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Exploring value as a dimension of professional information literacy

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Abstract

This study presents a critical exploration of one of the *ACRL Framework* concepts by examining it in the context of professional practice. Semi-structured interviews were conducted with health and human service professionals at a community health centre to explore how information literacy (IL) is experienced in the workplace. Value emerged as the dominant theme in participants' descriptions of their information practices. This concept was conceived of predominantly in the context of personal and professional relationships that existed within the systems and structures of the physical workplace, professional practice and the health and social care system. Using phenomenography as a methodological approach, this study presents a lens through which to see the nature and significance of information value in various contexts beyond academia, and invites librarians to consider how evidence from workplace and professional settings may inform IL instruction to students, especially those entering health and human service professions.

Keywords

Canada; health information; information value; phenomenography; professional information literacy; workplace information literacy;

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1. Introduction

This exploratory study presents a picture of workplace information literacy (IL) derived from interviews with staff at a community health centre in Alberta, Canada. Specifically, it aims to illuminate one dimension of IL experienced by this group –information value – as a means of contributing to the development of a sociocultural theory of IL, and calling for further study into the multidimensional nature of this phenomenon. This study also demonstrates the value of qualitative research methods to help validate existing ways of understanding IL and describe its various dimensions in richer detail.

1.1 Workplace/professional IL

This study is situated in the existing literature on workplace IL and supports Lloyd's (2011) argument that the workplace is a 'critical ground for information literacy' (p.279), one that often looks much different from the academic environment in which future professionals are trained to identify, seek, acquire, evaluate and use information (Lloyd, 2010). One aim of this study is to compare descriptions of professional information practice to the picture of IL that has been developed largely through studies of students and information professionals (Hicks, 2018).

Scholars have argued we need more studies of workplace IL in a variety of settings and contexts to begin to arrive at a sociocultural theory of IL (Hicks, 2015; Lloyd & Williamson, 2008; Lloyd, 2010). The present study provides an insight into allied health and human service professionals' information practices at work and adds to the current knowledge about other professional groups

including nurses, ambulance drivers and welfare workers (Bonner &Lloyd, 2011; Forster, 2015; French & Williamson, 2016; Lloyd, 2009;). Previous research has described the social aspects of information practice in various workplace settings, and has established the fundamental role of coworkers, colleagues and professional communities in developing workplace IL. This study asks what IL looks like through the eyes of health centre staff, and how their information practices and experiences compare to those of other professional groups.

Lloyd (2010) contends that 'a deep understanding of the complexity of the information experience' and the ability to 'recognize what information is valued and how a community constructs knowledge' is required in order to 'understand the information affordances that are furnished by others and by the socio-technical and material practices that are part of the landscape's character' (p.151). Starting with this proposition, the current study offers an avenue for further discussion of workplace/professional IL by suggesting that we can understand this complexity by unpacking specific dimensions of IL as they are experienced as phenomena of sociocultural practice.

Furthermore, the specific context of this study – a community health centre serving vulnerable youth in a large urban centre – responds to suggestions that the role of helping professionals in supporting everyday life IL requires further investigation (French & Williamson, 2016; Martzoukou & Sayyad Abdi, 2017). Of interest here is not only how health centre staff experience IL through their information practices, but also how they perform information work specifically in the context of their roles as service providers, information mediators and advocates for their clients. The nature of this work requires them to acknowledge and address their clients' experience of health and social service information as well as their own, adding another layer of sociocultural context to their information practice. This is important because shedding light on 'what counts as information and is agreed upon as knowledge' (Lloyd, 2011 p.278) has implications not only for these professionals but also affects the clients they serve (Buchanan, Jardine, & Ruthven, 2019; Buchanan & Nicol, 2018; Sabelli, 2016).

1.2 Value as a dimension of IL

As several scholars have argued, IL is not a set of skills but a way of knowing and a situated, embodied, socially-mediated and contextually-dependent experience. Ongoing explorations of workplace information practices in different settings and among different groups of people allow us to uncover different dimensions of IL as a way of knowing. As Sayyad Abdi, Partridge and Bruce (2016) argue, 'a clear theoretical image of this concept in many workplaces is not yet available' (p.353). This theoretical image should be developed not only by additional studies of various workplace settings, but also by studies that examine in depth the various dimensions of IL. Information value is one such dimension of IL, and an exploration of this particular dimension can help describe IL in professional practice.

The phenomenon of value, like the broader concept of IL, is experienced through engagement with others in a social world. In positing the concept of information value, the *ACRL Framework for Information Literacy* (2015) suggests that information literate people understand information as 'a commodity, as a means of education, as a means to influence, and as a means of negotiating and understanding the world' (p.16). The ACRL definition also highlights that 'legal and socioeconomic interests influence information production and dissemination' (p.16). Scholars have argued for the need to tie the concept of value to social justice, civic engagement and critical IL (Battista et al., 2015; Harris, 2010). Scholars and practitioners in the field have also debated the significance of context in terms of applying the *Framework* concepts in practice (Beilin, 2015; Seeber, 2015). However, to date there are still few scholars taking deep dives into the individual concepts and how they might manifest themselves outside the academic context.

In this study, information value emerged clearly as a dominant theme in interviews with health centre staff, and was reflected in the range of skills, attitudes, beliefs and practices they described. It was most clearly illuminated through participants' descriptions of their information work with and for clients, which they categorised as *resourcing, referring, outsourcing* and *advocating*. The value they placed on the source, purpose, and format of information, and the value they perceived in the outcomes of their information use, clearly influenced how and why they sought, evaluated, shared and applied information in these categories of practice.

2. Methods

2.1 Participants and setting

Semi-structured interviews were conducted with seven staff members – Youth Support Specialists and Medical Office Assistants – at a community youth health centre in Alberta, Canada. The health centre serves vulnerable youth aged 12 to 24 with a medical clinic and drop-in social space staffed by nurses, youth workers, medical office assistants, counsellors, physicians and drop-in staff from partner service agencies in the city. Clients are primarily young people who experience barriers to accessing support through the health and social care systems, including those who experience homelessness, addiction or mental health issues. The centre also serves a large number of indigenous youth. Clients come to the centre for medical care; for support in accessing government services; for referrals to social, medical and legal resources; and to access counselling and alternative education programs. The centre is described by staff as a hub for accessing community resources and services.

Interviews were conducted with Human Research Ethics Board approval, and with permission from health centre administrators. The interviews lasted roughly one hour and took place at the health centre (see Appendix A for the interview schedule). Interviews were audio recorded and transcribed by the researcher, and transcripts were sent to participants for verification. All staff names presented here are pseudonyms.

2.2 Methodology

The value of phenomenography as a methodology for LIS research, and particularly for research into IL as a contextually-situated experience, has been described by several scholars (Bruce, 1999; Forster, 2016; Yates, Partridge, & Bruce, 2012). It is well-suited to answering questions of how people experience, understand and perceive phenomena, as it allows us to map the variety and richness of those experiences, understandings and perceptions (Yates, Partridge, & Bruce, 2012). This method also directs us to understand the phenomenon (in this case, information value) as inseparable from the people who experience it, as a subjective lived experience rather than something pre-defined and distinct from a sociocultural context. As Akerlind (2005) argues, 'an individual's experience of a phenomenon is always embedded within a particular context, and a different context may bring different aspects of the phenomenon into awareness' (p.106).

Specifically, phenomenography uncovers variation in experiences among a group by developing categories of description to uncover 'the range of meanings that the underlying concept has when experienced by the group, and the relationship between' those categories (Forster, 2016, p.353). Using this approach in the analysis of these interviews, four categories of information practice were uncovered: resourcing, referring, outsourcing and advocating. The names of these categories came directly from the interviewees, and the conceptual building of those categories came from an analysis of the interview transcripts (Barnacle, 2005). The researcher validated these categories by

subsequently contacting participants and asking them to define the terms and provide examples from their work.

An exploration of these categories of practice will reveal the ways that information value is experienced among staff at the youth health centre.

3. Results

3.1 Categories of information practice

Resourcing - using knowledge of information sources, people, and places gained from and used within the context of one-to-one relationships in order to informally or unofficially connect clients to resources.

Referring - using knowledge gained from relationships with clients, plus knowledge of external individuals and organisations. This involves using documents and written information, as well as policies and procedures to refer clients to well-known but external individuals and organisations to get their needs met.

Outsourcing - using referring and resourcing knowledge combined with an awareness of the larger system of less well-known individuals and organisations to find external resources, services and supports unavailable to clients in the local setting.

Advocating - applying resourcing, referring, and outsourcing skills and knowledge in the context of larger power structures and the social, political and legal framework of the health and social care system. Advocating not only helps clients find and access resources, but is also concerned with clients' ability to utilise and realise benefit from these resources.

3.2 Resourcing

Resourcing meant introducing clients to and connecting them with community resources that do not require a formal referral from an intake worker or a social worker. In their interviews, staff described the strategies they employed to identify, locate, access and assess people and services for clients. Their view of the health services and social welfare landscape, and the role of information within that landscape, was created from a perspective of being in a workplace that was described proudly as a wellness hub or a *Walmart of social services* for youth in the city, where community resources were brought and made available at the health centre to reduce barriers to access. Most of the staff's resourcing was to internal resources, to partner agencies providing outreach service at the health centre, or to well-known and frequently-used local agencies with whom they had existing relationships.

Several staff described the primary purpose of their resourcing work as building relationships with youth. Resources and resourcing work were used as bridges to make personal connections with youth in order to encourage and enable their better use of the system and achieve better outcomes. Jason explained resourcing as:

> *the work that we do in the day, but then there's the work sort of beneath that… that's when you get to know people. And it works well because you do something for someone and then you make a connection, you have a point of connection, and then when they come back in they know you, [you're] the person who helped them with that thing, and then you're kind of their connection point here*.

Personal connections were the primary means of learning about and accessing services and resources for clients. Tom, like several other staff members, described his co-workers as the most valued and most frequently consulted resource:

> *I almost never consult anything else but my coworkers, you know, and it's usually a team thing, so we always bring a problem to the team and somebody has an answer for it. And if nobody has an answer for it, then we start talking about, you know, where can we go from here in terms of looking this up, and finding somebody who might be doing this. And when you have… all these different people, like you have so much experience there, and so the team is – I think the team is the greatest internal resource.*

Matt's comments also reflected his dependence on the experience of coworkers to help him identify services and agencies to resource for clients:

> *I'm going to look, for the most part, to the people with the most experience, or who knows the most. [My co-worker is] a great resource because she's been around she's seen which agencies are available and are useful and have been successful, and so you can go to them just for a good answer right away. … You know, people who have been around, because they've lasted, I assume, for a reason, so they know sort of the way to do things, and it might not always be the best way, but at least there's something, hopefully, available. It seems a lot of the time… we need to try all these different avenues, because it seems like there's so many different agencies. That's like the first thing I noticed, getting into this world. How does an individual, who's struggling, go and interact with all these different places and try to get goals accomplished? So it's just sort of seeing who's best for what.*

Resourcing was done informally, on a case-by-case basis, and was shaped by staff's knowledge of available resources, their familiarity with the needs of their clients and their participation in a workplace culture of informal sharing and mentoring.

3.3 Referring

Staff described their experiences with referring in ways that demonstrated awareness of the roles, responsibilities and limitations they had as professionals using information in both a flexible community of practice and in a very structured health and social care system. Whereas resourcing was making more informal connections between clients and services, a referral resulted in an official 'paper trail'. Referral work was mostly documentary in nature, and the staff members' descriptions of this work hinted at it sometimes being a burden externally imposed on them. However, they were not generally disengaged from this information and expressed strong feelings about how it impacted their relationships with clients and their clients' outcomes.

Referral pathways, resource options, and bureaucratic processes were clearly understood and used to advantage by staff. Referral work was described as including interactions with specific professionals – intake workers, social workers, medical specialists – and requiring the use of forms and other documents. Staff demonstrated awareness of the particular value information had when it was given and received by individuals and agencies with whom they had pre-existing relationships, and used that awareness to make decisions about the type and amount of information to provide on forms.

Debbie stated:

> *I don't think [the youth] have trouble with resourcing. And I think that comes from our reputation, so if we are referring them somewhere, we're giving them a Food Bank referral or a WINS [Women in Need Society] referral, we've created that reputation with WINS and the Food Bank, so they don't question, you know, anything when we send off for that referral. 'Cause there's LICO cut offs, right – low income cut offs – but they never question that when it comes from us, because they trust that we're doing our due diligence, that this person clearly needs the support we're sending them the referral for.*

This quote hints at a shared experience among staff: a pragmatic understanding of the formal assessments and rules that are used to determine access to services and resources, and an ability and willingness to apply personal judgement in documenting information on forms. This means of gathering and sharing information about clients was described in terms that reflected the relatively low value they placed on documentary or text-based information compared to the information gathered through personal communication with clients and colleagues.

In another example of expert information use in referral work, Jennifer described her strategic knowledge of standardised forms to help clients achieve desired outcomes:

> *I even just think about doing SPDATs [Service Prioritization Decision Assistance Tool], that's very much so harnessed my ability to gather collateral or pick out certain information… We don't want to make people sicker but we don't want to make people 'undersick'... We don't want to overshoot on information but we don't want to undershoot and that's what I always tell people when we're doing their SPDATs, like, don't tell me a whole bunch of stuff that's not necessarily accurate, because you want to get housing, but don't tell me, don't make yourself out to be an angel either… I'm actually quite grateful that I've been able to, that I have the inside knowledge around some of that and what things need to look like for housing, which is helpful.*

Jennifer's ability to create information that would most benefit her clients was a product of her close connection with her clients and her understanding of how to increase the value of information for the best impact. This demonstrates an understanding of how to translate knowledge of an individual gained from human relationships into a form of information that would be most beneficial to that person in a specific situation. As Jennifer's comment illustrates, in the professional experience of these staff members, particularly accurate information was not always the most valued if it did not lead to the best outcomes for their clients.

Staff also commented on the information they had to gather from clients in order to make referrals and help clients acquire services. Their comments reflected an awareness of the ethical, political and social circumstances of the creation and operationalisation that information, and this awareness was developed from experience both at current and past employers. A few staff, both newer and more experienced, reflected on concerns about their roles in creating, sharing and using client information. Matt stated:

> *It seems like a lot of the time, it's kind of like, well, we need to try all these different avenues, 'cause it seems like there's so many different agencies… so it's just sort of seeing who's best for what… So then it's just talking with the social worker and try to figure out [client] schedules and stuff like that. I don't know, that's kinda to the side, but they are useful for information a lot of the time. I mean hopefully there's generally consent involved in all of these interactions, so you know, we're not going beyond what would be allowed to be discussed*.

Client consent and other aspects of ethical use of information were raised by several staff members. Their comments revealed that their experience with the constraints on information use was more nuanced and complex than a simple understanding of laws or policies, and that they knew when they had to strictly comply with established practices. For example, Hayley described the creative use of Facebook to facilitate clients' ability to make use of the referrals they provide, and work around formal information structures that act as barriers to information use:

> *I'm sure it's a little bit in the grey zone of like, patient confidentiality and stuff, but [using Facebook to contact youth] just works so well. ...Oh yeah, we use it a lot too for referrals, because a lot of the time the referral will need a phone number or something, so then we can kind of be like the in-between. The clinic will contact us and we'll [Facebook message] them, instead of them trying to call the client. So sometimes it helps with getting them into specialists and stuff, 'cause I know that can be a big barrier, like they'll be refused if they don't have a phone number*.

Descriptions of their experiences with referral documents, procedures and processes illuminated two key aspects of their professional IL: the ability to evaluate and expertly manipulate documentary information for the benefit of their clients; and an understanding of the ethical, legal and moral aspects of this information for themselves and their clients.

3.4 Outsourcing

Where needs could not be met at the youth health centre, outsourcing for staff meant transferring responsibility for meeting clients' needs to external agencies. Staff descriptions of outsourcing work demonstrated confidence, persistence, creativity and use of personal connections to get the most relevant and useful information from and for clients. There was more variation among staff in their work in this category of practice, but in general it was in their outsourcing work that efforts in information seeking, finding and evaluating were most explicitly described.

Jennifer described the use of personal connections made from years of experience with clients, professional colleagues and even friends and family members as means to identifying and acquiring needed information. Similar to other staff, Jennifer`s description of outsourcing also reveals an awareness of the real social, ethical and moral implications of information practice in her field. For example, she provided an anecdote about asking 'hypothetical' questions to personal connections in the city's police force to address a client's situation:

> *...without giving any info, but that's also really helpful, because it's also very scary to get information for people, like they're not going to get arrested or anything, so like that's super helpful. I think personally, that's where I get a lot of my outsourcing and maybe some more information, is the relationships that I've already created in the community, which is very, very helpful, especially when it comes to legal stuff … it's nice if a kid wants to talk to me about something, legal wise, or if they have a question, that I can reach out for that without outing them.*

Staff expressed anxiety, both about their ability to find the right program or service for a client, and for their clients' ability to take and apply the information provided. Strategies for finding appropriate external resources ranged from asking colleagues to cold-calling agencies to searching the internet. Hayley described her approaches to information seeking from her perspective as a new employee:

> *Because I have no youth work formal training, I do a lot of just calling places, and just asking them. Like for example, our psychiatrist – we have a crazy waitlist, so he and I went through it and we were trying to look at what other options we could do to deal with, just make it not so overwhelming. So apparently if you're under 18 it's easier to get into Access Mental Health through psychiatry and you can get in within 4 to 5 weeks, whereas our waitlist is like 6 months or something. It's ridiculous. And it's a self-referral process and so before I called all these kids to tell them they could just self-refer, knowing they had a lot of anxiety about it, I decided to call Access to find out what the intake was like to be sure I was telling them the right thing*.

Outsourcing was discussed in a manner that suggested it was less valued as an option for clients than bringing the resources in-house, because it meant potentially putting both staff and clients outside their comfort zone and challenging their abilities to seek, find and access resources. The physical, economic and emotional barriers to access for many of their clients were key considerations in the information sources the staff sought and used.

3.5 Advocating

Advocating was described as speaking up for clients; giving them a voice and empowering them to act on their own behalf; and ensuring their needs are met and their rights are respected during their experience with community services and resources. This required not only awareness of the political, social and legal context of the health and social care system, which has already been illustrated in other categories, but also recognition of each client's experience with that system and capacity to be information literate themselves. Staff understood that their clients' marginalised and vulnerable status meant they often lacked awareness of and access to relevant and useful information.

For example, staff expressed some discomfort and hesitation with the high value that clients placed on the information that they provided for them. They knew the potential impact their information sharing would have on their clients, and specifically the risk that this might place on their professional relationships with clients if information is inappropriate, unusable or irrelevant. As Candace said:

> *I think that relationship is important in building trust so that they'll come to you if you need help. That's a big one. I find in giving information, supporting for success, they need to trust that you're going to follow through.*

This idea of trust relates to how Candace later described her experience using client information, and the potential for use and misuse of the information that they are privileged to have as professionals:

> *They trust us. A lot. And [if] you ask them to sign something, more than likely if you have a relationship with them they will just sign it for you… And that's why it's up to us to make sure that we're being authentic and ethical in what we're asking them to do. 'Cause we can take advantage of them very easily if we choose to*.

Staff showed a keen awareness not only of the authority that information might have, depending on its purpose and its source, but more astutely, of their clients' reaction to that authority and the value they placed on different kinds of information. This awareness of the impact of information on the people who engage with it is another key aspect of information value. As Tom stated:

> *I think in [some] situations they're going to listen to their friends before they're going to listen to any professional, especially with a lot of them being in systems and stuff, they're not going to listen to the professional … And I think for a lot of these kids too, there's stigmas that go with government, and stigmas that go with forms, and you know, those two often go together. Professionals… all those different things. And so when they hear that they have to fill out another form or they have to get in contact with an agency or something like that then they're not usually going to be interested in that*.

The way that staff negotiated competing perceptions of value with clients and provided the information and resources they needed was by building relationships. In Debbie's words, this was *because the relationships are foundational in this space. If you don't have a relationship with those kids, they're not going to tell you anything*. In describing their relationship building work, staff revealed a strong and reciprocal link between personal relationships and information use. Just as information provision could be the gateway into a relationship with a client, as was evidenced in the resourcing category, relationships also informed what and how information was given and how it was accepted by the client.

Protecting clients' privacy and access to information was another practice that staff described as rooted in their personal relationships with clients. In her description of interactions with other human service workers, Candace reveals how competing interests and power imbalances are often at play when information about clients is exchanged:

> *it's interesting when I hear social workers or support workers calling and I get that they're advocating, I get it, I've done it, and they want all the information, but I'm like, no, these young people deserve the right to confidentiality and privacy and unless they tell me otherwise I don't actually think I'm going to give you that. …because I believe they all have the right to that. … I'm like, nope, I'm not giving you that information because I need to hear it from [the client] and that's something that they want and I think we forget that [information can't be shared without permission]*.

Successful advocating involved knowing what kind of information was required, and in what format it would be most useful, and who had the power to collect, assess and use it. Despite some variation in how information was used, information was commonly defined by staff in terms of its role as both a gateway and a barrier to relationships, individual health outcomes and client empowerment. The value of information in professional practice was clearest when staff were describing its impact on client empowerment, safety and wellbeing.

4. Discussion

Information value is the theme that stretches across and connects all of the categories of information practice, and in following that theme through these categories we see that value takes on a particular nature in this context.

4.1 Value as an IL concept

The concept of value that surfaced through these interviews clearly aligns with the ACRL Framework definition of information value. This is noteworthy because the research did not set out to investigate this concept; the theme was uncovered by the researcher as a result of multiple rounds of coding and subsequent arrangement and rearrangement of categories and their dimensions.

The Framework states:

> Experts understand that value may be wielded by powerful interests in ways that marginalize certain voices. However, value may also be leveraged by individuals and organizations to effect change and for civic, economic, social, or personal gains. Experts also understand that the individual is responsible for making deliberate and informed choices about when to comply with and when to contest current legal and socioeconomic practices concerning the value of information. (p.16)

By this definition, the Youth Support Specialists and Medical Office Assistants at the health centre would be 'experts' based on the way they described their information practices. However, their comments reveal variation and gradation in the way that value is understood, leveraged and used in practice. The variation in staff members' comments suggest that ACRL's categories of 'novice' and 'expert' simplify and obscure the various ways that people encounter IL. These variations show us that understanding is not what defines a person's IL, but rather experience. Staff members all demonstrated understanding of structural and interpersonal power imbalances in their workplace, but they varied in the ways that they acknowledged and acted upon those power structures in their information practices. The variation existed in their individual abilities, values, motivations and experience, as well as the opportunities that their workplace context provided for them to act on their understanding.

4.2 Value in the experience of workplace IL

These interviews provide a rich and reliable qualitative description of IL in practice: the awareness of the role of information in a particular situation and the ability to use it in context to learn, accomplish task, and interact with others. Exploring information value specifically allows us to see one of the ways that the situated experience of IL can be manifested in people's professional practice. The strong emergence of this theme in participants' description of information practice reminds us that the experience of information is far from a purely cognitive or rational one. Rather, the realisation of this concept in various aspects of information practice is a result of the sociocultural context of that practice.

Staff members revealed differences in the way they perceived information value in their work, and the ways that the concept shaped their information practices. Their descriptions of their information work reveal that they apply the concept of value in every aspect of their work, although they do so in diverse ways and for a variety of reasons. The experience of information value that was described by staff at the health centre was also not bound by the physical workplace, but extended to current and past employment, education, professional and personal experiences with the health and social care system. This supports previous arguments that the context of a person's IL experience is not just their workplace but in their identification with a profession (Sayyad Abdi & Bruce, 2015) and adds that for this group at least, their IL was also influenced by their professional role within a large and complex health and social care system.

4.3 Relational value

Information was primarily sought from and shared interpersonally with coworkers, clients and other people 'allied to' staff's areas of practice (Lloyd, 2009, p.417). This finding aligns with those from several other studies of workplace IL (Bonner & Lloyd, 2011; Lloyd, 2009, Wahoush & Banfield, 2014), and demonstrates how significantly personal relationships can define the experience of IL.

The term ‘conversation’ was used frequently by all staff as the primary and preferred means of giving and receiving information. Valuable information was almost always exchanged through a two-way conversation, rather than through uni-directional, text-based resources. Information perceived to be less valuable was described as that which was imposed on them to give or receive, or was needed to fulfill a bureaucratic requirement. Requirements to document information about clients for administrators or funding agencies were perceived variously as annoyances, barriers and potential triggers for some of the youth. By contrast, information gleaned from and with youth in the context of personal conversations and collaborative information seeking was described in the context of achieving outcomes, meeting client needs and solving problems. To these staff members, the quality or authority of information was secondary to the manner in which it could be used for the youth.

Information value was relative to their perceptions of their own and their clients’ position and status in the social and health care system. The value they assigned to a piece of information depended on their relationship with the client and their resulting knowledge of the client’s previous and current health and socioeconomic status. Staff recognised that the information they would or could provide did not always have value for their clients, and this recognition informed how and when they shared information with them. They realised the subjectivity of value, both for themselves and for their clients, and they did not describe information in a way that implied they considered any information format, source or content as fundamentally or objectively authoritative, appropriate, reliable or credible (in other words, characteristics that librarians often tend to treat as objective and teach students to use as evaluative criteria).

The value of documentary information in particular was also contingent on relationships. For some staff, forms, referrals, questionnaires and other information sources that were required to document a client’s status in the system were recognised as necessary but not valuable to their relationship-based work. For these people, the perceived negative impact on the clients’ mental and emotional health, and the threat to relationship-based trust, biased them against these documents. For others, they simply were not recognised as information because they were not personally useful in achieving their relationship-building goals. Some staff took a wider view of the role that documentary information played in the larger system, and described it as a ‘systemic piece of the puzzle’ that would help ‘paint a picture’ of a client’s situation and better help staff to support that client. They saw collecting, sharing and supporting the use of information as significant in developing clients’ IL and empowering them to make better use of the system.

Clients were the focus of every comment made by the staff members, making it clear that their work, their experience of information and their construction of workplace knowledge cannot be isolated from the experiences of the youth who are present in their workspace and who are their work’s purpose.

5. Conclusion

Looking at information practices through the frame of value allows us to see concrete, practice-based examples of IL in action. The ACRL Framework, in addition to sparking ongoing debates among librarians and LIS scholars, also ‘opens a door for new research on information literacy’ (Gross, Latham, & Julien, 2018, p.268). This study took a step through that door to shed light on one dimension of that framework that has not yet been examined.

Phenomenography is a methodology that focuses on exploring people’s varying conceptions of a given phenomenon, rather than the phenomenon itself. By looking at something through the lens of

people who experience it, it can be argued that thing is better understood (Cibangu &Hepworth, 2016, p.152). For a concept like IL, we cannot define it or understand its various dimensions without trying to see how it is conceived, experienced and applied by people in various circumstances. In this case, the use of phenomenography to uncover these variations has been a valuable way to explore IL concepts and dimensions, and may be used in different settings to further unpack and examine IL through a sociocultural lens. Uncovering more categories of description that are articulated by groups of people in diverse circumstances and settings may help us recognise and appreciate IL in different contexts. More specifically, approaching this topic in ways that seek to explore the various dimensions of IL can also move workplace/professional IL research away from those professions that are traditionally thought of as information professions, and towards other helping professions that also have an information mediator role, in order to validate and strengthen the conclusions made from studies of 'expert information workers' (Hicks, 2018, p.74).

These findings generated two tentative conclusions and attendant suggestions for future research. First, this study demonstrated that particular dimensions of IL can be unpacked to help show characteristics of its complexity and how that complexity is experienced in different contexts. Future studies of workplace, academic or other settings should continue interrogating IL as metaconcept and look more closely as its various dimensions. These dimensions, when examined in various contexts, can provide a means to show evidence of IL in practice and contribute to the development of a deeper understanding of the phenomenon.

Second, this deep dive into the concept of value has revealed interpersonal relationships as a key aspect of its nature, which may be relevant in other settings. Further study of relational value can add depth to discussions of IL as a sociocultural practice by exploring the nature of the relationships among people who co-create knowledge in shared spaces, and can contribute to an understanding of 'the importance of human relationships for sharing and fostering information literacy practices' (Head, 2017, p.86). Asking how relationships develop in different contexts, and identifying the impact of those relationships on information practices and behaviours, can strengthen our understanding of value and help librarians address some of the assumptions underlying both our conceptions of information value and our practice of IL instruction.

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Appendix

Interview Guide

1. How would you describe the health centre and the clients it serves?

2. Tell me about your job here.
    a. What's your position here?
    b. How long have you worked here?
    c. Describe the main parts of your job.

3. What kind of training or education do you have, relevant to your work here?

4. What are the main health and social outcomes you aim for in your work with clients here?
    a. What are the most common health and social needs your clients have? What are the most common information needs?

5. Please describe a typical day at work.
    a. What resources do you refer clients to?
    b. How do you find information for your job? Do you have a trusted, go-to source?
    c. Where do you go for help if you have questions?
    d. What type of resources do you regularly use in your job?

6. Can you describe a few specific cases or examples where you needed to find and access a resource, tool, or source of information for yourself or your client? What did it look like in this case? What were some of the challenges or obstacles that were faced?

7. What type of information do you share with clients?
    a. How do you share it? Pamphlets, handouts, verbal explanations, other?

8. What type of information do your clients seek from you? How do you help them with this?

9. Tell me about a time when you assessed a client's ability to understand and use the information you provided.
    a. Do you follow up to see if and how your clients use the information you provide?

10. Can you tell me about a time when you sensed a challenge in the client's ability to locate, act on, or evaluate information that you thought they needed?
    a. How did you communicate this with your client?

11. Have you ever sensed a gap or a difference between the information you think your client needs and the information that they are seeking?
    a. How do you handle these situations?

12. Tell me about any training in client/patient education you've had, either in school or on the job.
    a. Do you think it would be helpful to have more training in this area?

13. What would you say is the most valuable professional skill you bring to your job here?