Introduction

- mHealth apps that are targeted for patients can complement nursing care
- Functions of mHealth apps:
  - Health data tracking
  - Health information and instruction
  - Communication
  - Guidance
  - Reminders
- 318,000 mHealth apps currently available, and 58% of smartphone users download mHealth apps
- It is not clear if family nurse practitioners (FNPs) recommend or intend to recommend these apps to patients to promote health

Methods & Materials

- To describe FNPs’ intent to use and use of mHealth apps for health promotion with their patients
- To determine the types and the levels of frequency of mHealth apps recommended to patients by FNPs

Framework

The Unified Theory for Acceptance and Use of Technology (UTAUT)

Defining The UTAUT Terms:

Performance expectancy: The degree to which the FNP believes that mHealth apps are useful and improve their quality of work
Effort expectancy: The FNP’s degree of ease associated with recommending mHealth apps to patients
Social influence: The degree to which the FNP perceives peer and colleagues support to recommend mHealth apps to patients
Facilitating conditions: The degree to which the FNP believes that an organizational infrastructure exists to support mHealth app use with patients

Behavioral intent: The degree to which the FNP has formulated conscious plans to recommend mHealth apps to patients in the next six months

Use behavior: The performance of recommending mHealth apps to patients, which is assessed by asking FNPs to rank the frequencies with which they currently recommend different types of mHealth apps to patients

Results

BEHAVIORAL INTENT TO RECOMMEND mHEALTH APPS TO PATIENTS

- Performance expectancy (β=0.288, p<0.001) was most significant in predicting FNPs’ Behavioral Intent
- Effort Expectancy (β=0.287, p<0.001) and Social influence (β=0.205, p<0.001) were slightly less predictive of Behavioral Intent

Results (Continued)

USE BEHAVIOR: RECOMMENDING mHEALTH APPS TO PATIENTS

- Behavioral Intent (Wald χ² = 24.86, p<0.001) was the most significant predictor [OR=2.36] of use of mHealth apps for health promotion.
- Facilitating conditions (Wald χ² = 12.16, p<0.001) was the slightly less significant predictor [OR=2.25] in determining use behavior.

Figure 3: Use Behavior: Odds Ratios of Independent Variables

TYPES AND FREQUENCIES OF mHEALTH APPS RECOMMENDED TO PATIENTS

FNPs were asked, "In a typical week, to what percentage of your patients do you recommend mHealth apps?"

- M-3 represents recommending apps to 11-25% of patients in a typical week; M-2 represents <10%.

Discussion & Conclusions

- The UTAUT framework was validated, as each variable was predictive of FNP behavioral intention and usage of recommending mHealth apps to patients for health promotion.
- FNPs intended to recommend mHealth apps if it furthered their efforts, improved health outcomes, if they were easy to use and were stressed by influential people.
- FNPs recommended mHealth apps to patients for health promotion when they possessed behavioral intent and the resources to do so.
- A free text item at end of the survey yielded information on FNPs’ hesitancies to recommend apps.

- This included patient population-specific limitations, FNPs’ lack of knowledge about mHealth apps, concerns regarding app reliability, accuracy and privacy, and effects of time management.
- In addition to the UTAUT constructs, these other variables likely influence and inhibit FNP use of apps in practice. This leaves opportunities for future research as well as implications for apps’ utility in practice.

- The majority of FNPs surveyed intended to recommend mHealth apps within the next 6 months, which demonstrates a continued growth of this practice.
- Based on the types of apps currently recommended by FNPs, HIPAA-compliant, trustworthy, compatible apps were preferred.
- The researcher recommends that nurse practitioners become mHealth app champions by helping build the evidence base and engaging in practice.

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