



What Does It Mean To Nurses When Institutionalized Older Stroke Patients Fall?  
Linda Pierce, PhD RN CNS CRRN FAHA FAAN<sup>1</sup>; Amy Bok, MSN RN CRRN<sup>1</sup>; Victoria Steiner, PhD<sup>2</sup>  
Colleges of Nursing<sup>1</sup> and Medicine<sup>2</sup>, University of Toledo; Toledo, Ohio



Abstract

**Background and Purpose:** Older patients are at risk for significant harm from falls due to cognitive/functional impairments. Nurses caring for them may experience stress/self-doubt which negatively impacts their practice. Since older adults with stroke experience many of these impairments, the purpose of this secondary analysis was to explore meanings for nurses when an institutionalized older patient with stroke falls, or falls are prevented, and if those events changed their practice.

**Theoretical Rationale:** Friedemann’s Framework suggests that nurses use multiple strategies to strive for well-being/health when dealing with patient falls. If these strategies are balanced satisfactorily, the nurses’ stress/self-doubt (incongruence) is reduced and health (congruence) is promoted.

**Subjects:** A convenience sample of rehabilitation registered nurses in four eastern states with a high proportion of older adults were invited to participate.

**Methods:** They were mailed a cover letter explaining this study. The letter included a web address for submitting a Survey that asked what it meant to the nurse when an older institutionalized patient fell, or when a fall was prevented, and did either experience change their practice. Rigorous content data analysis was performed.

**Results:**  
**Profile of Subjects.** Ten rehabilitation nurses who cared for institutionalized older stroke patients responded. Most participants were female, white, 41-50 years old, had 10 or more years of nursing experience with certification in rehabilitation nursing, and practiced in Pennsylvania.

**Findings.** Meanings revealed about falls uncovered negative emotions (incongruence in Friedemann’s terms) such as feeling horrible/guilty, and thinking I failed to protect the patient; and positive emotions (congruence), such as being thankful for lack of injury. These experiences led to practice changes of providing more education to patients/staff, seeking interdisciplinary support, and increasing safety interventions. Meanings related to prevented falls included only positive emotions (congruence) of feeling like a super hero, thinking I did my job, and feeling lucky/relieved. Practice changes after prevented falls included utilizing fall assistance programs, seeking adequate staff for transfers, and being aware of fall risks.

**Conclusions:** Negative emotions shared by rehabilitation nurses may translate into practice changes in any setting. Positive emotions associated with falls reinforce nurses’ current practice and/or validate existing fall prevention programs for stroke patients.

Background

- The National Patient Safety Foundation (NPSF) estimates that 500,000 people fall each year in United States’ hospitals, with 150,000 of the falls resulting in injuries (NPSF, 2013).
  - The risk for falls is high among stroke patients. 40% of all stroke survivors suffer serious falls within a year after a stroke (National Stroke Association, 2011).
  - According to Rush et al. (2008), falls may undermine the quality of the relationship between nurse and patient, violate the legal and ethical responsibility to do no harm, and are contrary to a culture of institutional safety.
- Nurses, including rehabilitation registered nurses, have reported negative effects after an institutionalized older person falls (Rush et al., 2008; Turkoski et al., 1997).
- Healthcare professionals’ attitudes and compliance with fall guidelines were dependent on negative consequences of falls and fear of negative legal action (Stenberg & Wann-Hansson, 2011).

Purpose

Guided by Friedemann’s framework of systemic organization (1995, 2013), the purpose of this study is to explore rehabilitation registered nurses’ meanings associated with a fall of an institutionalized adult older with stroke, the meanings nurses’ associated with preventing a fall, as well as the nurses’ changes in practice based on these experiences.



Friedemann’s Framework of Systemic Organization (1995, 2013)

- Health / well-being, which is never totally present or absent, may occur in the absence and presence of physical disease and is the congruence between the individual’s system, subsystems, and the universal order.
- In the event that the flow of energy is blocked or a system does not match one’s own values and beliefs; the person experiences incongruence.
- Four targets: control, stability, growth, and spirituality, interact in a fluid manner to establish an acceptable balance or congruence.

Methods

A descriptive qualitative design with convenience sampling was employed.

- Setting and Sample:**
- Association of Rehabilitation Nurses (ARN) members from the states of Florida, Maine, Pennsylvania, and West Virginia were mailed a cover letter describing the study and inviting participation in a Survey via a web address.
    - These states have the highest proportion of older adults.
- Survey:**
- Demographic information was requested within the Survey.
  - Open ended questions included:
    - Brief description of what happened when an institutionalized older adult fell.
      - Meaning to the nurse (how the nurse thought or felt) when the person fell.
      - Explanation of the change in practice, if this occurred.
    - Brief description of how they prevented a fall.
      - Meaning to the nurse (how the nurse thought or felt) when the fall was prevented.
      - Explanation of the change in practice, if this occurred .

- Development of the Survey:**
- Investigators for this study collaborated and reviewed these Survey questions based on the literature and their practice experience to establish content validity.
  - The Survey was then tested with three rehabilitation nurses in Ohio, who were not part of the sample.
- Secondary Analysis of Data:**
- Rigorous content analysis methods were applied to the open-ended questions.
  - Emergent themes were drawn to Friedemann’s (1995, 2013) concepts of congruence and incongruence.

Results

Forty-two Surveys were returned. Of these, there were ten rehabilitation registered nurses who care for institutionalized older patients with stroke.

Demographic Profile of Rehabilitation Registered Nurses (n=10)			
Characteristics	Sub-Characteristics	n	%
Gender:	Male	2	20
	Female	8	80
Age (in years):	21-30	0	0
	31-40	1	10
	41-50	5	50
	51-60	2	20
	61-70	2	20
	71-80	0	0
Ethnic Background:	American Indian/Alaska Native	0	0
	Asian/Pacific Islander	0	0
	Black, Not Hispanic Origin	0	0
	Hispanic Origin	1	10
	White, Not Hispanic Origin	9	90
	Other or Unknown	0	0
Practice in the State of:	Florida	1	10
	Maine	0	0
	Maryland*	1	10
	Ohio	0	0
	Pennsylvania	8	80
*Some nurses lived in one state and practiced in another.			
Highest Degree:	Diploma	1	10
	Associate Degree	3	30
	Bachelor Degree	4	40
	Master Degree	2	20
Nursing Certification:	None	0	0
	CRRN	9	90
	CNRN	0	0
	Other	1	10
Years as Rehabilitation Nurse:	Less than 1	0	0
	1-9	4	40
	10-19	3	30
	20-29	3	30
	30-39	0	0
	40-49	0	0
Practice Institution:	Acute Hospital	7	70
	Free Standing Hospital	2	20
	Nursing Home	1	10
	Assisted Living Facility	0	0
Diagnosis of Rehabilitation Patients: Stroke		10	100

The Survey Findings

- These subjects provided brief descriptions of the falls, including:
  - they were unwitnessed,
  - the staff did not respond quick enough,
  - the patient was lowered to the floor,
  - the patient was trying to get up without assistance, and
  - equipment or the patient’s belongings were not within reach.
- These subjects also gave descriptions of falls that were prevented, including:
  - use of fall assistance programs and fall risk equipment,
  - adequate staff for transfers, and
  - fall risk awareness.

Results (continued)

Meaning of a Fall	
Themes	Quotes
Feeling horrible/guilty (incongruence)	“I felt horrible!” “I was upset that the patient may have been injured.” “Guilty...I felt I was at fault.”
Thinking I failed to protect the patient (incongruence)	“Felt I had failed...to protect this patient....” “...not able to be there when my patient fell.”
Feeling thankful there was no harm (congruence)	“I was thankful that no injury occurred.” “I was relieved that she was unharmed.”
Thinking it [fall] is a system problem (congruence)	“Management specifically told us we could not make her [patient] 1:1 because we had too many already.”

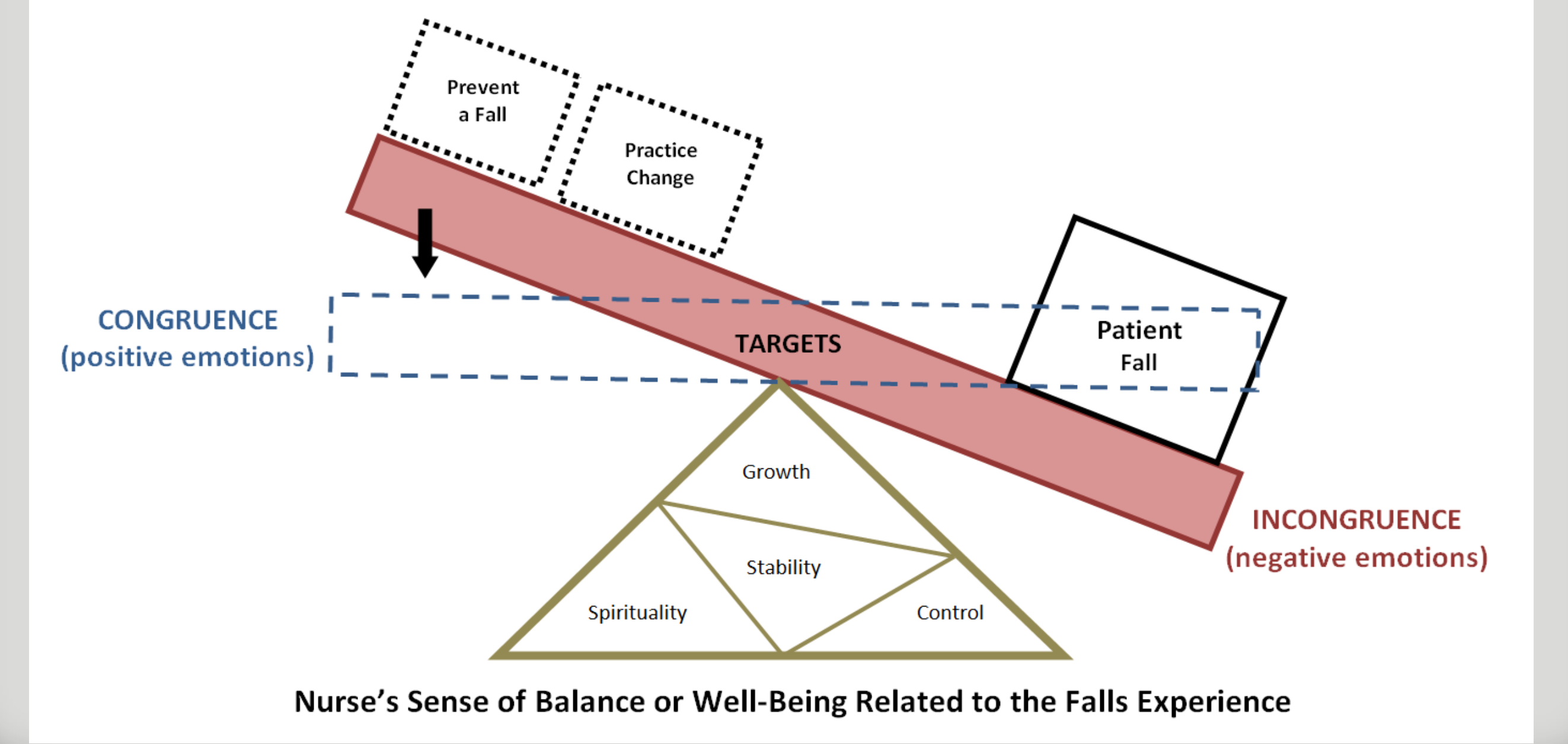
Practice Change after a Fall	
Themes	Quotes
Providing more education (congruence)	“Implemented fall blanket system...neon blanket on W/C or bed...draw every employee into being risk managers .”
Increasing interventions for safety (congruence)	“Increase use of chair alarms, self release belts, signs in bathrooms not to leave patient alone.” “1 hr. rounding is done with frequent checks on patients.”
Seeking interdisciplinary support (congruence)	“As an interdisciplinary team, we had to again re-examine how to maintain his independence, but also maintain safety.” “Immediately after a fall we have...a fall huddle with team of people including managers to discuss /review the fall.”

Meaning of Preventing a Fall	
Themes	Quotes
Feeling like a super hero (congruence)	“I didn’t want her to fall...I wanted to prevent an injury.” “I felt successful as part of a team approach.”
Thinking I did my job (congruence)	“Job well done.” “I feel as though I have accomplished what I as a nurse am charged to do for my patients and those around me.”
Feeling lucky and relieved (congruence)	“I was lucky to be in the right place at the right time.” “I felt relieved that a possible injury was prevented.”

Practice Change after Fall is Prevented	
Themes	Quotes
Utilizing fall assistance programs and equipment (congruence)	“...hallways are narrow...discussed how we could clear paths in hallways....” “Specify to visitors not to help with transfers unless they have been instructed in proper transferring positioning .”
Seeking adequate staff for transfers (congruence)	“I will use two people to transfer patients who are variable in their ability to transfer.” “We try to work as a team.”
Being aware of fall risks (congruence)	“We seek creative ways to decrease risk of falls.” “...more issues with cognitive limits....cue within their limits....”

Discussion and Friedemann’s Framework

Rehabilitation nurses who felt negative emotions (incongruence) after an institutionalized older person fell, were hoping to regain balance or positive emotions (congruence) through fall prevention and practice change.



Nursing Implications and Conclusions

- Rehabilitation nurses shared a variety of negative and positive thoughts and feelings associated with falls of patients with stroke which can help educate administrators and colleagues about the impact of falls on the individual nurse.
- The negative feelings shared by nurses can be translated into practice change, such as interventions for safety and education for stroke interdisciplinary teams.
- Nurses also experienced positive feelings in preventing falls or injuries that reinforce the nurses’ current practice or validate the facility’s stroke fall prevention program.

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