

RESEARCH QUESTION

What was it like to have your patient fall?

BACKGROUND

Fall prevention is a major concern for healthcare institutions across the nation despite many efforts to implement fall prevention strategies.

In July 2000, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released a sentinel event alert after investigating 22 fatal deaths in 24-hour settings within a one year period. As a result of these findings, the 9th National Patient Safety Goal (NPSG) was initiated.

Nurses are the primary care givers of hospitalized patients. Since little is known about patient falls from a nurse's perspective, this study allowed nurses to talk about their experience related to a patient fall.

STUDY PURPOSE

The purpose of this descriptive, phenomenological study was to explore the experience of having a patient fall from the perspective of a nurse.

PHENOMONOLOGICAL RESEARCH

The conceptual framework guiding this study was phenomenology. Phenomenological studies examine human experiences through descriptions that are provided by the people involved.

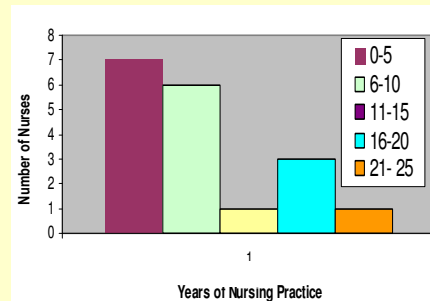
These experiences also referred to as "lived experiences" are those experiences that reveal the immediate prereflective consciousness one has regarding events in which one has participated. (Nieswiadomy, 2002)

By suppressing existing knowledge and assumptions about patient falls, phenomenology allowed the researchers to understand the experience of having a patient fall from the unique perspective of the nurses themselves.

STUDY PROTOCOL

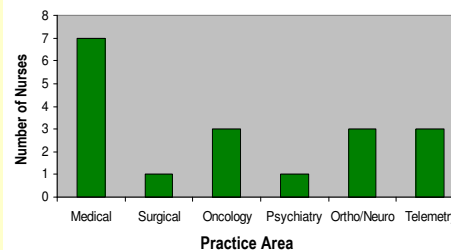
- Recruitment strategies: posted flyers, e-mails, researcher presentations at staff meetings
- Data collected via private one-on-one, audio-taped interviews over a three month period
- A semi-structured guide was utilized by both researchers to ensure consistent interviews
- Each participant was asked a variety of questions regarding the events surrounding the patient fall
- Line by line coding resulted in identification of 30 categories, e.g. anger, embarrassment, anxiety, family reaction
- Themes verified with participants to assure their meaning of the experiences were captured
- Practice Environments: two acute care hospitals located in the Southeastern United States
 - one for-profit
 - one not-for-profit

PARTICIPANTS' YEARS IN NURSING



- 17 Registered Nurses (RNs), 1 Licensed Practical Nurse (LPN)
- All participants were female
- Nursing experience ranged from less than 6 months to more than 25 years
- 72% of participants had less than 10 years of nursing experience
- All but two participants experienced a patient fall within the last six months

PARTICIPANT PRACTICE AREA



- 94% of participants practiced on a Medical/Surgical unit. The Psychiatry participant practiced on a Geriatric Psychiatry unit.

FINDINGS

Feelings of Fear

- reprimand
- litigation
- dealing with families
- talking with physicians

Concern for Patients

- overwhelming initial response- concern for patient injury

Feelings of Guilt

- related to "letting the patient down"
- "allowing the patient to fall"
- "not finding patient soon enough"

Feelings of Frustration

- with patient noncompliance
- due to lack of family involvement
- with self for not being there
- about required fall protocol interventions

RECOMMENDATIONS

- Nurses should be encouraged to discuss feelings surrounding patient falls such as with critical incident stress debriefing (CISD). Feelings of guilt, frustration and fear can result in a heavy burden. By providing a debriefing opportunity nurses will be encouraged to express their feelings.

- Ensure that nurses receive adequate training on the use of the fall prevention tool utilized in their facility to alleviate frustration with fall protocols and their use.

REFERENCES

Nieswiadomy, R. (2002). *Foundations of Nursing Research* (M. Connor, Ed.). Upper Saddle River, NJ: Pearson Education.

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