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

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

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

FEELINGS
- 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 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

CONTACT INFORMATION & ACKNOWLEDGEMENTS
Ann H. Moore RN, MSN, CEN & Barbara M. Rauscher RN, MSN amoore@catawbavalleymc.org barbara.rauscher@lrc.edu
Susan Letvak PhD, RN, The University of North Carolina at Greensboro
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