Perspectives of Inpatients With Cancer on Engagement in Fall Prevention

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Falls are a leading cause of injury during hospitalization worldwide, resulting in increased healthcare costs, morbidity, and mortality (World Health Organization, 2018; Zhang et al., 2017). Despite a plethora of evidence-based interventions for fall prevention, inpatients continue to fall and suffer harm at costs projected to reach $55 billion in 2020 in the United States (Centers for Disease Control and Prevention, n.d.; Joint Commission, 2015; Wildes et al., 2015). About 700,000 inpatient falls occur annually, with as many as 50% of these resulting in injuries (Kiyoshi-Teo et al., 2019; Zhang et al., 2017).

Inpatients with cancer are at high risk for falls, with about 25% falling during hospitalization (Knox, 2018; Wildes et al., 2016; Zhang et al., 2017). Fall-related factors for inpatients with cancer include neurologic and motor deficits, weakness and fatigue, rapid fluctuations in medical conditions, and equipment that hinders mobilization (Knox, 2018; Kuhlenschmidt et al., 2016; Wildes et al., 2015). More than 15 million people are living with cancer in the United States, with the number projected to rise to more than 20 million by 2026 (National Cancer Institute, 2018). The Oncology Nursing Society has prioritized research that addresses symptom burden and quality of life among patients with cancer (Von Ah et al., 2019). More research that supports quality of life and harm reduction in this growing population is needed to guide nursing care (Guerrard et al., 2015; Joint Commission Center for Transforming Healthcare, n.d.).

A primary cause of falls among alert adult patients is nonengagement in fall prevention plans (Hill et al., 2016; Vonnes & Wolf, 2017). One factor widely identified in quantitative and qualitative studies as a barrier to engagement in fall prevention plans is inpatients’ tendency to minimize their risk of falling.