

**Entering the world
of uncertainty:**

**Nurses
Engagement
With ICT**

Professor Andrew Robinson



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Background

- Ageing of population associated with increase levels of chronic disease
- Changes in health care delivery needed to cope with increasing demand
- Development of self management programs a key strategy
- A range of methodologies used to facilitate this approach – some use ICT
- Community health nurses (CHNs) well placed to act as mentors to facilitate self management programs.
- However, nurses competence with ICT variable

Aim of this paper

- To explore issues with nurses utilising ICT to facilitate their role as mentors to build capacity for self management among people with COPD living in the community

The Project

- Trial to assess clinical outcomes resulting from changes in self-efficacy for self-management
- Patients supported by telephone mentoring and involved in daily symptom self-monitoring
- 55 clients with COPD mentored for 12 months + 51 controls
- 18 CHN from 4 different practice settings acted as mentors
- Nurses trained in motivational interviewing + basic ICT (computer utilisation to access data base)
- CHN met monthly - train the trainer using action research

Findings

Four domains which impacted on nurses' participation and competence development...

1. Environment/workflows

Architecture of Community Health Centres did not support nurses' mentor role

- Telephones in open work space – very noisy
I couldn't find a place to be [make the phone call], I had to be in the fax room and so I [had to deal with] ...people coming in...
- Phones not located proximal to computers (few computer ports) – impossible to review data base record/enter info while talking to mentee
- Limited opportunity to act as mentors - Nurses' workflow meant significant periods of time on the road visiting clients.

2. Capacity, Confidence and Trust

- Capacity:

No history using telephones in this way + limited experience using computers (ie no CHNs routinely used email)

'It's daunting in terms of communicating in a totally different way... I mean we're usually prompting them or directing their care and the silent pauses [on the phone] for me were very challenging'

- Confidence:

Given their history not surprising the CHNs were not confident in their capacity to engage with ICT

‘At least I can turn it [the computer] on and move the mouse around and do things now. Prior to that I was almost scared to turn it on and even type in anything so...’

They also lacked confidence in the technology itself ie. when they posted something on the data base did it in fact disappear?

- Trust:

Used to seeing patients in person – concern they would not make an accurate assessment

... you've also got this person [with COPD] who you can't see... so you can't take those cues and say 'you're not looking as well'... and feed it back to them...the onus is on them over the phone to be truthful...

3. Performance

- Slow recruitment rate meant slow start – undermined development of competence/confidence

...I was all fired up in the beginning ... but [with few clients] I can't quite sort of get that feeling going

Development of competence related to no. of people mentored

- Frustration with glitches in the technology

...it [the program] would time out and ... You'd think that you'd send it and it wouldn't be there and you'd think I've just spent thirty minutes typing in all this bloody information and not only have I not saved it and ... I can't get it off the server, so I've got to retype this stuff and that's annoying

Problems reinforced poor experience of technology

3. Performance (cont.)

- Influenced by availability of peer support or history of working independently.

The thing that I found extremely valuable is the [research] meetings where we've all been able to talk about how we're feeling about where we're going with the project and to learn from.

4. Systems Issues

Of the nurses who achieved high level of competence/confidence as mentors

- Use of computers remained a negative - improved skills but still lacked trust and frustrations remained
- Struggled to regard mentoring via telephone as legitimate work

Role as mentors supported in contexts where many nurses were engaged in project – mentoring part of work schedule

Conclusion

The findings have applicability across contexts and highlight key issues that need to be considered when engaging nurses in ICT.