

Nursing interventions for the prevention of falls in elderly individuals and the role of nurses: a scoping review

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ABSTRACT

Falls, which have negative effects on functional independence and quality of life in elderly individuals, are closely related to increased morbidity, mortality and health-related costs. The aim of this scoping review is to synthesise the current available information on nursing interventions for falls in elderly individuals and to provide a practical resource mapping for health professionals. Searches were queried using a combination of the keywords “falls in the elderly”, “falls prevention” and “nursing intervention in falls prevention”, including PubMed, SCOPUS, CINAHL, Medline and Google Scholar. The review included only English-language studies published in the last 5 years (between 2018 and 2023). All study types were assessed, including systematic reviews, case studies and clinical guidelines. As a result of the review, eleven relevant studies were selected and these were grouped under five main themes. The themes have been determined as assessing the elderly individual (identifying the individual at risk) (1), performing periodic examination/monitoring (2), making the environment safer (3), improving the self-efficacy/self-care of the elderly individual (4) and informing/educating (patient/family/caregiver/nurse) (5). According to the studies analysed, falls are important problems in elderly individuals and with a series of measures to be taken, individuals at risk can be identified and the size and number of injuries can be reduced. Protecting the health of the elderly and preventing injuries is one of the most important duties of all healthcare professionals, and some nursing interventions can contribute to the prevention and reduction of falls in elderly individuals.

Keywords: Elderly, fall prevention, nursing intervention, scoping review

INTRODUCTION

According to the World Health Organisation (WHO), the population over the age of 65, which is defined as the elderly, is gradually increasing all over the world. In consequence of the changes that occur due to the nature of old age; elderly individuals face various health problems and different risks (WHO, 2015). Falls are one of the most common and serious problems causing injury and disability, especially among the elderly (Montero-Odasso et al., 2022). It has been reported that despite all precautions and efforts, falls occur in 30% of elderly individuals every year (Ganz & Latham, 2020). Among the factors that lead to an increased risk of falls among elderly individuals is a decline in the functionality of sensory information such as muscle strength, muscle tone, vision, hearing and proprioception (Al-Aama, 2011). However, factors such as the coexistence of multiple medical problems and polypharmacy are closely associated with an increased tendency to fall and thus increased susceptibility to injury (Dionyssiotis, 2012; Al-Aama, 2011). Other fall risk factors include; balance disorder, cognitive problems, psychoactive drugs, walking difficulties, depression, orthostasis or dizziness, functional limitations. The risk of falls increases

as the number of risk factors increases. Drugs related to falls include antihypertensives, antidepressants, neuroleptics and antipsychotics, sedatives and hypnotics, non-steroidal anti-inflammatory drugs and benzodiazepines (Al-Aama, 2011).

Falls, which are also an important safety problem for hospitalised patients, prolong the length of hospital stay, reduce the quality of life and create a financial burden for both patients and hospitals (Chu, 2017). At the same time, patient falls are a sensitive indicator for nursing that affects patient care outcomes and is one of the quality markers of care (Montalvo, 2007). Fall prevention requires a multidisciplinary approach to create a safe patient environment and reduce fall-related injuries. Especially the training of nurses who provide uninterrupted 24-hour health care services to patients and their interventions for the prevention of falls are important in the prevention of falls (Chu, 2017). Nurses provide the most consistent communication with patients due to their 24-hour presence and continuous close monitoring of changes in condition (King et al., 2018). Therefore, establishing patient safety should be a priority for nurses and they should develop interventions to reduce risk and create a secure environment

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(Brás et al., 2020). Nurses caring for patients need to make an accurate assessment to determine the fall risk level of patients and develop a care plan appropriate to their needs (Ojo & Thiamwong, 2022). However, there is limited data in the literature about the strategies used by nurses to prevent falls in elderly patients or to reduce the risk. This scoping review was conducted to synthesize current nursing interventions for fall prevention in elderly individuals and integrate quantitative and qualitative evidence on relevant measures for healthcare professionals.

The ultimate aim is to identify gaps in the literature for new primary studies on current nursing interventions for falls in elderly individuals and to provide a practical resource for health professionals by mapping relevant measures. The following research questions were specifically addressed:

1. What are the current measures taken to prevent falls in elderly individuals?
2. How can nursing interventions and the role of the nurse to prevent falls in elderly individuals be summarized?

METHODS

This scoping narrative review has been conducted to synthesise current nursing interventions for falls prevention in elderly individuals and to comprehensively map relevant measures for health professionals. This scoping review has been conducted using the framework and principles reported by Arksey and O'Malley (Arksey & O'Malley, 2005) and further recommendations provided by Levac, et al. (Levac et al., 2010). The PRISMA-ScR extension for scoping reviews has been developed to improve the reporting quality and conduct of scoping reviews (McGowan et al., 2020). This study utilized The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and was used as a reference checklist. The nature of the evidence being reviewed has been taken into account by making appropriate adjustments (i.e. only secondary evidence). The review includes the following 5 main stages. These stages are: identifying the research question (1), identifying relevant studies (2), selecting studies (3), charting the data (4) and collating, summarising and reporting the results (5) (Arksey & O'Malley, 2005).

Search Strategy

Keywords and MeSH terms for the search strategy were developed by examining the methods used in comprehensive review protocols. Search terms included "falls in the elderly", "falls prevention", and "nursing intervention in falls prevention". To provide a comprehensive search, searches were conducted across three major databases PubMed, SCOPUS, and CINAHL along with Medline and Google Scholar, encompassing both primary and secondary data sources. The review included only English-language studies published within the last 5 years (between 2018 and 2023). Since this is a comprehensive review of the published literature, ethics approval is not required.

Inclusion and Exclusion Criteria

All study types were assessed, including systematic reviews, case studies and clinical guidelines. Articles published in languages other than English, non-refereed articles,

conference papers, abstracts, theses, book chapters, editorials and opinion pieces have been excluded from this review.

Search Outcome

An initial literature search identified eleven studies that met the criteria. Data from the included articles have been summarised and presented qualitatively through a narrative synthesis. An initial search will identify appropriate search terms, followed by a search using keywords and index terms. The data analysis process has been organised in a descriptive way with the synthesis of each article, from the results obtained by identifying points related to participation in nursing care for the prevention of falling risk in elderly people, and five thematic categories have been created.

RESULTS

The results have been presented in the PRISMA-ScR diagram flow (Figure 1). The initial evaluation for this study yielded 1144 articles. After screening all article titles for eligibility, a total of 1110 articles were excluded for duplication or not meeting the inclusion criteria. This resulted in 34 articles suitable for full reading. Finally, on the basis of the inclusion criteria, eleven studies focussing on nursing interventions for the prevention of falling in elderly individuals and the role of nurses have been included. Of the eleven studies included as a result of the literature review, one was qualitative, three were reviews, one was a clinical practice guideline, one was an implementation project, two were a randomised clinical trial, two were a quasi-experimental study and one was a cross-sectional, descriptive survey study (Table 1).

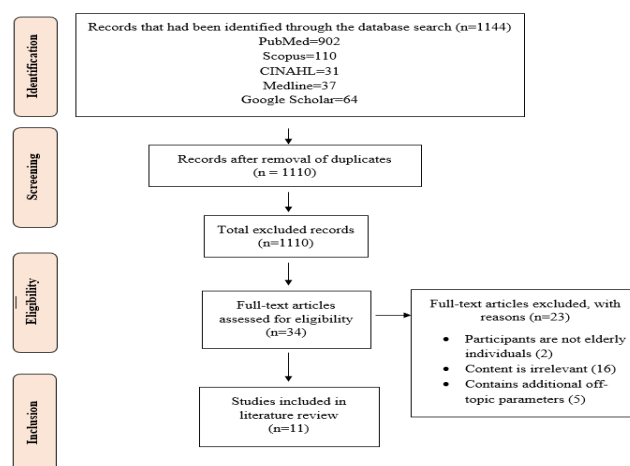


Figure 1. Adapted preferred reporting items for scoping review flow diagram of the study selection process (Page et al., 2021)

At the end of the review, eleven relevant studies have been selected and these have been grouped under a total of five main themes. In the review, articles were divided into various themes to demonstrate the diversity of the literature. As a result of the reading and review, taking into account the inductive thematic grouping method, some specific elements were focused on and five main themes were decided upon. The first theme has been determined as assessing the elderly individual (diagnosing the individual at risk) (1), performing periodic examination/monitoring (2), making the environment safer (3), improving the self-efficacy/self-care of the elderly individual (4) and providing information/education (patient/family/caregiver/nurse) (5) (Table 2).

Table 1. Characterization and recommendations of articles published between 2018 and 2023 selected for scoping literature review

No	Author(s) (year) country	Title/design and type	Objective	Main results	Thematic content
1	Cerilo & Siegmund, (2022) USA	- Pilot testing of nurse led multimodal intervention for falls prevention - A single-group pre and post-test pilot study	To examine the impact of a nurse-led multimodal intervention on hospitalized adults' levels of fall risk awareness, self-efficacy, and engagement in fall prevention.	Results of the study show that as the self-efficacy of falling increases, participation also increases. New research is needed to examine self-efficacy and engagement in fall prevention in hospitalized elderly individuals.	To develop self-efficacy/self-care of the individual
2	Montejano-Lozoya et al., (2020) Spain	- Impact of nurses' intervention in the prevention of falls in hospitalized patient - A quasi-experimental study	To evaluate the effectiveness of an educational intervention for nurses in hospitals (systematic assessment of fall risk) in reducing the incidence of falls.	The intervention group received an educational programme, while a control group was included for comparison. Nurses in the intervention group participated in a training activity on the systematic assessment of fall risk. As a result, systematic evaluation of the patient's fall risk during hospital processes have been found to be an effective intervention in reducing the frequency of falls.	To conduct a periodic inspection/monitoring
3	Moreira et al., (2022) Brazil	- Effects of nursing intervention on falls prevention in older adults with arterial hypertension using NANDA-I, NIC and NOC - A randomized, open, parallel, and multicenter clinical trial	The study has been conducted to measure the effects of fall prevention of NIC intervention on the magnitude of NANDA-I Fall Risk risk factors and fall-related NOC indicators in elderly individuals with arterial hypertension	The study included 118 elderly individuals who were divided into intervention and control groups. The intervention has been conducted at three different times in the participants' homes and consisted of nursing activities within the scope of NIC falls prevention and a protocol including operational definitions. Three months after the intervention, there was a significant difference between the groups in terms of frequency of falls and risk factors/environmental conditions. In conclusion, the NIC intervention was effective in changing risk factors for fall prevention, fall risk in elderly individuals, and fall-related NOC indicators.	- Assessing the individual (identifying the individual at risk) - Making the environment safer
4	Sena et al., (2021) Brazil	- Nursing care related to fall prevention among hospitalized elderly people: an integrative review - An integrative literature review	To determine scientific information regarding nursing care to prevent the risk of falls in hospitalized elderly.	As a result of the synthesis of the studies; it has been stated that nursing care regarding the prevention of falling risk in hospitalized elderly individuals contributes to improving clinical assessment, risk factors and strategies such as nursing care, self-care behavior and encouraging safety for elderly individuals.	-Assessing the individual (identifying the individual at risk) - To develop self-efficacy/self-care of the individual
5	Innab, (2022) Saudi Arabia	- Nurses' perceptions of fall risk factors and fall prevention strategies in acute care settings in Saudi Arabia - A cross-sectional, correlational, descriptive study	It has been conducted to determine nurses' perceptions of fall-related factors and fall prevention strategies in acute care settings in Saudi Arabia.	Deterioration in balance and muscle strength, limitation of movement, and failure to comply with safety instructions have been reported as the most important factors in falls in patients. Multidisciplinary fall prevention strategies have been found to be effective in reducing the prevalence of falls, and nurses with higher education levels had higher perceptions of fall risk factors. Patient safety education, including fall prevention education programs, has been shown to reduce falls by making nurses more aware of fall risk factors and prevention strategies.	Information/conduct education (patient/family/carers/nurse)
6	King et al., (2018) Madison, Wisconsin, USA	- Impact of fall prevention on nurses and care of fall risk patients - A qualitative study	To investigate nurses' experiences of fall prevention in the hospital setting and the impact of these experiences on how nurses provide care to patients at risk of falling.	A qualitative study using Grounded Dimensional Analysis (GDA) was conducted and twenty-seven registered nurses and certified nursing assistants participated in in-depth interviews. As a result, intense messages from hospital management to prevent falls at all caused nurses to develop a fear of falling, to protect themselves and their unit, and to restrict patients at risk of falling as a way to stop the messages and achieve the hospital goal.	Information/conduct education (patient/family/carers/nurse)
7	Ojo & Thiamwong, (2022) USA	- Effects of nurse-led falls prevention programmes for older adults: a systematic review - A systematic review	It aimed to address the effects of nurse-led fall prevention programs in elderly individuals.	After the review, the roles of nurses have been stated as patient assessment, patient education, management of exercise programmes and post-intervention follow-up. Fall prevention programs that include educational components specific to elderly individuals and nursing staff have shown positive results. Nurses make a significant contribution to improving patient outcomes, and a falls prevention program that focuses on reducing the rate of falls that lead to injury and improving the behavior of participants can maximize its effects.	- Assessing the individual (identifying the individual at risk) - To conduct a periodic inspection/monitoring

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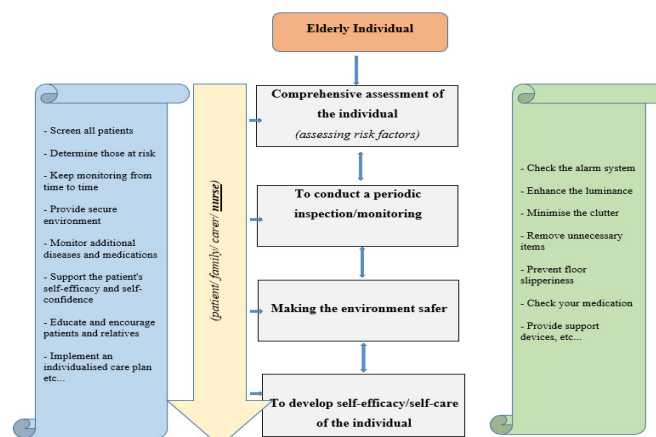
Table 1. Characterization and recommendations of articles published between 2018 and 2023 selected for scoping literature review (The table continues)

8	dos Santos et al., (2021) Brazil	- Nursing interventions for the prevention of falls in the elderly in primary care: Integrative review - An integrative literature review	The aim of the study is to determine how to determine recommended nursing interventions to prevent falls in the elderly in primary health care institutions.	In the studies examined, nursing interventions to prevent falls include assessing the risk of falling, increasing safety at home and guiding elderly people/caregivers on behavioral changes, encouraging permanent training of the healthcare team on the subject, and leading multi-professional programs with a fall prevention panel. It has been stated that these findings could contribute to the planning of actions of professionals in primary care who face the problem of preventing falls in the elderly every day.	- Assessing the individual (identifying the individual at risk) - Information/conduct education (patient/family/carer/nurse)
9	Schoberer at.al., (2022) Austria	- Fall prevention in hospitals and nursing homes: clinical practice guideline - Clinical practice guideline	The aim of the study is to avoid falls and their consequences in elderly individuals and to develop a practice guide for nurses to prevent falls by reviewing all relevant research literature on fall prevention.	During the creation of the guideline, a total of 79 randomized controlled studies containing recommendations for fall prevention has been examined. Highly recommended measures for both settings included multifactorial interventions, professionally supported physical exercise interventions, and education and counseling interventions. The panel and team did not recommend the use of a specific assessment tool for fall risk assessment, low-floor beds in hospitals, or physical exercise interventions in frail residents.	Information/conduct education (patient/family/carer/nurse)
10	Albertini, et al., (2023) Brazil	- Person-centered care approach to prevention and management of falls among adults and aged in a Brazilian hospital: a best practice implementation project - Implementation project	A project study to evaluate compliance with evidence-based criteria for a person-centered care approach to the prevention and management of falls among adults and elderly in hospital.	The implementation protocol has been designed based on key barriers and facilitators identified in the baseline audit, as well as an educational program and modifications to the electronic medical record. Nursing documentation available in the medical record, interviews with nurses working on the oncology and medical-surgical wards, and interviews with patients admitted to the oncology and medical-surgical wards have been used to assess compliance rates for baseline and follow-up supervision. In conclusion, baseline and follow-up audits associated with the falls education program and changes to the electronic nursing record has been supported to increase adherence rates to evidence-based practice of a person-centered care approach to preventing and managing falls.	Information/conduct education (patient/family/carer/nurse)
11	Valieiny, et al., (2023) Iran	- The effects of simulated video education about falling on falling rate and fear of falling among hospitalized elderly people: a randomized clinical trial - A randomized clinical trial	This study was conducted to evaluate the effects of simulated fall video education (SVE) on fall speed and fear of falling (FOF) in hospitalized elderly.	In this randomized controlled clinical study, participants in the intervention group individually watched three simulated videos (fifteen minutes in total) and has been given access to the videos for frequent viewing. Outcomes have been assessed on the first day of hospitalization, at hospital discharge, and one and three months after hospital discharge. As a result, simulated video education is effective in significantly reducing the falling rate and fear of falling. Context-based simulated video education is recommended to reduce the fall rate and fear of falling in hospitalized elderly.	Information/conduct education (patient/family/carer/nurse)

Table 2. Themes obtained as a result of literature review

Themes
Assessing the individual (identifying the individual at risk)
To conduct a periodic inspection/monitoring
Making the environment safer
To develop self-efficacy/self-care of the individual
Information / to conduct education (patient/family/caregiver/nurse)

After this review, a flow chart including the recommendations obtained in the evaluated studies has been created. The role of nurses and possible nursing interventions for the prevention of falls in elderly individuals generally emphasise the following flow chart (Figure 2).

**Figure 2.** Flow chart regarding interventions to prevent falls in elderly individuals and the role of nurses (created by the author)

DISCUSSION

Within this comprehensive review, studies on the prevention of falls in elderly individuals have been examined and nursing interventions and the role of nurses have been revealed in the light of the current literature. In accordance with the findings, five main themes have been identified as assessing the elderly individual (identifying the individual at risk), performing periodic examination/monitoring, making the environment safer, improving the self-efficacy/self-care of the elderly individual, and providing information/education (patient/family/caregiver/nurse).

Comprehensive Assessment of the Elderly Individual

Falls are indicative of a complex systems problem that requires multifactorial evaluation and intervention (Nowak & Hubbard, 2009). Nurses have important roles in assessing patients in the prevention of falls in patients, developing care plans including patient education and providing appropriate care. Nurses' assessment of the risk of falls in patients is an important step that provides individualised interventions by providing a basis for patients' fall risks (Ojo & Thiamwong, 2022; Wilson et al., 2016). It is important that all aspects of the individual, including physical ability, fall history, medical conditions, medications, social, mental and environmental factors, are comprehensively addressed and evaluated. In addition, limited mobility due to pain, dyspnoea or other treatable conditions may also predispose to falls. In addition, a thorough physical examination is an important part of the assessment and healthcare personnel should be trained in this regard. Vital signs, orthostatic blood pressure measurement, laboratory evaluation, body weight, height and visual examination should be performed. Neurological examination should be performed to assess muscle strength and cerebellar function and to evaluate peripheral sensory neuropathy (Moylan & Binder, 2007; Phelan et al., 2015). Early identification of high fall risk in elderly individuals is a prerequisite for providing adequate care in a timely manner to reduce the risk of falls. Many tools are available for assessing falls risk, including the Tinetti Balance, the Timed Up and Go (TUG) test, the Berg Balance Scale (BBS) and the American Geriatrics Society/ British Geriatrics Society guidelines for clinical practice (Moylan & Binder, 2007). The most commonly used measure for assessing risk is the Morse fall scale, which has the advantage of being a relatively simple tool to administer. In addition, it has been shown to be effective in measuring the risk of falls in different settings. Another commonly used scale is the STRATIFY scale, which is less generalisable than the Morse falls scale and focuses specifically on elderly individuals in hospital settings. Once the scales are calculated for each patient by a healthcare professional, the cut-off values for low, medium and high risk categories should be calibrated according to the conditions of the relevant care facility (Gu et al., 2016). In the evaluation of a patient who has fallen or is at high risk of falling, it should be aimed to identify modifiable factors and the conditions of the fall should be revealed (Moylan & Binder, 2007). In this context, ideally, patients at risk of falls should be identified before any serious injury occurs and modifiable risk factors should be comprehensively addressed.

Periodic Inspection/Monitoring

The assessment of fall risk generally consists of fall history, review of medication, physical examination, and functional and environmental assessments (Phelan et al., 2015). It is especially important in cases of recurrent and unexplained falls that the patient should be confirmed by a witness, because such falls can sometimes be caused by unrecognised syncope (Richardson et al., 1997). One of the quality indicators in the prevention and management of falls is the documentation of fall history (Chang & Ganz, 2007). Manuals recommend annual screening to identify patients at high risk of falls, comprehensive risk assessment, and management of modifiable fall risk factors for high-risk patients (Montero-Odasso, et al., 2022; Morris & O'Riordan, 2017). Especially in high-risk patients with multiple modifiable risk factors, it is necessary to address each risk factor separately over time to avoid confusing the patient. These patients often have multiple health problems and should see specialists who make recommendations, adjust medications and schedule visits to monitor the patient (Tinetti & Kumar, 2010). Furthermore, it is recommended to develop and implement a targeted intervention plan by addressing modifiable risk factors after a detailed assessment by more than one health professional in the prevention of falls (Waldron et al., 2012; Panel on Prevention of Falls in Older Persons, 2011). Current guidelines indicate that primary care providers should screen elderly individuals for falls and fall risk at least once a year by asking questions about falls and instability during walking (Morris & O'Riordan, 2017). Health professionals' follow-up and active involvement can help to ensure that patients act on the recommendations. Effective educational strategies require co-operation between patients and health professionals. Patients also need to be educated and informed about the assessment process and their willingness to participate in interventions to ensure compliance (Chegini Z, Islam SMS, Kolawole I et al., 2022).

Making the Environment Safer

Environmental factors may often trigger falls by interacting with patient-related factors (Moylan & Binder, 2007). The identification of environmental dangers where the individual lives and the assessment of their capacities and behaviours in relation to these by a clinician trained in this area is part of a multifactorial fall risk assessment (Montero-Odasso, et al., 2022). It is important to assess and modify environmental risk factors such as clutter, electrical cables and slippery floors in the patient room. However, for patients with problems such as vision and hearing, improvements can be made such as increased lighting, audible warning devices, alarms, etc. To reduce night time falls, by reducing nocturia, appropriate lighting, avoiding sedatives at bedtime and using a bedside commode (if it is not safe to walk to the toilet). Patients should also be encouraged to wear slip-resistant, supportive, low-heeled shoes and avoid wearing slippers or walking barefoot (Moylan & Binder, 2007). In a review conducted by Valieiny et al. (2022) to investigate nursing interventions in the field of falls in the elderly; making the environment safer, conducting periodic examinations, teaching safe and self-care behaviours to the elderly, adjusting drug therapy and exercising have been reported as the most effective steps to reduce the risk of falls in the elderly (Valieiny, et al., 2022).

To Develop Self-efficacy/Self-care of the Individual

It is essential to consider the beliefs, attitudes and priorities of elderly individuals regarding falls and falls management (Montero-Odasso et al., 2022). Patients' awareness of the risk of falls, self-efficacy and participation in fall prevention activities is one of the important aspects of fall prevention (Cerilo & Siegmund, 2022). Self-efficacy is the belief in personal abilities to organise and execute the action resources needed to manage possible situations and self-efficacy mediates between thoughts, feelings and actions (Bandura, 1986; Bandura, 1997). In a study by Chegini et al. (2022) investigating the effects of educational interventions on patients' self-efficacy and fall prevention knowledge, hospitalised patients have been given an educational brochure on the prevention of falls. The study showed that hospitalised patients had little knowledge about fall prevention and that educational interventions increased their knowledge about fall prevention (Chegini et al., 2022). One of the effective interventions to prevent falls is for patients to participate in an individualised safe exercise programme to improve strength and balance (Sherrington et al., 2019; Sherrington et al. 2017). It is considered that these exercise programmes increase the strength and capacity of the patients, thus contributing to the patient's self-efficacy and self-confidence. In this context, especially educational and motivational interventions can change patients' perceptions of their own fall risks in the hospital, improve their self-management and self-care skills and mobilise them for fall prevention. However, one of the situations that is overlooked, especially in elderly individuals with chronic diseases, and is thought to be closely related to self-care skills and behaviors, is medication use. In this context, medications are a well-known risk factor for falls, but they are often overlooked. It is important for the individual to have sufficient knowledge and awareness about medication use. Each medication used for pain, depression or other conditions in elderly individuals should be evaluated separately at regular intervals, and the benefits and risks of continuing or stopping use should be carefully considered (Al-Aama, 2011).

Providing Information/Conducting Education

The training of healthcare professionals in the prevention of falls can reduce the rate of falls and fall-related injuries and contribute to evidence-based patient education (Morris, et al., 2022). In order for nurses to classify patients appropriately, they should also receive training on the fall assessment tool. At the same time, nurses are part of an interdisciplinary team of healthcare professionals who prevent falls, including physiotherapists, pharmacists, occupational therapists, patients and their family members who collaborate to achieve fall prevention goals (Ojo & Thiamwong. 2022). Since hospitalised elderly individuals cannot adequately predict their own fall risk, associated factors should be further explored for assessment tools and interventions to reduce fall rates in inpatients (Ojo & Thiamwong. 2022; Montero-Odasso, et al., 2022). It is stated that discussing the positive aspects such as social and health benefits of fall prevention in elderly individuals who have multiple risk factors together and ensuring the participation of the family will increase compliance (National Falls Prevention for Older People Initiative, 2000). In this regard, in a randomised

controlled clinical trial conducted by Valieiny et al. (2023), participants in the intervention group have been individually shown three simulated videos and provided access to the videos for frequent viewing. As a result, simulated video training has been found to significantly reduce fall rate and fear of falling (Valieiny, et al., 2023). Albertini et al. (2023) conducted a study in a private hospital in Brazil to evaluate the compliance of the person-centred care approach for the prevention and management of falls among adults and the elderly with evidence-based criteria. As a result of the study, it has been stated that changes in basic and follow-up supervised electronic nursing records linked to the falls education programme increased the rates of compliance with evidence-based practice regarding the person-centred care approach in the prevention and management of falls (Albertini, et al., 2023). A guideline for the prevention of falls also mentions multifactorial interventions, including professionally supported physical exercise and education and counselling interventions (Schoberer, et.al., 2022). The strong evidence in the recommended guidelines on this topic emphasises that all hospitalised elderly individuals or younger individuals identified by health professionals as being at risk of falls should be provided with personalised single or multi-domain fall prevention strategies based on identified risk factors, behaviours or situations (Montero-Odasso, et al., 2022). It is recommended to consider the cognitive status of the individual (e.g., delirium, dementia) and the use of various educational methods (e.g., face-to-face discussion, video, handouts, etc.) when implementing educational programmes (Heng et al., 2020). Nurses are one of the critical stakeholders of fall prevention programmes and it is thought that education and information programmes for the prevention of falls should be aimed at both patients, their relatives and health personnel.

CONCLUSION

Nevertheless, most falls are caused by interactions between multiple fall risk factors, which are often modifiable. It is not possible to say a single and definite nursing intervention for the prevention of falls in elderly individuals. However, it can be argued that falls are preventable, especially by intervening in modifiable risk factors. Certain physical environmental factors can trigger unsafe behaviors that increase the risk of falls, particularly in elderly individuals with pre-existing health conditions. Both social and physical environmental factors should be a primary focus in fall prevention strategies, and nurses have a key role in this area. At the same time, it is seen that effective results are obtained when multidisciplinary nursing interventions adapted to fall risk factors are applied in elderly individuals. This literature review showed that more than one nursing intervention strategy and intervention may have a positive effect on the prevention of falls in elderly individuals.

Implications for Nursing and Health Policy

Falls are common in elderly people both in their living environment and in the hospital environment. Falls in older individuals are closely associated with increased morbidity, mortality and health-related costs. It is important to prevent falls and create a safe patient environment. Health professionals, especially nurses, have important roles and responsibilities in this regard, and a multidisciplinary team approach is required.

ETHICAL DECLARATIONS

Peer Review Process

This review was externally peer-reviewed.

Conflict of Interest

The authors declare no conflicts of interest.

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Author Contributions

The author is solely responsible for the conception, data collection, analysis, and writing of this manuscript.

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