

Perception: A Critical Analysis of the Hospitalized Patients on Falls

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ABSTRACT

There is an estimate of 700,000 to one million hospitalized patients who have a fall each year. Fall can lead to injury and prolong hospitalization. Patients have their own perception about falls and falls prevention measures. In order to prevent falls, nurses do perform fall risk assessment for all vulnerable hospitalized patients. But do not take into consideration the perception of patients on falls. The primary objective of the study was to correlate fall related perception of patients and nurses fall risk assessment. A descriptive correlational research design was used for the study. The study was conducted on patients who were at risk for fall and admitted in the general surgical wards of a tertiary care Centre. Study subjects were in the age group of 17- 65 years, spoke Tamil, Hindi or English and those with scores between 1 - 10 in the nurses fall risk assessment were included in the study. Those who had cognitive deficits, dementia, delirium and not ambulatory were excluded from the study. A simple random sampling method was used in recruiting study sample. A written consent was obtained from the patients who consented to participate. Following this a self- administered Fall-related Perceptions questionnaire was handed over to them in a language of their preference. Majority of the study participants were in the age group of 51-60 years. Gender distribution of males were high as 80.4%. About 42.7% were educated and 92.2% were employed and 92.4% had an annual income of less than Rs. 10000. Those who had undergone surgeries were 68.4% and none of the study subjects had a history of fall in the past. It was found that there is a positive relationship between the patients perception on the likelihood of falling and the nurses fall risk assessment. (r value = .261 p = .000).

Keywords: Fall related perception of patients, Likelihood of falling, Nurses fall risk assessment.

INTRODUCTION

Falls are generally described as an event that results when one comes to rest on the floor. Falls in the hospitals are identified to be the most frequently reported incidents among all accidents leading to significant complications. It is considered to be a huge public health concern world wide and is considered to be the second most leading cause of accidental deaths. There is an estimate of 7,00,000 to one

million hospitalised patients who have a fall each year.¹

Falls is definitely worrying as trauma due to fall could result in physical injury, functional impairment and delayed recovery. Falls can further lead to dependency, loss of autonomy, confusion, immobilization causing deterioration of the quality of life that one lives. This informs that the aftermath of falls is severe and increases morbidity rate and

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death rate.² Although falls is counted as one of the important indicator for quality care in an institution it still poses a challenge to health care workers.

Nurses undoubtedly are the key to reducing in-patient falls due to their constant presence and their ability to continuously monitor for any unusual changes from time to time. Factors such as age, previous fall history, elimination, medications, environment, mobility etc., are assessed for risk for falls by nurses.³ While the nurses do a keen assessment of their patients on the above mentioned factors it is worthwhile to know if patients have any innate factors that might interfere with their safety. Concerns of fear, lack of confidence, consequence of falling and intention in engaging in fall prevention may be necessary to assess as they may also intervene and be responsible for falls. They may have perceptions of their own risk that influences non adherence to fall prevention measures^{4,5,6,7}. Developed countries in the west insist that patients be involved in their own health care as is deemed important for both quality and safety.^{8,9} Moreover there have been suggestions to incorporate human factors including design of health care systems from patients perspectives.

Therefore when patients' perceptions are included along with nurses' assessment of fall risk it may be more comprehensive in identifying risk factors for falls. But studies on fall related perceptions are very few. This research would reflect if there are any discrepancies between health workers' assessment and patients' perception of fall.

OBJECTIVES

Primary objective of the study was to assess and correlate fall related perception of patients with nurses fall risk assessment.

METHOD

Design and Sampling

A quantitative descriptive correlational design was used to assess fall related perception of patients and nurses fall risk

assessment admitted in a tertiary care Centre in South India. The required sample size to correlate the patients fall risk perception with nurses fall risk assessment was 225 based on a published study with the power of 80% and an alpha error of 5%¹⁰. Study subjects were in the age group of 17-65 years, spoke Tamil, Hindi or English and those with scores between 1 - 10 in the nurses fall risk assessment were included in the study. Those who had cognitive deficits, dementia, delirium and not ambulatory were excluded from the study. A simple random sampling method was used for recruiting study sample.

Instruments

Demographic and clinical proforma was used to collect study participants demographic and clinical details

Fall related perception questionnaire is prepared by Renee et al, 2015. The scale has good reliability and validity with cronbach's alpha of 0.90. The criterion related validity is ($r = 0.40 - 0.73, p = .001$). The construct validity was examined by using principal axis factor analysis. The instrument measures four aspects of patients perception on fall prevention ie. confidence, consequences of fall, fear of fall and the intention to engage in fall prevention. It is a 5 point likert scale with the responses ranging from strongly disagree (1) to strongly agree (5) for all the aspects except for the fear of fall. Fear of fall is measured with the responses ranging from not at all concerned / likely (1) to very concerned/likely (4). Apart from this there are 3 single items that measures participants perceived likelihood of falling, perceived likelihood of injury if they did fall and also perceived fear of fall. Total possible score for the fall related perception questionnaire is 183. For the individual aspects it is 35 for confidence, 60 for the consequences of fall, 45 for the intention to engage in fall prevention, 28 for fear of fall and 15 for the single items.

Data collection Procedure

A simple random sampling method was used in recruiting study sample. The investigator

identified the study subjects by going through their hospital records. A table was prepared with all eligible patients identification numbers and 10 patients per day were selected randomly using lots method by the investigator. Study purpose was explained to the selected subjects and the information about the study was given to them. A written consent was obtained from the patients who consented to participate. Following this a self-administered Fall-related Perceptions questionnaire was handed over to them in a language of their preference. Fall-related Perceptions questionnaire assesses the subjects confidence to engage in falls prevention, consequences of fall, intention to engage in fall prevention, likelihood of falling, fear of being injured and fear of falling.

RESULTS AND DISCUSSION

Majority of the study participants belonged to the age group of 51-60 years. About 80.4% were males. 42.7% had a higher secondary education and 94.2% were employed. Among the study participants, 92.4% had an annual income less than Rs. 10000. Those who had undergone surgeries were 68.4% and no one had a history of fall.

The highest mean score for fall related perception was on consequences of falling (40.20) and the lowest mean was for Fear of falling (3.42). These findings are contradictory to the research findings of Renee et al, 2015 which showed highest mean on intention to engage in fall behaviors (3.89)

The table 1 shows that the correlation of perception of patients on likelihood of falling and the nurses fall risk assessment is highly significant ($p=.000$). Here the findings suggests that the patients had perceived that they had a likelihood of falling and similarly the nurses too had identified them to be at risk for falls This is contradictory to the findings of Renee et al, (2015) who revealed that there is a complete mismatch between the nurses risk assessment on falls and patients perception on falls.

Table 1: Fall related perception of patients

Sl. No	Components of fall related perception of patients	Mean / standard deviation
1	Confidence	22.12 ± 8.54
2	Intention	29.91 ± 8.79
3	Consequence	40.20 ± 9.29
4	Likelihood of falling	3.57 ± 1.78
5	Fear of being injured	3.48 ± 1.12
6	Fear of falling (Single)	3.42 ± 1.14
7	Fear of falling	19.44 ± 5.78
	Fall related Perception of patients	122.13 ± 20.03

Table 2: Correlation of fall related perception and nurses fall risk assessment

Fall related perception	Pearson's correlation coefficient	P value
Confidence	.143	.032
Intention	.121	.071
Consequences	- .008	.909
Likelihood of falling	.261	.000
Fear of being injured	.007	.248
Fear of falling (Single)	.036	.588
Fear of falling	.051	.446
Fall related perception of patients	.033	.625

The observation in this study clearly suggests that when patients are confident to engage in fall prevention and are aware of the consequences of fall they do take measures to prevent occurrence of falls although nurses have assessed them to be at risk for falls. The reason for their confidence could be attributed to the host of relatives who accompany the patients and remain with them constantly during the entire hospitalization unlike the western countries. In the Indian context relatives are a pillar of strength and accompany the patients while they sit, stand, walk around the bed or to the bathroom or out on the corridor of the wards. Also the awareness of the consequences of falls may have perhaps kept them alert and prevented adverse events like falls.

Limitations of the study

The study was done by taking nurses fall risk scores from the patients charts and was correlated with the scores of fall related perceptions of patients. There could be a possibility that the risk assessment done by the nurses may have been more reliable if it was validated before they were taken for statistical analysis.

CONCLUSION

This research can be put into practice by incorporating fall related perceptions as they assess each patients risk factors. This can be further integrated into fall prevention plans and nurses could discuss about falls to fit individual patients perception. Perception being key and a vital component in predicting those who are at risk for falls newer assessment screening tools may be developed and could also be tested. Research could be done in future to identify strategies to shapen patients perception on falls. Qualitative studies can be done to study in depth about the important components and predictors of perception of falls for better understanding.

Ethical Considerations: Study was approved by the College of Nursing research committee and the Institutional Research Board before the study was conducted. A written consent was obtained from all the participants, after informing them about the following:

- Purpose of the study
- Benefits
- Maintenance of confidentiality

Conflict of Interest: NIL

Source of Funding: Self

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