Perception of Nurses and Caregivers on Fall Preventive Management for Hospitalized Children Based on Ecological Model

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Abstract: Purpose: The purpose of this study was to identify hospitalized children's fall risk factors, fall prevention status and fall prevention strategies recognized by nurses and caregivers of hospitalized children and present an ecological model for fall preventive management in hospitalized children. Method: The participants of this study were 14 nurses working in medical institutions and having more than one year of child care experience and 14 adult caregivers of children under 6 years of age receiving inpatient treatment at a medical institution. One to one interview was attempted to identify their perception of fall preventive management. Transcribed data were analyzed through latent content analysis method. Results: Fall risk factors in hospitalized children were 'unpredictable behavior', 'instability', 'lack of awareness about danger', 'lack of awareness about falls', 'lack of child control ability', 'lack of awareness about the importance of fall prevention', 'lack of sensitivity to children', 'untidy environment around children', 'lack of personalized facilities for children', 'unsafe facility', 'lack of partnership between healthcare provider and caregiver', 'lack of human resources', 'inadequate fall prevention policy', 'lack of promotion about fall prevention', 'a performanceism oriented culture'. Fall preventive management status of hospitalized children were 'absence of fall prevention capability', 'efforts not to fall', 'blocking fall risk situation', 'limit the scope of children's activity when there is no caregiver', 'encourage caregivers' fall prevention activities', 'creating a safe environment surrounding hospitalized children', 'special management for fall high risk children', 'mutual cooperation between healthcare providers and caregivers', 'implementation of fall prevention policy', 'providing quide signs about fall risk'. Fall preventive management strategies of hospitalized children were 'restrain dangerous behavior', 'inspiring awareness about fall', 'providing fall preventive education considering the child's eye level', 'efforts to become an active subject of fall prevention activities', 'providing customed fall prevention education', 'open communication between healthcare providers and caregivers', 'infrastructure and personnel management to create safe hospital environment', 'expansion fall prevention campaign', 'development and application of a valid fall assessment instrument', 'conversion of awareness about safety'. Conclusion: In this study, the ecological model of fall preventive management for hospitalized children reflects various factors that directly or indirectly affect the fall prevention of hospitalized children. Therefore, these results can be considered as useful baseline data for developing systematic fall prevention programs and hospital policies to prevent fall accident in hospitalized children. Funding: This study was funded by the National Research Foundation of South Korea (grant number NRF-2016R1A2B1015455).

Keywords: fall down, safety culture, hospitalized children, risk factors

Conference Title: ICANSP 2018: International Conference on Advanced Nursing Science and Practice

Conference Location : Paris, France **Conference Dates :** July 19-20, 2018