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Personal mobile phone use by healthcare workers enhances care quality at the cost of privacy and professional boundaries

Aurélien Renard [1], Patricia Jabre [2], Cochrane Pre-hospital and Emergency Care Group

CONTEXT

Healthcare workers sometimes use their personal mobile phones and other mobile devices in ways that are unregulated by their workplace to support their work. This informal use can help them carry out their work when formal communication and information systems are lacking, but it can also lead to new challenges.

CLINICAL QUESTION

What are the contexts, benefits, and drawbacks of healthcare workers' informal use of their personal mobile phones and other mobile devices to support their work?

BOTTOM LINE

Healthcare workers' informal use of personal mobile phones helps improve the coordination of care **(high-certainty evidence),** particularly through the use of phone cameras to share test results **(high-certainty evidence).** It also facilitates searching for information during patient care **(high-certainty evidence).** This informal use is driven by gaps in formal communication and information systems and the lack of functional institutional alternatives **(high-certainty evidence).** Healthcare workers perceive that using their personal mobile phones allows them to be more flexible, efficient, and responsive to patients' needs and helps improve the quality of care **(high-certainty evidence).** They also sometimes feel driven to use their personal phones because of feelings of obligation towards their patients **(moderate-certainty evidence).**

Cochrane Pre-hospital and Emergency Care

Corresponding Author

Patricia Jabre
(Samu de Paris, AP-HP, Necker-Enfants Malades Hospital, Paris, France)
patricia.jabre@aphp.fr

A complete list of the Authors' Affiliations is available at the end of the article.

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However, informal use blurs the boundary between professional and private life **(high-certainty evidence)** and may lead to breaches of patient confidentiality through the informal storage and sharing of patient information **(moderate-certainty evidence).**

Healthcare workers' informal use of personal mobile phones most commonly takes place between colleagues within the same healthcare facility **(high-certainty evidence).** It probably helps healthcare workers manage work-related frustrations and emotional challenges and improves work organisation **(moderate-certainty evidence).** It also facilitates communication between healthcare workers and patients **(high-certainty evidence).** Sharing personal phone numbers between healthcare workers and patients may improve communication, even where this is not formally permitted by the healthcare system **(low-certainty evidence).**

However, using personal mobile phones for work intrudes into healthcare workers' private lives **(high-certainty evidence)** and probably increases workplace distractions **(moderate-certainty evidence).** It also generates personal costs, which may represent a substantial financial burden for lower-paid healthcare workers and volunteer community health workers, leading to requests for financial compensation **(high-certainty evidence).** Healthcare workers may also be concerned about the confidentiality of patient information because of its informal storage and sharing **(moderate-certainty evidence).** Finally, healthcare workers perceive workplace rules governing informal mobile phone use as unclear and unrealistic **(high-certainty evidence).** At the same time, managers report that this practice has become a normal part of many work processes, and some managers now expect healthcare workers to use their personal mobile phones for work **(high-certainty evidence).**

CAVEATS

This qualitative evidence synthesis aimed to explore healthcare workers' informal use of all types of mobile devices (mobile phones, tablets, and laptops). However, most of the included studies focused on mobile phone use. In addition, the review included studies from high-, middle-, and low-income countries. Efforts to strengthen formal health systems should consider how to retain the benefits of informal mobile phone use while reducing its negative effects, particularly by ensuring appropriate protection of patient confidentiality and information security.

Authors' Details

1. Bataillon de marins-pompiers de Marseille, Service de Santé des Armées, Marseille, France
2. Samu de Paris, AP-HP, Necker-Enfants Malades Hospital, Paris, France

Author contributions

All authors contributed equally and validated the final version of record.

Declarations

Conflicts Of Interests

The Authors declare that there is no conflict of interest.

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The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethical approval

Ethical approval for this study was not required.

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