Rehabilitation Nurses’ Experiences When an Institutionalized Older Person Falls

Background and Significance
Despite the development and use of medical equipment, assessment tools, and other strategies aimed at preventing falls; institutionalized older persons continue to fall. Older persons are at risk for significant harm from a fall, complicating recovery and increasing the overall cost of care. Nurses caring for patients who fall may experience guilt, stress, and self-doubt that may have a negative impact on their delivery of nursing care.

Purpose
This study explores rehabilitation registered nurses’ experiences when a patient falls or a fall is prevented and if the nurses’ reflection on these events changed their practice.

Methods
Based on Friedemann’s Framework of Systemic Organization, the study uses a descriptive, qualitative design to explore rehabilitation registered nurses’ perceived experiences of when institutionalized older persons in their care fall. A convenience sample of 500 rehabilitation nurses from Florida, West Virginia, Maine, and Pennsylvania will be mailed a cover letter, a demographic information sheet, and a Survey including seven open-ended questions about the meaning of a fall or the prevention of a fall and the impact on their practice. Demographic data will be analyzed using descriptive statistics and data from the open-ended Survey questions will be analyzed using rigorous content data analysis.

Conclusions
Knowing about rehabilitation registered nurses’ experiences when an institutionalized older person falls has the potential to uncover why institutionalized older people fall, how to prevent falls, and nurses’ thoughts or feelings about these falls. Meanings of discovery revealed by rehabilitation registered nurses regarding these falls, or prevention of them, may uncover negative feelings of stress, anxiety or fear (incongruence in Friedemann’s terms) and/or positive feelings of well-being (congruence), which may lead to practice change.