Review of Contemporary Philosophy
ISSN: 1841-5261, e-ISSN: 2471-089X
Vol 22 (1), 2023
Pp 1505 - 1512

The Use of Technology in Enhancing Communication Between Nurses and Patients

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Abstract

Background: The rapid proliferation of smartphones has transformed communication in healthcare, particularly between nurses and patients. As personal digital devices become integral in clinical settings, understanding their impact on nursing practices and patient care is crucial, especially amid the challenges posed by the COVID-19 pandemic.

Methods: This scoping review synthesizes existing literature on nurses' use of personal smartphones in clinical environments. The review examines studies that explore the benefits and drawbacks of smartphone use, focusing on communication, access to information, and the implications for patient care and safety.

Results: Findings indicate that nurses utilize smartphones for various clinical functions, including accessing medical information, communicating with colleagues, and enhancing patient interactions. While smartphones facilitate immediate access to vital data and improve team collaboration, they also pose risks such as distractions, potential breaches of patient confidentiality, and variability in the quality of health-related applications. Notably, 42% of nurses reported distractions affecting patient care, highlighting the dual-edged nature of smartphone use.

Conclusion: The findings underscore the need for healthcare organizations to develop clear policies regarding smartphone use in clinical settings. Effective training and guidelines can help mitigate risks while leveraging the benefits of mobile technology for enhanced communication and patient care. Future research should address gaps in understanding the long-term effects of smartphone use on nursing practices and patient outcomes, particularly in diverse healthcare environments.

Keywords: smartphones, nursing communication, patient care, healthcare technology, COVID-19.

Received: 07 october 2023 Revised: 22 November 2023 Accepted: 06 December 2023

1. Introduction

The worldwide use of smartphones is rising, with around 3.3 billion users in 2019 and a projected 3.8 billion users by 2021. The nations with the highest number of smartphone users are China, India, and the United States. A smartphone is a gadget that integrates computational capabilities with mobile communication technologies [1]. Mobile communication technology has seen swift advancement, and smartphone manufacturing is among the most rapidly expanding technical sectors. The growth of smartphones is accompanied by a significant demand for downloadable applications that users may install on their devices [2-4]. In 2018, more than 4 million Android and Apple applications were accessible for free or for a fee. These applications provide users with further services and functionalities on their smartphone devices [5,6].

In the healthcare sector, there has been a rise in the use of smartphones by healthcare practitioners in recent years, with an increase in the adoption of health professional applications. Fölster [7] said that there are more than 200,000 health-related applications accessible for purchase or at no cost. The growing use of smartphones and specific applications by healthcare workers reflects the heightened adoption of information technology in the healthcare sector. The development and use of electronic documentation systems have significantly increased, with billions of dollars allocated to enhance the provision and coordination of patient health care via information technology [8]. Nonetheless, despite the augmented utilization of applications in healthcare, experts have articulated apprehensions about the reliability of these apps and a deficiency in understanding their efficacy [9].

Electronic documentation systems have been incorporated into healthcare systems to provide a centralized repository and accessible source of clinical information for healthcare practitioners [10]. These systems aim to facilitate clinical care practices among all healthcare practitioners by offering access to information, decision-support tools, and enhanced workflow. Nurses, due to their prolonged engagement with patients and families, often exhibit the highest level of involvement with electronic documentation systems compared to other healthcare workers [11,12].

Notwithstanding the enhancement of technical infrastructures in several healthcare organizations to assist healthcare professionals, many nurses use their own digital devices (e.g., cell phones) at work for both professional and personal functions [13,14]. However, there is a paucity of studies about the clinical use of personal smartphone devices by nurses. Moreover, there exists a paucity of studies examining nurses' use of commercially accessible health-related applications in the workplace [15]. The research gaps are particularly significant in light of the current worldwide epidemic induced by COVID-19 [16]. The COVID-19 pandemic resulted in swiftly changing public health measures, accompanied by regular modifications to practice recommendations across all healthcare environments. Healthcare organizations were compelled to react and change rapidly. The use of cell phones as a quick and accessible means to get information necessitates scrutiny over its application by nurses, particularly in the context of a worldwide pandemic.

The degree and motives for nurses to use their cell phones to enhance their practice remain unclear. There is also ambiguity over the quality and trustworthiness of materials accessible by nurses using their own devices. The expectation for evidence-informed patient care practices underscores the need for access to health-related materials for nurses and other healthcare professionals [17]. Knowledge-informed practice requires nurses to critically assess information on patients' needs and to synthesize it with existing clinical and research knowledge to provide evidence-informed patient care. A significant attribute of mobile devices is the pro re nata (PRN) access to extensive internet health-related information. This scoping review examines how nurses use their cell phones for both personal and patient care-related functions in diverse healthcare environments.

This study seeks to examine and integrate the existing literature on nurses' use of personal digital devices in the workplace. This review aims to assess the existing scope of research to identify knowledge

deficiencies, consequences for practice and policy, and prospects for future study. This study aims to comprehend nurses' use of personal digital technologies in the workplace.

2. Divertissement

Nurses recognized smartphone usage in the workplace as a concern due to its potential to distract from patient care [18-25]. Nurses said that their smartphone use distracted them from patient care duties and also noted instances of inattentiveness among their nursing colleagues. Pucciarelli et al. [26] indicated that 42% of nurses saw smartphones as a distraction. A nurse was diverted from placing an intravenous line by the ringing of an incoming call on their smartphone, and 12.5% of nurses reported seeing a colleague commit a medical mistake they ascribed to perceived distraction from smartphone use [27]. Alameddine et al. [28] similarly found that 55% of nurses saw distractions they ascribed to smartphone use. Di Muzio et al. [29] discovered that almost 62% of nurses believed that using personal gadgets may increase the chance of mistakes.

3. Patient Perspective

Nurses similarly indicated their ignorance of patients' perspectives on smartphone use and the possibility of patient grievances [27,28,30-31]. Nurses expressed worry over patients' potential adverse emotions and thoughts related to the usage of mobile devices at the bedside [23,31].

4. Privacy and Confidentiality

Nurses recognized the privacy and confidentiality of patient health information as a problem linked to the use of their devices in the workplace [24, 25,28,32,33]. Mobasheri et al. [24] discovered that 3.6% of nurses felt patient-related clinical information was stored on their telephones. Home care nurses expressed apprehensions about using the Line app, indicating that “others could easily access patients’ recent locations or sensitive personal information on the software platform” [33].

5. Insufficient Organizational Support and Policy Ambiguity

Nurses articulated a deficiency in organizational support and ambiguity in policy. Notwithstanding the organizational guideline that forbade personal smartphone use in the clinical environment, the majority of nurses saw their cellphones as beneficial tools in their professional setting. Some nurses were aware of regulations governing personal smartphone use, but others claimed ignorance of the specifics of these policies. Hranchook et al. [20] indicated that 47.2% of nurse participants were aware of their organization's device usage policy, 22.6% reported the absence of such a policy, and 30.2% expressed uncertainty. In response to whether medical administrators need to establish a code of behavior for smartphone use to reduce superfluous distractions, 44% of participants agreed, but 51% opposed the notion [23]. Nurses cited obstacles related to Wi-Fi and internet connectivity inside their companies that hindered their access to online resources [28,29].

6. Discussion

Existing research indicates that nurses use their smartphones to collect patient care information and facilitate communication within the healthcare team. To facilitate evidence-based patient care, nurses used Internet applications and programs to access information on prescribed drugs, clinical procedures, diagnoses, laboratory testing, and other relevant data. The habits of seeking information and consulting correspond with evidence-informed nursing practice [18]. Nurses need access to specialist expertise and extensive clinical information to guide their clinical decision-making. Nonetheless, the substantial demands on nurses' time hinder their capacity to connect with research and healthcare resources essential for evidence-informed practice [34]. Nurses use their smartphones for fast and convenient access to internet health information. Nurses may use their cell phones to effectively access essential resources and fulfill their patient care information requirements.

Despite the extensive utilization of smartphones and applications, there was no documentation about nurses' focus on the quality and accuracy of the information obtained from the used apps. The economic

viability of health-related applications sometimes supersedes the need for rigorous evaluation of their informational veracity [35]. Nurses indicated a preference for health applications to be accredited by a health or professional institution, highlighting their concern over the validity of content. Nurses who performed a risk assessment on the applications they used evaluated the reliability of the source, consulted professional organizations on technology and app usage, and were alert about patient information confidentiality [36].

Nurses may be using their own digital devices to offset the inadequate assistance from their companies [37]. Nurses having access to medical library resources, workplace internet, and opportunities to use computer technology are more inclined to participate in evidence-informed nursing practice [38]. Organizations committed to delivering superior patient care must also ensure the availability of the necessary resources to facilitate this objective. The assumption of health information technology in clinical environments underscores the necessity for organizations to offer ongoing education to all healthcare providers concerning risk evaluations of health information technologies (e.g., devices and applications) for responsible utilization and to promote evidence-based practices.

Efficient communication within the healthcare team is crucial for delivering great patient care and fostering successful collaboration. The predominant cause of mistakes leading to patient harm is communication problems [39]. In our analysis, nurses used text messaging, telephone calls, and multimedia functionalities on their cell phones to connect with other healthcare team members. Nurses favored using their cell phones for effective and prompt communication among healthcare team members. Medical students have indicated that personal cell phones serve as an effective tool for communication and coordination within the clinical team [40]. Organizational communication systems may inadequately address the urgent communication requirements of healthcare teams operating in a digital health environment [41]. Nurses' use of personal devices for communication within the healthcare team may exemplify a technology "work-around" designed to balance health system imperatives for cost-efficiency with the pursuit of excellent patient care [42].

Although nurses wished to utilize their smartphones at work, they remained cognizant of concerns such as potential distractions for themselves and colleagues, as well as challenges about information privacy and security regarding the possible retention of patient data on their devices. Nurses utilizing personal devices to disseminate practice-related information within health care teams may exemplify their "workaround" of organizational health information systems that inadequately address nurses' workflows, their requirement for accessible and current health care information, and communication practices among multidisciplinary health care teams [43]. Other healthcare professionals are also encountering these tensions. Physicians indicate that obstacles to the use of smartphones in their practice include organizational regulations prohibiting smartphone usage and apprehensions around their use during patient consultations [9]. The conflict between high-quality health practices and the need for system efficiency may have also led to nurses using their cell phones in the workplace [54]. The documented unawareness of organizational regulations about personal smartphone uses and nurses' insufficient understanding of patient perceptions regarding their smartphone use in patient care represent two significant domains for future study and health professional education [45].

7. Consequences

This scoping review underscores substantial deficiencies in research about nurses' use of personal cell phones in the workplace. Research so far has concentrated on acute care nurses, with no examination of nurses' device use in other practice environments. Further research is required to comprehend individual smartphone use across a broader spectrum of healthcare environments, including home care, long-term care, and public health.

The COVID-19 pandemic revealed significant deficiencies in long-term care, particularly with access to practice standards and education. The significance of public healthcare professionals was underscored during the COVID-19 epidemic. Research can elucidate how smartphones may be used to assist nurses,

particularly during periods of resource and personnel shortages. This will also facilitate a deeper comprehension of the internet resources (e.g., informational websites and applications) that assist nursing practices. Research is required to develop smartphone practices and policies that enhance effective team communication while addressing information, privacy, and security issues.

8. Implications

Nurses use their own devices to retrieve clinical information and participate in clinical decision-making. When applications are utilized and patient information is inputted, it is crucial to ascertain the storage location of the data, the individuals with access to it, and the ownership of the information. The use of personal digital devices by nurses for disseminating patient-related information within the healthcare team poses a possible danger for the unauthorized disclosure of personal health information. Nurses, although unrepentant about the use of personal gadgets, promoted information-secure messaging applications to safeguard individuals' confidential health information.

Data indicating that more than 75% of nurses and doctors in acute care environments use their cell phones to enhance patient care practices highlights a significant disparity between policy and actual practice [27,38]. If nurses and other healthcare professionals utilize smartphones to efficiently access and disseminate information, organizations must reevaluate their policies on personal phone usage and collaborate with technology developers and care providers to foster innovative thinking and insights into effective, responsive, and responsible technology-enabled solutions.

9. Limitations

This scoping review encountered many restrictions. Sixteen of the twenty-two studies were quantitative and used cross-sectional surveys for data collection, resulting in insufficient descriptions and examples for a comprehensive knowledge of smartphone and mobile phone usage. Furthermore, the absence of variety among the target group results in insufficient evidence along the nursing continuum. Finally, only research published in English was included; studies in other languages were excluded from these results.

10. Conclusions

This scoping research elucidates nurses' use of personal cell phones in the workplace. The review identifies deficiencies in understanding nurses' utilization of personal devices and the implications for the safety and privacy of personal health information, patient care outcomes, communication practices within healthcare teams, and the accuracy and reliability of applications and information, thereby presenting substantial opportunities for future research on nurses' employment of personal digital technology in the workplace. Organizational policies that restrict or ban smartphone usage may be myopic; astute leadership should harness the expertise of nurses alongside other healthcare professionals to jointly formulate strategies that facilitate efficient, respectful, and ethical utilization of communication technology for optimal patient care practices.

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الصحة النفسية والاتجاهات الوبائية في السكان بعد الجائحة: مراجعة

الملخص

الخلفية :أدت جائحة كوفيد-19 إلى زيادة الوعي العام بقضايا الصحة النفسية، وخاصة اضطراب ما بعد الصدمة .(PTSD) وقد أظهرت الأوبئة السابقة تأثيرات نفسية كبيرة على السكان، مما أدى إلى زيادة انتشار اضطراب ما بعد الصدمة. تهدف هذه الدراسة إلى مراجعة منهجية لانتشار اضطراب ما بعد الصدمة بعد الأوبئة المعدية وتحديد عوامل الخطر المرتبطة به.

الطرق :تم إجراء بحث شامل عبر قواعد بيانات متعددة، بما في ذلك MedLine و Embaseو PsycINFO، لتحديد الدراسات التي أبلغت عن انتشار اضطراب ما بعد الصدمة بعد أوبئة مثل السارس، وإنفلونزاH1N1 ، وإيبولا، وزيكا، وكوفيد-19. ركزت معايير الاشتمال على الدراسات

التي قيّمت اضطراب ما بعد الصدمة وعوامل الخطر المرتبطة به بين السكان المتأثرين. تم استخدام تقنيات التحليل التلوي لتجميع البيانات وتقييم معدلات الانتشار.

النتائج :أظهر التحليل التلوي انتشارًا مجمعًا لاضطراب ما بعد الصدمة بنسبة 23% بين الأفراد المتأثرين بالأوبئة المعدية، متجاوزًا المعدلات الملاحظة بعد أحداث صادمة أخرى. لوحظ انتشار أعلى بشكل ملحوظ بين العاملين في مجال الرعاية الصحية في الخطوط الأمامية (31%) مقارنة بالسكان العامين (19%). أثرت عوامل مثل الإصابة المؤكدة، وخبرات الحجر الصحي، والخصائص الديموغرافية بشكل كبير على معدلات اضطراب ما بعد الصدمة. لم تجد الدراسة اختلافات كبيرة في انتشار اضطراب ما بعد الصدمة بين الجنسين، مما يشير إلى وجود نفس مستوى القابلية للإصابة بين الجميع.

الاستنتاج :تؤكد هذه الدراسة على أن اضطراب ما بعد الصدمة يمثل مشكلة كبيرة للصحة العامة بعد الجائحة، خاصة بين الفئات الضعيفة مثل العاملين في الرعاية الصحية والموجودين في الحجر الصحي. تعد التدخلات الفعّالة للصحة النفسية والفحوصات المبكرة ضرورية للتخفيف من التأثير النفسي للأوبئة. يجب على صانعي السياسات إعطاء الأولوية لاستجابات الصحة النفسية كجزء من استراتيجيات الصحة العامة في الأوبئة المستقبلية لضمان تعافي ودعم شامل للسكان المتأثرين.

الكلمات المفتاحية :اضطراب ما بعد الصدمة، الأوبئة، الصحة النفسية، كوفيد-19، علم الأوبئة.