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TO SUPPORT OR NOT SUPPORT:

Organizational Issues Faced by Nurse Administrators on Nurses' Use of Smartphones for Work Purposes

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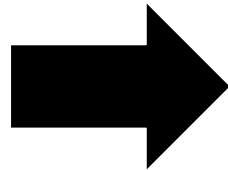
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Outline

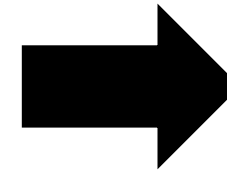
- Background: IT Consumerization in Organizations
- Research Question and Method
- Results
- Conclusion & Future Research Direction



Bautista & Lin (2016)

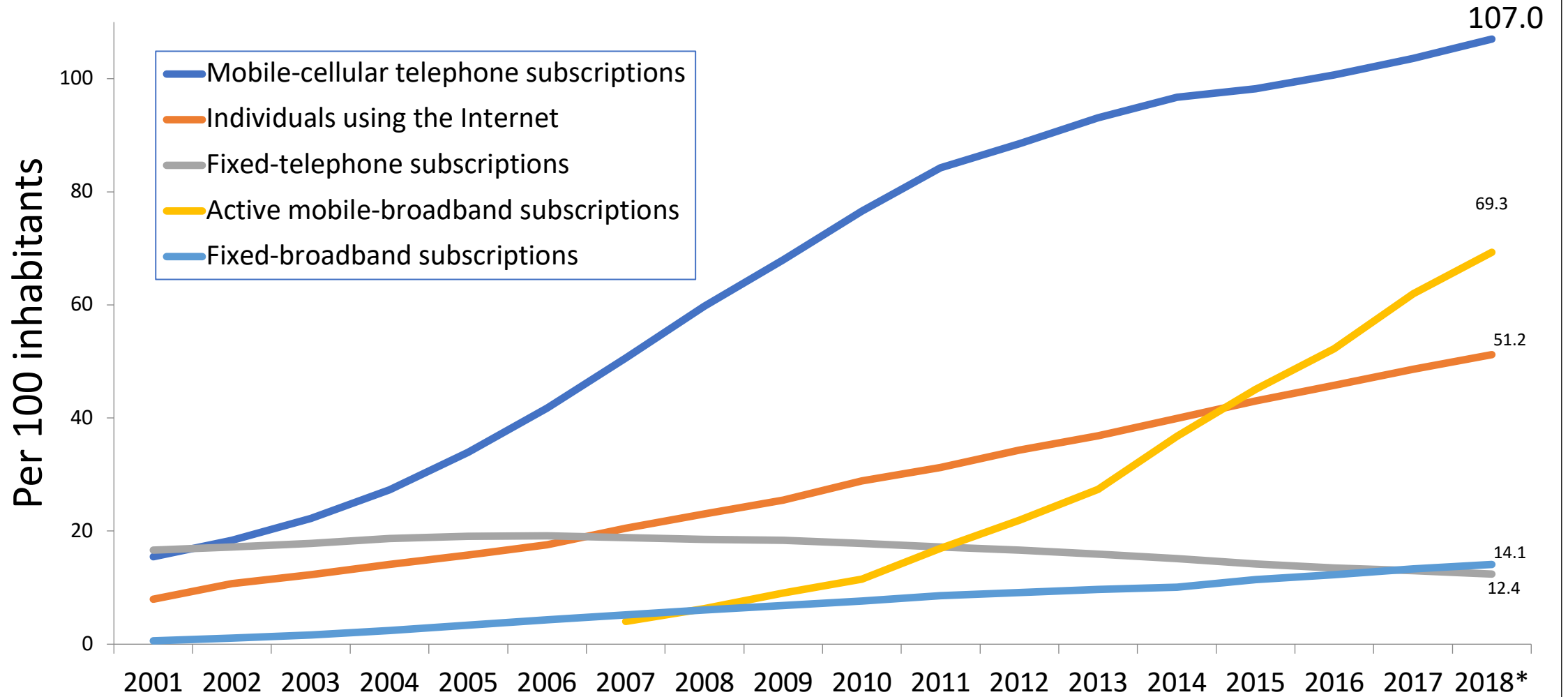


Bautista et al. (2018)



This study

Global ICT developments, 2001-2018*



ommunication /ICT Indicators database (Dec 7, 2018)

IT Consumerization in Organizations

- IT consumerization: *adoption of consumer devices and applications in the workforce* (Harris et al. 2012)
- 2017: 59% of US IT organizations permit Bring-Your-Own-Device (Computer Economics, 2017)
 - Among those who permit BYOD, only 38% have formal BYOD policies
- Survey of >450 healthcare organizations in North America (Spok 2015)
 - 73% allowed healthcare staff to bring their own devices (primarily smartphone)
 - **91% allowed doctors to use personal devices vs 51% of nurses**
 - Doctors and nurses are expected to have clear lines of communication

Developed vs Developing Countries



Nurses' Use of Smartphones for Work Purposes

- Personal smartphones are used for work purposes despite restrictive policies
 - Essential to clinical work (Bautista et al. 2016; Chiang & Wang 2016)
 - Most hospitals don't provide similar technology (Bautista & Lin 2016; Bautista et al. 2018; Chiang & Wang 2016)
 - Organizational support affects smartphone use for work purposes (Bautista et al. 2018)
- Are there organizational issues that make administrators support such practice?
 - Nurse administrators influence staff nurses' decision to use smartphones (Bautista & Lin, 2016; Bautista, 2018)
- Role of nurse administrators
 - Serve as policy implementers (Bautista & Lin, 2016)
 - Act as a link between hospital administrators (*policy developers*) and staff nurses (*policy end users*)

What are the **organizational issues** related to nurses' use of smartphones for work purposes and which among these issues **encourage or inhibit** nurse administrators to **support** such practice?



- Metro Manila, Philippines
- 9 hospitals: 6 private and 3 government

- 9 FGDs in Jun-Jul 2017
- 43 nurse administrators (head, manager, supervisor)

- Thematic analysis
- Issues classified based on Org. Support Theory

KEY FINDINGS

Theme 1: Issues that **ENCOURAGED** nurse administrators to support nurses' use of smartphones for work purposes

Problems with existing workplace technologies

Landline telephones

Intercom system

Desktop-based text messaging software

Absent or insufficient unit phones

Absence of unit phones

Insufficient Unit Phones

Insufficient unit phone credits

Unrealistic policies

Making exemptions

Smartphone ban only for non-work purposes

Problems with existing workplace technologies

- Landline telephones
 - *“The options for us to call cellphone, overseas calls, and NDD [national direct dialing] is restricted [in the landline]. It is restricted to all [making out-of-hospital calls].”* (Hospital 5-Participant 3, Head Nurse)
- Intercom system
 - *It is much easier on our phones. It is not because we want to remove the paging [intercom] system but there are times that we need a much faster means of communication.”* (Hospital 5-Participant 3, Head Nurse)
- Desktop-based text messaging software
 - *“The problem with Infotext is we cannot immediately receive the reply”* (Hospital 17-Participant 5, Head Nurse).

Absent or insufficient unit phones

- Unit phone
 - Mobile phones provided by the hospital that is shared by at least 3 nurses per hospital unit
- Absence of unit phones
 - *“If the organization is unable to provide their needs [like unit phones], it talks about the adaptability of the people working under them. So, of course, if you want to finish your task immediately, you [would] opt to use your own cellular phone.”* (Hospital 5-Participant 5, Nurse Manager)
- Insufficient Unit Phones
 - *“Nurses could not use the unit phone at the same time. That’s why they use their personal phone”* (Hospital 1-Participant 1, Head Nurse).

Insufficient unit phone credits

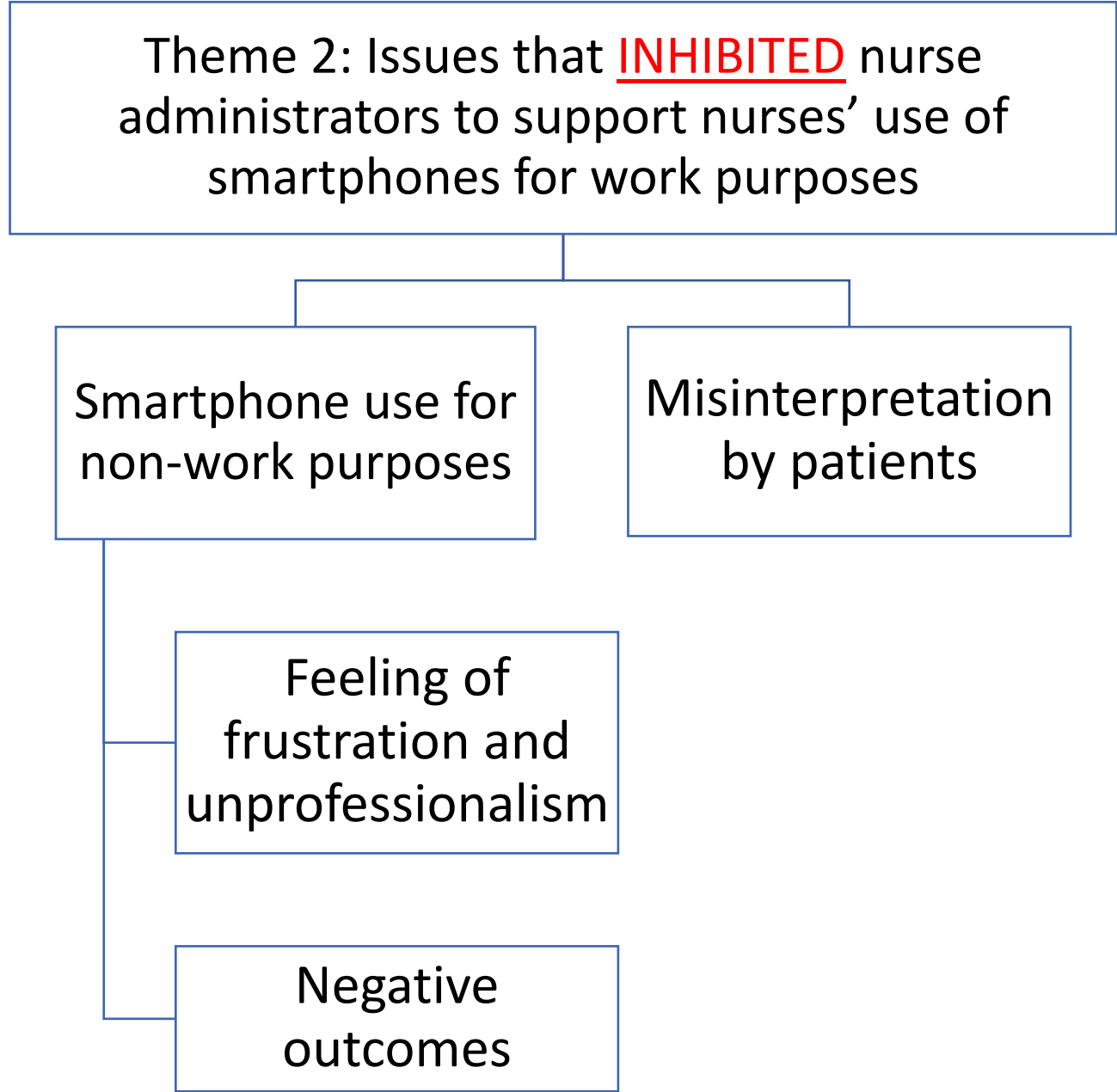
- *“There are times that our load [credits of the unit phone] is already used up, so I allow my nurses to use their own [smartphone].” (Hospital 13-Participant 1, Head Nurse)*



Unrealistic policies

- Making exemptions
 - *“We need more [unit] phones so that they [nurses] can avoid using their personal phone. That is the time that they can fully implement a policy about no use of personal phone in the unit during duty hours.”* (Hospital 1-Participant 1, Head Nurse)
- Smartphone ban only for non-work purposes
 - *“We have a memo from our chief nursing officer that using cellphone is prohibited particularly for personal use. But, definitely, our nurses can use the cellphone in referring our patients particularly in emergency cases.”* (Hospital 14-Participant 1, Nurse Supervisor)

KEY FINDINGS



Smartphone use for non-work purposes

- Feeling of frustration and unprofessionalism
 - *“If you allow them to use cellphone [for work purposes], some are abusive”. Sometimes they will tell you that they are trying to contact the doctor, however, what they are really doing is using it for FB [Facebook], playing games, [or] Instagram.”* (Hospital 17-Participant 2, Nurse Supervisor)
- Negative outcomes
 - You do not realize that you enjoy browsing Facebook and that you forgot that the patient has a due [medication]. The work gets delayed, other routines for the patient get delayed. So, the quality of care is affected.” (Hospital 1-Participant 1, Head Nurse)

Misinterpretation by patients

- *“It is normal in my ward that a patient becomes angry because they thought that our staff [nurses] are texting [for personal use]. However, in that case, the nurse was only using it to count the drops of the IV [intravenous] fluids.”* (Hospital 17-Participant 2, H17P2, Nurse Supervisor)

Conclusion

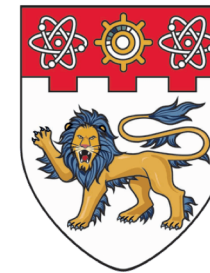
- **Lack of HITs or problems with existing technologies encourage** smartphone use despite restrictive policies
 - Nurses have a moral responsibility to take care patients and mobile phones can overcome healthcare gaps (Hampshire et al. 2017)
- Restrictive device policies (e.g. Philippines' Data Privacy Act of 2012) can only be implemented if there is **sufficient context** that it can be implemented
 - Blanket ban on mobile devices is counterproductive if they are not provided (Stephens & Ford, 2015)
- Allowing use of smartphones for work → tendency to use for **non-work purposes**
 - Implement formal policies that specify proper smartphone use at work
 - Avoid cyberloafing / cyberslacking

Future Research Direction

- Conduct research in developed countries
- Opportunities for ethnographic research

Summary

- IT consumerization is happening in clinical settings.
- Healthcare professionals are using their smartphones to facilitate clinical work, whether hospitals like it or not.
- Healthcare administrators in developing countries should reflect on their existing technology use policies and capacity to provide technologies for healthcare staff before implementing restrictive BYOD policies.



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Thank You!

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