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**Barriers for Nurses to use
the Hendrich II Fall Risk Model
to Plan Preventive Care**

A 120 point research thesis presented
in partial fulfilment of the requirements
for the degree of
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Abstract

Background

Falls are an unacceptable cost to the patient and their family/whānau and to the health care environment. A risk assessment tool to identify which hospital in-patients have a high risk of a fall enables staff to implement targeted fall prevention strategies. The tool should have good specificity and sensitivity, be clear and quick to complete and be acceptable to the staff members who use it. This study aimed to identify barriers for nurses and midwives using the Hendrich II Fall Risk Model.

Method

A non-experimental descriptive survey design was selected to explore the research questions. The validated questionnaire, the Barriers and Facilitators Assessment Instrument, was used to identify the barriers for nurses and midwives (n = 404) from medical, surgical and obstetric settings, in five hospitals and two continuing care facilities in one New Zealand District Health Board.

Results

An overall response rate of 31% was achieved. The barriers found were insufficient supportive staff, a lack of equipment, poor design of space, the specificity and flexibility of the Hendrich II Fall Risk Model, lack of care provider knowledge and motivation and that patients do not cooperate with their falls prevention plan. Results demonstrated that respondents work according to procedures, are able to adapt their practice to incorporate new routines and use the Hendrich II Fall Risk Model as a beginning point for falls prevention planning. Analysis of the responses of nurses in medical and surgical areas was different from responses from hospital staff in outpatient, paediatric, obstetric and emergency department areas.

Conclusion

The study identified a number of barriers to the use of the Hendrich II Fall Risk Model. The recommendations to the District Health Board included professional development for nurses about how to incorporate clinical judgment as part of falls risk assessment, to improve patient education regarding falls prevention, to review the Upright training and use other methods of assessing falls risk in specific areas of practice. Further research into acceptable tools to assess risk is required in short stay, outpatient clinics, paediatric and obstetric areas.

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Contents

Abstract	ii
Acknowledgements	iii
Chapter One – Introduction.....	1
1.1 Introduction.....	1
1.2 Background	2
1.3 A model for the study.....	8
1.4 The aim and research questions of the study	9
1.5 Summary of chapters	9
1.6 Conclusion	10
Chapter Two – Literature Review	11
2.1 Introduction.....	11
2.2 Search strategy	11
2.3 Prevention planning	12
2.4 Risk assessment tools.....	13
2.5 Risk factors of the patient	19
2.6 Care provider characteristics.....	22
2.7 Context	26
2.8 Adoption of a risk assessment tool.....	32
2.9 Conclusion	35
Chapter Three - Research Design	37
3.1 Introduction.....	37
3.2 Survey design.....	37
3.3 Measures	39
3.4 Participants.....	43
3.5 Procedures.....	44
3.6 Data analysis	45
3.7 Ethical considerations	46
3.8 Conclusion	48

Chapter Four – Results.....	49
4.1 Introduction.....	49
4.2 Sample characteristics.....	49
4.3 Summary of barriers.....	52
4.4 Barriers identified for research questions.....	57
4.5 Gamma correlation analysis.....	65
4.6 Safety culture and delegation questions.....	65
4.7 Conclusion	66
Chapter Five – Discussion	68
5.1 Introduction.....	68
5.2 Research question 1	69
5.3 Research question 2	71
5.4 Research question 3	72
5.5 Research question 4	73
5.6 Research question 5	75
5.7 Limitations of study	76
5.8 Recommendations.....	77
5.9 Further research.....	80
5.10 Concluding statement.....	81
References.....	83
Appendices	99
Appendix 1 Hendrich II Fall Risk Model	97
Appendix 2 Information Sheet.....	99
Appendix 3 Survey questionnaire including demographic questions.....	100
Appendix 4 Permission to use Barriers and Facilitators Assessment Instrument.....	103
Appendix 5 Category, characteristic and survey questions	104
Appendix 6 Ethical approval	106
Appendix 7 Māori consultation	107

Appendix 8 DHB authorisation	108
Appendix 9 Gamma correlations	111

List of Tables

Table 1	Sample Demographics by Qualification	50
Table 2	Sample Demographics by Experience	50
Table 3	Sample Demographics by Area of Practice	51
Table 4	Summary of Barriers	56
Table 5	Barriers for H2FRM Characteristics for Nurses	57
Table 6	Barriers for H2FRM Characteristics by Areas of Practice.....	58
Table 7	Summary of Responses for Specificity, Flexibility Characteristic.....	59
Table 8	Barriers for H2FRM Characteristics for Midwives.....	60
Table 9	Barriers for Care Providers by Qualification and Area of Practice.....	61
Table 10	Barriers for Patients.....	62
Table 11	Context Barriers.....	63
Table 12	Percentage Barriers for Group Norms, Socialisation Characteristic.....	64
Table 13	Summary of Percentage Barriers for Additional Questions.....	66

List of Figures

Figure 1	Safety Platform Model.....	8
Figure 2	Bimodal Distribution of Responses Question 1.....	53
Figure 3	Negative Skew Distribution of Responses Question 19	54
Figure 4	Positive Skew Distribution of Responses Question 7.....	54