

# Perspectives of Inpatients With Cancer on Engagement in Fall Prevention

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**PURPOSE:** To explore perspectives of hospitalized adults with cancer regarding engagement in fall prevention plans. The primary aim was to discover new knowledge about patients' perspectives and improve the design of fall prevention strategies. A secondary aim was to compare fall-related perspectives of patients who had and who had not fallen.

**PARTICIPANTS & SETTING:** 30 inpatients with cancer at a teaching hospital in a statewide academic health system in the midwestern United States.

**METHODOLOGIC APPROACH:** A descriptive exploratory approach framed qualitative data collection through interviews with inpatients. Data were analyzed thematically.

**FINDINGS:** Themes reflected six perspectives related to engagement in fall prevention. A need to go to the bathroom triggered a two-step process in which participants decided whether to ask staff for assistance to mobilize and to wait for assistance to arrive. If necessary, participants would disengage from fall prevention plans and move to the bathroom without assistance to avoid incontinence, preserve privacy, and maintain independence in toileting. Factors influencing decisions were assessments of mobilization capacity and views of nurses' behaviors.

**IMPLICATIONS FOR NURSING:** Nurses can foster patient engagement in fall prevention by developing trusting, authentic relationships with at-risk patients, involving patients in assessing their own fall risk, and tailoring toileting plans to ensure continence.

**KEYWORDS** fall prevention; inpatient; cancer; hospitalization; qualitative

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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 (Guerard et al., 2015; Joint Commission Center for Transforming Healthcare, n.d.).

A primary cause of falls among alert adult inpatients is nonengagement in fall prevention plans (Hill et al., 2016; Vonnies & 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