Literature Review

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Literature Review – Prevalence of Fall in Older Adults

# Introduction

Falls is the leading cause of mortality, as well as morbidity, among older adults. It presents significant burdens for the older adult population, making it health-related, financial, psychological and even environmental burden for them (Sleet, Moffett, & Stevens, 2008). Increase in the number of falls is a factor that is often associated with older age, which is often associated with deterioration in physical, as well as mental functioning. The high ratio of falls among older adults is a cause for concern, especially in terms of elders that live in communities and belong to low-income households (Reyes-Ortiz, Al, Loera, Ray, & Markides, 2004). Despite this high ratio of prevalence, falls are easily preventable by proper application of fall prevention programs. Here, the Stages of Change Theory can be extremely effective at-risk mitigation by not only coming up with ways to prevent falls but also in terms of care needed so that proper care is implemented. Thus, this theory is extremely effective at not only structuring, but also implementing the fall prevention programs (Sleet, Carlson Gielen, Diekman, & Ikeda, 2010).

With the increasing number of older adults, the number of fall-related fatalities and injuries among this population also increases. Here, an increased risk of fall has been observed among the older adult population can be seen as the reason for an increase in ratio of falls. Unlike many aspects of aging, falls are not an inevitable part of the process and can be prevented in a number of ways. The prevalence of this issue stems from a lack of knowledge and awareness on the matter. Thus, it is vital that older adults are trained on the subject and given the care that they need to reduce the prevalence of falls among them, and even reduce the prevalence of fall-related emergency in a timely manner (Phelan, Aerts, Dowler, Eckstrom, & Casey, 2016).

# Significance of Fall Prevention Education Among Nurses

Nurses have a key role to play in terms of fall prevention among the older adult population. They can not only be a key player in terms of bringing awareness among the masses on the subject, but they are also vital to the process of rehabilitation as a whole. Here rehabilitation can be described as “a philosophy of practice and an attitude toward caring” (Jacelon, 2011, p. 3). This includes the provision of comfort and therapy, along with the promotion of health-conducive changes, support, and adaptation of capabilities as well as ensuring that such individuals achieve their independence.

More often than not, nurses that are caring for a patient suffer from feelings of stress, guilt and even self-doubt in their abilities. This has a detrimental impact on the delivery of care. As a result, many nurses become even more concerned and chose to employ a number of strategies and means of assessment, and communication to determine that the patients under their care were safe from harm at all times. While this is an effective means to ensure that the patient remains safe and out of harm’s way, at times it is simply not enough. Thus, it is essential that nurses develop their knowledge on the subject and make it more empirical, aesthetic, personal and moral. Nurses can make their knowledge on the subject empirically strong by improving their knowledge on the science of the matter, which aesthetic strength can be added to the practice by improving their abstract knowledge on the subject. Personal knowing becomes necessary at this stage, which allows nurses to customize the provision of care on the basis of personal care is being given to. Furthermore, moral knowledge hails from the integration of principles and code of ethics on the matter.

# PICOT Question

Given the prevalence of the matter, healthcare practices in various parts of the country have altered the model of care and the course of action in an effort to decrease the prevalence of fall among the older adult population pool (Wilkerson, 2017). These multifaceted, evidence-based practices have greatly eased the efforts and the pressure on the teams providing acute care to patients at home.

PICOT is an excellent tool that can not only help in this regard, but also enable the formation of ideas that bring a semblance of order to further the nursing research on fall prevention (Riva, Malik, Burnie, Endicott, & Busse, 2012). With regard to the older adult population, a PICOT based question can be framed in the following manner.

**PICOT Question**: In older adult population in the country (P), how does the introduction of falls task force and post-fall hurdle forms have improved the possibility pf recovery among patients prone to fall (I) compared to the number of falls, or fall rates previously and those recorded at present with regard to the patients brought in for care (C) affect the decrease in fall rate among those currently under care in healthcare units and even those prone to falls (O) over an extended period of time (T)?

Using PICOT to formulate nursing research questions can make the discover of the problem fairly easily and provide long-term solutions to problems. Such long-term solutions, especially ones that find their roots in evidence-based practices enable the improvement in the quality of life among the older adult population while rehabilitating the healthcare system at the same time (Phelan et al., 2016).

# Review of Literature

Falls threaten the wellbeing of the older adult population in terms of their wellbeing, and independence at a great personal financial cost. A fall is defined as “an unexpected event in which the participant comes to rest on the ground, floor, or other lower-level” (Lamb, Jørstad‐Stein, Hauer, Becker, & Group, 2005, p. 1619). According to an estimate, one in three adults suffer through fall on an annual basis. This ratio vastly increases with time, straining both the healthcare system and the well-being of society as a whole.

Falls can result in significant among stress for the patients as well as the nurses involved in the process of care. While for patients, it can impact their quality of life, for nurses it is a cause of concern since the patient suffering from the consequences of a fall was under their care. Thus, rehabilitating the patient, while also imparting awareness on preventive measures is also essential. Given the evidence present in literature, the fall-risk assessments and the associated clinical practice guidelines make the entire process easier and even recommendable to individuals prone to fall. These multicomponent strategies are often responsible for addressing the physical, functional, and psychological aspects of falling.

EBP i.e. evidence-based practices can be used for the implementation of multiple framework model. This model takes on a systematic approach for the purpose of analysis of the problem, which makes the prevalence of fall an issue among the older adult population. Then, practiced changes are used to reduce the level of falls among individuals and improve the desired outcomes. This method can then serve as the ideal means of development to reduce falls among older adults in clinical setting. Having patients engage in fall prevention programs can also be another ideal means of bringing positive change and gives patient-engagement a primary role. Such programs have reported improving patient mobility and decreased the prevalence of fall percentage among the older adult population by 25%. A number of EBP practices can be directly held responsible for this was staff-based empowerment of the patients. It leads to improved patient care and reduces fall and increases the level of awareness among patients by extension.

# Integration of Theory

Falls among older adults can not only be fatal, but they can be extremely detrimental to their overall wellbeing as well. In 2015, around 2.54 million older adults were given primary care in the emergency departments of healthcare centers, with more than 734,000 patients being hospitalized for an extended period of time. This shows that fall can not only be physically but psychologically crippling as well (Howland et al., 2018). Thus, while it is vital that older adult population be trained on the subject, it is also essential that they change their behavior in a manner that can reduce the prevalence of fall among the population.

One such theoretical perspectives that can bring about positive behavioral changes is the transtheoretical model of behavioral change (TTM). This theory addresses how personal, environmental, as well as behavioral patterns all, operate in such an interactive manner that they give rise to the process of change in behavior. In this process, the concept of self-efficacy is not only necessary but also essentially. It is the perceived ability to act and perform in a certain manner given the situation at hand. This theory involves a number of stages, including pre-contemplation and contemplation, followed by preparation, action and finally maintenance and give older adults the ability is essential to activities associated with daily living and ensure that positive behavioral change occurs among older adult population (St John et al., 2015).

In this manner, positive change can not only be added to a system that needs attention, but the integration of the right theory, such as the transtheoretical model of behavioral change can herald the sort of change needed to change the system for the better, altering it from inside out.

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