

Chapter 29

Mobile Communication in Hospitals: Is It Still a Problem?

Terje Solvoll

University Hospital of North Norway, Norway

ABSTRACT

The work setting in hospitals is communication intensive and can lead to significant difficulties related to interruptions from co-workers. Physicians often need information fast, and any delay between the decision made and the action taken could cause medical errors. One suggested solution for this problem is to implement wireless phone systems. However, psychological theory and empirical evidence, both suggest that wireless phones have the potential of creating additional problems related to interruptions, compared to traditional paging systems. The fact that hospital workers prefer interruptive communication methods before non-interruptive methods, amplifies the risk of overloading people when phones are widely deployed. This challenge causes some hospital staff to resist the diffusion of wireless phones, and one key is how to handle the balance between increased availability, and increased interruptions. In this chapter we will present solutions based on context aware communication systems which aims to reduce interruptions.

INTRODUCTION

We know from earlier studies within health care that physicians in hospitals are interrupted unnecessary by mobile devices in situations where such interruptions should be avoided (Scholl, Hasvold, Henriksen, & Ellingsen, 2007; T. Solvoll & Scholl, 2008; Terje Solvoll, Scholl, & Hartvigsen, 2010, 2013). Unnecessary interruptions can cause concentration difficulties and disturb the activity performed (Hersh et al., 2002). Unwanted inter-

ruptions should be minimized in order to avoid distraction that can lead to intolerable action or decisions, especially during surgery or patient examinations. This is a problem in today's hospital settings, and a solution to reduce such unnecessary interruptions from mobile devices is needed and wanted (T. Botsis, T. Solvoll, J. Scholl, P. Hasvold, & G. Hartvigsen, 2007; Scholl, et al., 2007; T. Solvoll & Scholl, 2008; Terje Solvoll, et al., 2013). A lot of research has been done within this area, some of this work will be presented in the next

DOI: 10.4018/978-1-4666-9970-0.ch029

sections, but we cannot see that the situation has changed to the better. In this chapter, which is an update of the earlier chapter (T. Solvoll, 2013), we will present some earlier work on context sensitive systems for mobile communication in hospitals (internal communication systems, not including public networks (GSM/3G)) that aims to improve the communication situation, reduce interruptions, but at the same time include smartphone functionality and 3 party applications.

BACKGROUND

Physicians' working conditions rely on mobility. They move frequently between in-patient ward, out-patient ward, emergency ward, operating theatres, etc., and often do not stay more than a few minutes in the same location. High mobility requires mobile communication systems, which enables physicians to communicate with colleges at any time and place, to avoid any delay between the decision made and action taken. Such delays could result in medical errors (Hersh, et al., 2002), and mobile communication systems have been suggested as a solution to improve communication in hospitals (Coiera & Tombs, 1998). The challenge when deploying mobile communication systems is to handle the balance between the increased availability and possible interruptions (Scholl, et al., 2007; T. Solvoll & Scholl, 2008; Terje Solvoll, et al., 2010, 2013). Most hospitals still rely on a mobile communication infrastructure with dedicated devices for each role, where pagers are the most dominant mobile communication device.

Pagers provide a cheap and reliable way for contacting staff. They are ubiquitous and several physicians carry numerous pagers simultaneously to cover the various work roles they have been assigned. Pagers suffer from a number of problems due to their simplicity. The most obvious limitation is that it requires the staff to locate a telephone (landline or wireless) in order to respond to a page. This might cause unnecessary delays and

communication overhead, since the person placing the page is not always near the phone when the page is returned (Spurck, Mohr, Seroka, & Stoner, 1995). Pagers also create a large amount of unnecessary interruptions (Blum & Lieu, 1992; Katz & Schroeder, 1988), which is unpleasant and can cause medical errors (Hersh, et al., 2002).

The most intuitive solution to improve the communication situation in hospitals is to provide physicians with wireless phones. However, phones can be even more interruptive than pagers (Scholl, et al., 2007; T. Solvoll & Scholl, 2008; Terje Solvoll, et al., 2010, 2013). In (Scholl, et al., 2007) a physician states that; "with a pager you just have to glance down at your coat pocket to see who is paging, while with a phone, you have to pick it up from your pocket to see who is calling. Having done that, it is easier just answering and explaining that you are busy" (T. Solvoll & Scholl, 2008). However, today the trend is that healthcare workers also bring their own private mobile phone to work. The device is sometimes used for contacting other health care workers, or to answer a page, but at the same time also for medical applications, i.e. Medical references and so on.

Preliminary studies points at a diversity of potential benefits from wireless phones in hospital settings, using both mobile text and voice services (Acuff, Fagan, Rindfleisch, Levitt, & Ford, 1997; Eisenstadt et al., 1998; Minnick, Pischke-Winn, & Sterk, 1994 ; Spurck, et al., 1995). These studies also reveal potential technological limitations that can explain some of the challenges of gaining acceptance. Text-chat is a less obtrusive medium than other forms of workplace communication (Bradner, Kellogg, & Erickson, 1999). It is therefore unlikely that mobile text-messaging creates the same amount of interruptions as mobile voice services. Improved asynchronous communication systems have in fact been recommended for improving hospital communication practices (Coiera & Tombs, 1998). In addition to mobile synchronous communication systems, mobile

18 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/mobile-communication-in-hospitals/146674

Related Content

Global Competence Education for All in 21st-Century Higher Education

(2022). *Preparing Globally Competent Professionals and Leaders for Innovation and Sustainability* (pp. 125-144).

www.irma-international.org/chapter/global-competence-education-for-all-in-21stcentury-higher-education/302989

Developing a Performance Management System for Employees With Hidden Disabilities

Bazillia D. Gutierrez (2025). *New Horizons in Leadership: Inclusive Explorations in Health, Technology, and Education* (pp. 221-238).

www.irma-international.org/chapter/developing-a-performance-management-system-for-employees-with-hidden-disabilities/371037

Sex and the Trouble With Peace in the World

Elizabeth Stork (2022). *Evolution of Peace Leadership and Practical Implications* (pp. 164-180).

www.irma-international.org/chapter/sex-and-the-trouble-with-peace-in-the-world/303469

Research and Supervision

(2018). *Examining the Changing Role of Supervision in Doctoral Research Projects: Emerging Research and Opportunities* (pp. 23-80).

www.irma-international.org/chapter/research-and-supervision/183049

Svetlana Simonenko: Leading Digital Human Resources in Russia

Eugénie Coste (2022). *Women Community Leaders and Their Impact as Global Changemakers* (pp. 107-112).

www.irma-international.org/chapter/svetlana-simonenko/303984