Addressing cell phone addiction in pediatric primary care

The overuse of varied electronic devices, in particular the cellphone, adds to an increasing concern for potential harm for children's health. The cell phone, or “smartphone” with accessorized capabilities, has become an especially important mobile access point to the internet among American children. A 2015 Pew Research report found that 73% of 13 to 17 year olds had their own smart phones or had access to one, and 24% said they were online “almost constantly” (Homayoun, 2018). A 2016 survey found that half of teenagers felt addicted to their devices, and 78% checked their devices on an hourly basis at minimum (Homayoun, 2018). Seventy-two percent of teens reported they felt pressured to respond immediately to texts, notifications and social media messaging (Homayoun, 2018). Likewise, a recent 2018 international survey discovered that 32% of children felt unimportant and felt a need to compete with technology for their parents’ attention when their parents were distracted by their own cell phone use (Sturm-Niz, 2018). Researchers have dubbed this phenomenon “technoference” in parent’s relationships with their children, alluding that everyday interactions were interrupted by mobile or digital device use (Vomiero, 2018). Although there is currently no official medical recognition of “cell phone addiction” as a disease or disorder, the term ascribes to obsessive behaviors that alter the course of daily activities in a way that mirrors patterns similar to substance abuse (Homayoun, 2018). The education of parents to monitor, limit, and role-model appropriate cell phone use may be a protective mechanism for their children. Pediatric health care providers play an integral role screening for social and emotional risks with the overuse of technology impacting pediatric clients and their families.

Biography: Susan Solecki, is an associate clinical professor in the college of nursing and health professions at Drexel University in Philadelphia. She is board certified as both a family and pediatric nurse practitioner by the American Nurses Credentialing Center (ANCC). She has thirty-five years of varied experience as a clinician, mentor, and preceptor in the areas of pediatrics, women’s health, adult health, and occupational health. She maintains current clinical practice at an outpatient pediatric office in Philadelphia. She has attained her doctorate in the DrPH Program in community health and prevention in the School of public health at Drexel University with her research focusing on violence in the adolescent population. She is a member of the National Association of Pediatric Nurse Practitioners (NAPNAP), National Organization of Nurse Practitioner Faculties (NONPF), and Sigma Theta Tau International (STTI).

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