

An Instructional DVD Fall-Prevention Program for Patients With Cancer and Family Caregivers

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Falls and fall-related injuries from disease and treatment side effects are significant health problems for cancer survivors (Allan-Gibbs, 2010; Given et al., 2004). Among hospital inpatients, those with cancer tend to have higher fall frequencies and higher fall injury rates (Alcée, 2000; O'Connell, Baker, Gaskin, & Hawkins, 2007). A study by Puts et al. (2013) revealed that about 20% of patients aged 65 years or older with newly diagnosed cancer report experiencing a fall at home within the first six months after diagnosis. In a study of community-dwelling older adults with cancer, Spoelstra et al. (2013) found that falls occurred at a rate of 33% in older adults with cancer compared to 29% without cancer ($p < 0.00$). Roughly 2.3 million nonfatal fall injuries were reported in the United States in 2010 among older adults treated in emergency departments, and more than 662,000 of these patients were hospitalized (Centers for Disease Control and Prevention, 2012). Falls also are a problem internationally. In the global burden of disease study conducted by the School of Population Health in Brisbane, Australia, from 1990–2010, falls were one of the leading specific causes of years lived with disability (Vos et al., 2013).

Literature Review

When individuals with cancer return home following hospitalization, their family caregivers often become actively involved in the management of day-to-day demands, including fall prevention. Family caregiving is an ongoing process that occurs in response to an illness and encompasses multiple cognitive, behavioral, and interpersonal processes (Schumacher, Beidler, Beeber, & Gambino, 2006). Because family caregivers often share responsibility for postdischarge home care of their relatives with cancer, it is essential for patient and caregiver dyads to be educated about fall risks and prevention and be prepared to perform safe mobility skills

Purpose/Objectives: Determine the efficacy of a fall-prevention skills training program for patients with cancer and family caregivers.

Design: Randomized, controlled trial with repeated measures and postintervention measure of fall occurrence.

Setting: A comprehensive cancer center in the midwestern United States.

Sample: 132 patient and family caregiver dyads.

Methods: Dyads were randomly assigned to one of two groups: a control group that received standard fall-prevention education or a treatment group that received standard education and a fall-prevention DVD program to view at home. Participants completed surveys at baseline, one week, one month, and three months. Follow-up phone calls were made at three months.

Main Research Variables: Fall occurrence, perceptions of fall risks, and fall-prevention knowledge.

Findings: Patients in the treatment group were significantly more likely to report not falling at three months than patients in the control group. The number of falls was lower for the treatment group. The difference was not statistically significant. Dyads in the treatment group showed significantly greater improvement over time in fall risk awareness and fall-prevention knowledge.

Conclusions: Mobility skills training is a promising educational intervention for reducing fall occurrences in the home for patients with cancer.

Implications for Nursing: Efforts are needed for improving the knowledge and skills of cancer survivors and their family members in recognizing patient fall risks, making home adjustments, and performing mobility skills competently.

Key Words: fall prevention; family caregiving; oncology; patient education

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in the home. Hospital discharge planning, including education of patient and caregiver dyads, is a process for ensuring patients' postdischarge needs are met to enable them to function at optimal levels in the home. In a review of best practices for improving discharge