, Libraries, and Multicultural Populations

Substantial research in the healthcare industry on environments such as hospitals describes how many healthcare providers are attempting to create healing space. “Healing space” is defined loosely as a low-stress environment in which better healing can occur. The healthcare approach to providing low-stress space can be applied to libraries to create an environment where learning and information gathering is more successful because anxiety is reduced. This “library anxiety” is a state in which library users stress about satisfying their information needs in an unfamiliar, perhaps overwhelming research environment. It can create significant barriers to successful library experiences. As Onwuegbuzie, Jiao, and Bostick (2004) explain, “These symptoms [of library anxiety] can have such debilitating effects on actual as well as potential users that they direct attention away from these users’ intended library tasks, culminating in library avoidance behaviors” (p. 235). For multicultural library users, the risk factors for experiencing library anxiety are especially high because the causes of anxiety – such as language barriers and confusing cultural practices – are increased. Although the causes and pathways of stress suffered by health-seeking users and information-seeking users can be quite different, solutions to reduce stress and stimulate healing in healthcare environments can give libraries new approaches for shaping less stressful environments for their multicultural users.

Libraries, of course, do not deal in stressful emergencies at the level that hospitals do. But there are many similarities all the same. Consider the following.

Anyone who enters a hospital for the first time encounters an unfamiliar world. Even for visitors who have been to other hospitals in the past, the present hospital will be different. In fact, even visitors who have been to this hospital once or twice in the past will probably still experience an abundance of the unknown. Chances are that these visitors also arrive in a state of anxiety, for themselves or for loved ones. This anxiety can range from mild frustration to strong worry or even fear. Fortunate visitors will find good signs and helpful staff to direct them to where they need to go. The hallways and rooms will look clean and bright; the décor will be attractive and peaceful. Strange noises and smells will barely be noticeable. There will be little between the visitors and their destination that heightens their anxieties. In fact, they may arrive at their goal feeling calmer than when they began, their peaceful surroundings

having quieted some of their fears. At their destination, friendly and nonjudgmental hospital staff treat them with openness and dignity. As the visitors work through their medical reasons for coming to the hospital, they may begin to feel that their situations are more under their control than they originally thought. A reinforced feeling of well-being, with surroundings that nurture a sense of personal control and safety, may help to resolve a medical issue faster. There is abundant research to prove this can happen.

For unfortunate visitors, the experience can be quite different. Once inside a hospital's doors, they may fail to find helpful signs or maps. Several people wait to talk to over-busy receptionists. Other hospital staff hurry back and forth with clear expressions of "I'm too busy or important to talk to you" on their faces. Monochromatic, poorly lit, and equipment-cluttered corridors disappear back into strange noises and smells. The hallways may display signs here and there, but they are in medical jargon that tends to confuse rather than help visitors. Most of the hospital atmosphere between the visitors and their destination tends to erode their sense of control – and perhaps even sense of safety – in their situation. When the visitors finally arrive at their goal, their state of anxiety certainly has not been eased by their surroundings, and very likely it has been exacerbated. At their destination, hospital staff seem to treat them as yet another number in the system, sometimes answer questions coldly, and do not explain procedures very well or at all. Even if the visitors' medical issues are taken care of successfully, they may be slower to respond to a future need if it means going through the same experience. Perhaps they will ignore it if they can, or settle for a lesser quality of service elsewhere before they return to this hospital.

Now consider these scenarios for someone whose language, culture, and/or worldview differ significantly from the people and spaces in this hospital. The unknowns and confusion encountered by someone from a multicultural population can potentially be much greater. Both the above scenarios can easily be paralleled to library experiences, so easily in fact that it is painful to see the similarities in the second scenario especially. The second scenario not only fails to reduce stress, it creates it.

Anxiety and Stress

Several fascinating studies in the medical field have demonstrated why reducing stress – for any individual – is so important. In his landmark 1984 study, Roger S. Ulrich analyzed nine years' worth of documented surgical patients, all recovering from cholecystectomies in the same wing of a Pennsylvania hospital. Half of the patients enjoyed a window view of nature and half had a window that viewed a brick wall. Eliminating all subjects who did not fit a controlled profile, Ulrich proved that the patients with a view of nature used less pain medication, experienced fewer complications, and recovered more quickly than the patients with a view of a brick wall. Consequent studies, developing on the idea that a view of nature reduced patient stress, and that reduced stress helped patients heal better and faster, made the medical world begin to rethink space planning and services in their buildings. These changes focused on two main points: one, that reduced stress can improve healing, and two, that one's environment can significantly affect one's level of stress. The environment in this context includes anything that may impact the whole range of the five senses: sights, sounds, smells, textures, and taste.¹ It includes landscape, architecture, interior layout and décor. It includes

¹ Interestingly, Florence Nightingale discusses the importance of the five senses and the effects of the environment on patients in her foundational work on nursing practice, first published in the nineteenth century. See Nightingale, Florence. 1969. *Notes on Nursing: What It Is, and What It Is Not*. New York: Dover Publications, Inc.

lighting, air quality and temperature, sounds and sound leakage. The environment also includes human relationships and interactions in these surroundings. All this boils down to how the above qualities affect human dignity and well-being, and feelings of personal control and safety. For all individuals this includes a feeling of *cultural* safety. When the environment contributes instead to eroding well-being, dignity, control, and safety, the resulting stress and anxiety can negatively affect healing (Ulrich, 1984; Sternberg, 2009; Caspari, Naden, & Eriksson, 2007). Or, in application to libraries, it can negatively affect successful information-seeking.

As Onwuegbuzie, et al. (2004) have explained, library anxiety can have “debilitating effects on users’ ability to perform library information-seeking tasks” (p. xi). The research these authors analyze demonstrates that “[i]ndividuals with high levels of library anxiety often exhibit cognitive, affective, and physiological symptoms that may include discomfort, fear, tension, feelings of uncertainty, learned helplessness, self-defeating thoughts, and mental disorganization” (as cited in Onwuegbuzie, et al. 2004, p. 235). Much of the literature about multicultural users ascribes to them higher levels of library anxiety because of all the new, different, unfamiliar, or socially uncomfortable situations they encounter because of their multicultural background (see Baron & Strout-Dapaz, 2001; Jackson, 2005; McDermott, 2005; Mu, 2006; Smallwood & Becnel, 2013, for only a few). Clearly these levels of anxiety need to be reduced so that multicultural users can enjoy more successful information-seeking experiences in the library.

Cultural Responsiveness

Over the last few decades librarians have performed appreciable research to study and resolve the needs of multicultural library users. The results of such studies point to several items that help create library space and experiences that welcome diversity. Most of these findings have fallen into the category of what is called “cultural competencies” (Bonnet & McAlexander, 2012; Smallwood & Becnel, 2013; Walker & Polepeddi, 2013; etc.). More specifically, many fall into the “fact-centered approach” of cultural competencies (Reynolds, 2004, p. 244). This approach begins with teaching multicultural awareness, and then plans initiatives such as directing staff to learn about an array of behaviors and beliefs belonging to multicultural populations they may serve. Building on this, initiatives often include goals to display specific multicultural artwork, to acquire non-native language materials, and to partner with multicultural organizations in the community. Specific goals often address clear library signage and translations into specific other languages. They also recommend hiring or bringing in multicultural staff and volunteers, and holding multicultural events at the library. These are good things that ultimately show in the bottom line how ready libraries are to serve all their populations – a readiness that in itself must appeal to library populations.

Unsurprisingly, researchers in the medical world have performed similar studies focused on multicultural populations and have recommended similar solutions for healthcare services (though their aim is, of course, not to bring in more multicultural visitors but to improve healing). Recently some studies in the healthcare industry have shifted their recommendations away from the fact-centered approach of cultural competencies back to a deeper focus on the “attitude-centered approach” (Reynolds, 2004, p. 244; see also Bowen, 2008; Phillips, 2003; Tervalon & Murray-Garcia, 1998; to name only a few). Two main issues have problematized the fact-centered approach of cultural competencies. First, attempting to train staff in fact-centered cultural competencies can never result in an acceptable grasp of even one culture, let alone several, and still leaves staff guessing. Second,

reducing cultures to lists and categories tends to overlook the vast differences in individuals. This results in stereotyping, the very situation the competencies are meant to avoid (Bowen, 2008, p. 109). As Sarah Bowen points out, even people from the same country and language background can differ so vastly in socio-economic status and other characteristics that they would never categorize themselves in the same group (p. 110). In short, training staff in the fact-centered approach has not contributed much toward the healthcare industry goal of multicultural equity, and so has not fully succeeded in creating an environment that reduces anxiety and promotes healing for this community of patients. Bowen emphasizes that what is needed instead is a goal to assess each patient individually. This asks more from staff, requiring an open and humble attitude and a fresh assessment with *every* patient. The assessment does not need to be free of multicultural knowledge as long as staff are ready to allow and respect each patient's unique construct made up of the background, life experiences, and various cultures to which each belongs. This attitude-centered approach focuses on creating an environment based on cultural humility and cultural safety (as cited in Bowen, 2008, p. 108). Instead of training staff in cultural behavior lists, libraries should focus training on how to be *culturally responsive*, open to anything different from dominant cultures and free of judgments that may value any culture above others staff encounter (p. 109).

Developing cultural responsiveness, explains Marisse Phillips (2003), begins by approaching each individual as an individual, not as someone who appears to match a list of cultural characteristics. Phillips provides several guidelines for how to pull back from relying on fact-centered cultural competencies to relying on cultural humility, recommending that we remember the following:

- The individual is the foreground, the culture is the background.
- Individuals are not cultural cut-outs.
- Not all people identify with their ethnic background.
- Much is common across cultures.
- Be aware of your own cultural assumptions and of the culture of your institution.
- Respect the integrity of cultural beliefs.
- You don't need to "convert" people to your way of thinking or doing things.
- You don't have to agree with all aspects of their culture (any more than they have to agree with yours) in order to serve them with equity.
- All of us can get comfortable in our culture and unconsciously privilege its interactions; "the skill is being aware of this possibility and recognizing when it is occurring." (p. 311)

As libraries provide culturally-safe spaces, they can contribute to minimizing the stress and anxiety of all users, native and non-native alike. Facilitating cultural safety and cultural freedom can reduce the stress levels of multicultural individuals. It was this aim of making libraries less of a cultural confrontation experience that led to the cultural competency goals in the past. Like these, cultural responsiveness falls squarely in the category of employee training (though it applies to our physical space as well). Library employees need to pay attention to how they may be making stereotypical assumptions, unconsciously privileging dominant language and culture, or separating cultures from each other by concentrating on differences. Libraries should not be concentrating on differences, Bowen (2008) warns, especially because language difference, not cultural beliefs, is by far the main barrier to understanding (p. 109). Instead, look for similarities and shared experiences, with openness to difference through cultural humility, so that a relationship can be built on trust (p. 110).

Perception of Personal Control

Improvement in one specific aspect of cultural responsiveness may perhaps go a long way to creating a culturally safe environment for multicultural users. This is reinforcing in users a sense of personal control. A sense of personal control has been emphasized in healthcare research as having a significant influence on an individual's levels of stress and sense of well-being. Unsurprisingly, many healthcare researchers find that patients in hospitals feel a significant loss of personal control over themselves and their surroundings. Patients' own bodies become the object of others' observation, treatment, cleaning, and feeding. They can't wander anywhere they want; they can't eat or sometimes even go to the toilet whenever they want. They can't control their privacy, with hospital personnel coming and going at any time. The physical environment, pleasant or not, is imposed on them, as are their personal nurses. When conditions contribute to "an overall lack of control because of their unfamiliar surroundings and routine," and lack of privacy and authority over their situation, it "can result in stress" (Harris, McBride, Ross, & Curtis, 2002, p. 1278). Dr. Esther Sternberg (2009) states, "The less control you have, the more stressed you feel" and "[t]he more you are in control, the less stressed you will be" (p. 102). Williams and Irurita (2005) assert that patients' "feelings of personal control were found to be a central feature of emotional comfort" (p. 24). Emotional *discomfort* caused by feelings of loss of control exacerbates stress, and can hinder healing.

Lack of a sense of personal control can affect library users as well, and in exactly the same way: elevated anxiety. Consider the multicultural user who feels out-of-place in, or outnumbered by, the library's dominant culture (including staff *and* other patrons), and thus unempowered. Or perhaps the user feels their "inadequate" or culturally "wrong" information-seeking behavior is being judged, that they have no choice but to learn the "right" way of doing things. In unfamiliar or simply different surroundings, their knowledge of how to proceed is perhaps of little help to them and they are at the mercy of library staff. Healthcare industry researchers have found that a feeling of dependence sometimes results "in a perception that the patient's personal value had been diminished" (Williams & Irurita, 2005, p. 26). In other words, having to ask for help can make someone feel diminished because someone else is in control, and this can cause anxiety, even fear. A large factor in a feeling of dependence can come from language barriers. Not only might users be struggling with the language of the dominant culture, they will likely struggle with the "foreign" language of library jargon. Either struggle may be enough to stop information-seeking behavior in its tracks unless users can get significant help. Circumventing the barrier caused by what essentially is *two* unfamiliar languages may seem impossible because it confronts users with such potent feelings of powerlessness. Because language is the main barrier to understanding in multicultural situations, the need for libraries to find ways to overcome this barrier cannot be overemphasized.

In order to give a sense of control back to library patrons, libraries should look at their environments as newcomers would. Does adequate signage help patrons go wherever they need to go? Where will they be forced to ask questions (and perhaps avoid asking because of feelings of diminished personal value)? Harris, et al. (2002) speak of symbolic meaning in our environments that communicates a set of messages to its users (p. 1281). What physical spaces of the library contribute to perceptions of a lack of control because of cultural meaning absent from the multicultural user's "set of messages"? What ideas and practices do we take as "given" that multicultural users may not understand and thus diminish their

control? Perhaps the paucity of visible policies and a reticence to ask about them contribute to this perception. What in the policies themselves, consciously or unconsciously, diminish the control of multicultural patrons? Which of these can be altered or deleted? And most importantly, how do library staff come across to multicultural users, intentionally or unintentionally? Are staff maintaining behaviors, knowingly or unknowingly, that subtract from a user's sense of personal control?

Since all libraries and library communities are different, an assessment of how the environment contributes to, or subtracts from, a sense of personal control must be an individual one. The important step is to look for those things, many of which can be unconscious, that render the multicultural user powerless, either in perception or in fact. Then the goal is to make library environments into ones that better contribute to perceptions of personal control. In doing so, libraries can begin to reduce some of the anxiety that multicultural users experience.

Some of these goals may be similar to ones made using the fact-centered cultural competencies. The attitude-centered approach, however, teaches library staff an awareness of how they behave in their own cultures, and how this affects their openness and responsiveness to multicultural users. Cultural responsiveness reminds librarians that the library itself possesses its own culture, and that they act from within this culture as much as library users act from within their own (Phillips, 2003, p. 311). This awareness is essential because chances are that any given library operates within the tradition of "keeping the control." Libraries historically have been grown as places that exist on "notions of order, progress, authority, and control," such as the "sacred authority of texts" and the idea that libraries "imposed order upon the chaos of human thought" (as cited in Yoder, 2003, p. 381-3). When what libraries and library staff do comes from a position of knowledge ("knowledge is power") and a tradition of delivering services and teaching how to use them, it will of course be difficult not to privilege the culture of the library institution. Training staff not only to recognize themselves as part of a culture, but also to be aware that this culture has a tradition of authority and control which may not always be the way things must be done, can pave the road to better cultural humility and solutions that give a sense of control back to users.

Aesthetics and the Physical Environment

Research in the healthcare industry has shown that much more can be done to manipulate physical environments in order to reduce anxiety and stress. Aesthetics in physical surroundings can also, as Ulrich and others have shown, reduce stress and anxiety by increasing feelings of well-being. Caspari, Naden, and Eriksson (2007) speak of the "ethical obligation one has to preserve the patients' dignity by providing, as far as is possible, care in aesthetically satisfactory surroundings" (p. 281). They go on to state, "[A]esthetics in the local surroundings influences to a high degree the health and well-being of patients" (p. 288). Dr. Esther Sternberg (2009) explains that beautiful scenes activate our bodies' natural endorphins. As more color, depth, and movement are added, the more endorphins flood our bloodstream, and "your own brain gives you a morphine high" (p. 33). Endorphins improve our physiological and emotional state and, in effect, are the natural way the human body reduces stress and anxiety. Not only do endorphins reduce these negative chemical reactions, they also can stimulate the body and the mind. Sternberg relates an account that shows how this can occur. Virologist Jonas Salk encountered an impasse while trying to develop a polio vaccine in the 1950s. "Frustrated and demoralized," he took a sabbatical to Assisi, Italy,

where, “so inspired was he by the light and beauty and spiritual aura of the place, that he hit upon the solution to his problem” (p. 21). After this stimulating experience, Salk worked with architects to build the Salk Institute (a research facility in La Jolla, California) in a fashion specifically designed to be “a place suffused with light and surrounded by beautiful views – a place that would inspire the imagination of other scientists just as Assisi had inspired him” (p. 22).

Caspari, Naden, and Eriksson, collaborators on several papers about the effects of aesthetics on individuals in healthcare settings, discuss many aspects of physical surroundings and how they can affect users. These include the effects of colors, window views, room design, cultural stimuli, artificial lighting, sunshine coming indoors, views of nature (in artwork and outside), feelings of security created by physical surroundings, noise levels, and harmony and balance in layout (2007, p. 289-90). All of these, manipulated thoughtfully and aesthetically, can reduce stress and improve well-being not only for patients, but for staff as well (Caspari, Eriksson, & Naden, 2011, p. 134). Library planners may not be able to start manipulating the physical environment from the ground up as Salk did, but can still (re)design their environments into spaces that reduce stress and stimulate the brain. Libraries can use the following list of possible changes to physical environments to reduce stress and stimulate the imagination. All of them can be low-cost.

Colors. Thoughtful variation stimulates the brain. Consider color for furnishings, walls, carpets, and artwork. Feedback at one hospital characterized the color of the rooms as “vapid” (Caspari, et al., 2011, p. 139). Avoid vapid and aim for pleasant.

Wayfinding. Provide an abundance of clear, noticeable signage, including “How-to” instructions for public-use equipment. Try to avoid labyrinthine floor plans and confusing cues, such as dim lights and narrow entrances to major destinations (Harris, et al., 2002, p. 1281).

Maintenance and Cleanliness. “Poorly maintained environments evoke negative judgments” (Harris, et al., 2002, p. 1280). This includes dirty, unhygienic, and cluttered environments and facilities needing repair. Shabby and broken surroundings can make users feel that the institution does not value them enough to bother to fix things and clean up.

Ambience. Consider using non-glare, full-spectrum lighting because lesser types of lighting have been shown to dampen moods (Sternberg, 2009, p. 49). Eliminate unnecessary noise. Make sure the temperature is not too hot or cold, and the air is “free of unpleasant odors” (Harris, et al., 2002, p. 1278, 1295). Consider, if feasible, playing selected music. Music has been shown to reduce stress and “promote wellness” (Schmock, 2009, p. 51). Music is also multilingual.

Nature. Provide large, numerous, and clean windows looking out onto views of nature, if possible. Generously decorate interior spaces with potted plants. Studies have shown that interior plants increase productivity for users *and* staff, increase attentiveness, reduce stress and mental fatigue, lower blood pressure, and improve feelings of well-being (Dravigne, Waliczek, Lineberger, & Zajicek, 2008, p. 183).

Artwork. Hang artwork that is pleasing. It can be culturally specific or not, as long as it is “obviously positive” (Friedrich, 1999, p. 1781). Consider that healthcare researchers go as far as to recommend avoiding ambiguous or abstract art, and art with unhappy people or

depressing themes. Also consider that research has found commonality across cultures in certain images that “reduce stress and hold attention in positive ways ... The most common are positive, caring human faces, [and] certain views of nature” (as cited in Friedrich, 1999, p. 1780).

Stress versus Stimulation

As libraries plan initiatives to create environments that reduce stress and stimulate creativity for multicultural users, it is important to realize that all causes of stress do not need to be removed from the environment to be successful (and, indeed, probably cannot be). Some stress response is healthy and desirable; it brings about learning and growth. It is when stress overwhelms a user that a reductive experience begins. Sternberg (2009) explains,

... there is a dose effect of stress on performance, described by an “inverted U-shaped curve.” Imagine an upsidedown U, a curve shaped like a rainbow. The further to the right you move on the curve, the more stressed you are; the higher up on the curve you are, the better your performance on a given task. At the far left of the rainbow, you are completely relaxed . . . But move to the middle and top of the rainbow, to a point where your stress response is turned on just enough, and you are performing at your peak. ... Move to the far right end of the rainbow, where your stress response is at a maximum, and your performance falters. (p. 101)

Sternberg (2009) discusses how a new environment – like “the first day of classes in a new school, or when you move to a new city” – can cause stress and anxiety (p. 99). When we enter a new space, she explains, we look for recognizable patterns and connections. If we don’t find any, “we feel unsettled” (p. 132). She even compares experiencing a new environment to trying to navigate a maze, a structure that deliberately causes disorientation. First the new environment causes anxiety in itself, as an unknown quantity, and then one after another (or many all at once) new choices are added, some expected, many unexpected, until the highest combination of choices can cause a stress response of freezing (p. 99-100). Sternberg goes on to describe how some architects of novel, postmodern structures use what architect Frank Gehry calls “handrails,” devices in the design that make the viewing of such new, unfamiliar shapes and spaces easier. These features help viewers move from “a zone of discomfort to the zone of excitement” (p. 128). They are employed so that viewers experience elements of surprise and then encounter familiar features that reassure (p. 129). An example of a “handrail” might be artwork as discussed above, that is not ambiguous or abstract, and that shows something calm and familiar, such as a scene of nature. Another example of a “handrail” might be creating a home-like setting with homey décor, because of familiar, comfortable connotations this can provide (Harris, et al., 2002, p. 1294). Handrails such as these help viewers to not feel overwhelmed by too much of the new, strange, and unfamiliar, and instead help to lead them to a stimulation of the senses, and inspiration.

Response to stress is different for every individual. It can be difficult to know what kind of “handrails” will best help our multicultural library users to find that balance between stressed-and-growing and stressed-and-freezing. Onwuegbuzie, et al., (2004) point out that “it is not possible in real library situations first to identify and then to classify users by their anxiety level” (p. 237). However, as this paper points out, multicultural library users are known to be at a higher risk for stress-causing factors. The catalysts for their library anxiety can more easily push them into the area of the “inverted U-shaped curve” where the stress does not help but hinders their information-seeking behavior. Thus they will benefit from any

stress-reducing or well-being enhancing measures that libraries put in place. A wonderful thing about these measures is that every type of user can benefit from them, and there is no danger in overdoing them. Thus it behooves libraries to “implement [stress] intervention strategies for all potential users” (Onwuegbuzie, et al., 2004, p. 237).

Conclusion

The three main recommendations of this paper are to 1) train staff and plan physical space according to the “attitude-centered” approach of cultural competencies (a.k.a. cultural responsiveness); 2) train staff and plan physical space to improve the perception of multicultural users’ sense of personal control, and 3) enhance physical surroundings so that they aesthetically please, create safety, and stimulate the brain. Doing so will improve libraries and library staff as participants in cultural diversity. It will also reduce the library anxiety and hopefully stimulate the imagination of multicultural users so that they have more successful and satisfying information-seeking experiences. These three recommendations derived from healthcare research are only a few of the abundant ideas that librarians can discover in that field and find application for in planning culturally safe and responsive library environments.

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