

Fall Risk Perceptions

A study of hospitalized patients with hematologic malignancies

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BACKGROUND: Inpatient falls cause harm, increased length of stay, and high costs. Patients with hematologic malignancies have a unique set of fall risk factors, and studies indicate that patients lack accurate perception of fall risk.

OBJECTIVES: This study describes patient perceptions of fall risk in people with hematologic malignancies and compares patient and nurse perceptions of fall risk.

METHODS: This mixed-methods study used descriptive statistical and narrative analyses. A convenience sample of patients was interviewed about perception of fall risk. Descriptive analysis of patient data and analysis around correlation between patient and nurse assessment of fall risk were completed.

FINDINGS: Themes emerged about participants' prior experience with falls and perceptions of fall education. Participants who reported feeling weak prior to hospitalization perceived being at high fall risk, consistent with nurse assessment. Several patients reported feeling at low risk. Data showed discrepancies in patients' perceptions of nursing education.

KEYWORDS

fall risk; leukemia/lymphomas/hematology; patient perception; safety issues

DIGITAL OBJECT IDENTIFIER

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FALLS PRESENT AN ONGOING PATIENT SAFETY ISSUE and result in injury, increased costs, and longer hospital stays (Joint Commission, 2015). Despite established evidence about risk factors, prevention strategies, and assessment tools, falls continue to occur (Agency for Healthcare Research and Quality, 2013; Cameron et al., 2012; Tzeng & Yin, 2015). The definition of a fall is “the loss of an upright position that results in landing on the floor or ground or an object with body and/or hands. [It] includes unintentional, downward displacement of the body and may be controlled or uncontrolled” (University of Washington Medical Center, 2015, p. 1). Patients with cancer have increased rates of falls, increased risk for injury from falls, and specific fall risk factors related to disease process, treatment, and side effects (Capone, Albert, Bena, & Tang, 2012; Kong et al., 2014; Wildes et al., 2015). Patients with hematologic malignancies have unique risk factors, including rapidly changing health status, chemotherapy or biotherapy side effects, and inpatient care risks, such as central lines (Filler, Kelly, & Lyon, 2011; Kong et al., 2014).

Patient and family engagement in fall prevention can decrease fall rates in the hospital (Vonnes & Wolf, 2017). Hospitalized patients, however, have inaccurate perceptions of fall risk (Kuhlenschmidt et al., 2016; Sonnad, Mascioli, Cunningham, & Goldsack, 2014; Twibell, Siela, Sproat, & Coers, 2015). To engage patients with cancer in the prevention of falls, patients, family members, and clinicians require an understanding about patient fall risk.

The purpose of this study was to describe patients' perceptions of fall risk in a population of inpatients diagnosed with hematologic malignancies. The research questions are as follows:

- What is the personal perception of fall risk for adult patients with hematologic malignancies? How does this compare with nurse perception?
- What factors do patients identify as contributory to fall risk?
- How do patients determine their risk for falling?

Background

In *The Wounded Storyteller: Body, Illness, and Ethics*, Frank (2013) described the need for individuals to tell stories about illness as it is experienced. He proposes three narrative types used to tell stories in a postmodern world. These narrative categories form a framework that creates meaning for people and guides understanding about how individuals perceive the experience of illness.