VOLUME 1

PROFESSIONAL DOCTORATE

FIGHTING FALLS WITH ACTION RESEARCH: A PRACTICE DEVELOPMENT PROJECT

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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

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Signature of Candidate

_____

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Help us to seek the values
That will bring us lasting joy in this changing world.
In our desire for what you promise
Make us one in mind and heart
(Anonymous, 1983).

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ABSTRACT

Nurses espouse a caring ethic and demonstrate effectiveness in prevention of patient falls but are often observed taking risks with patients' safety. These actions reflect poor congruence between espoused values and behaviours. Attitudes, values and involvement in decision-making are factors that influence work behaviours. Nurses' attitudes are held to be a definitive factor in prevention work; however, few studies have focused on adherence with best practice principles of fall prevention. Yet nurses claim no authority to change their work. It was assumed that increased adherence would be achieved by improving nurses' attitudes through participation in decision-making surrounding fall prevention practice. This study aimed to test this assumption by empowering nurses working in two medical wards with high numbers of patient falls to improve their ownership of practice by utilising critical social theory and action research. Nurses' attitudes, including self-esteem, professional values and work satisfaction were established before and after a practice development project using action research. Mixed methods were employed by praxis groups meeting fortnightly for a year reflecting on, and re-engineering practice. Action research occurred in cycles focusing on assessment, communication, everyday work, and performance. Nurses' work was re-organised to gain time to spend in prevention work. Patients' environments were made safer and more patient-centred. New and effective ways of assessing risk to fall, communication of risk and monitoring nurses' performance of prevention work were created and evaluated. Analysis demonstrated that nurses had good self-esteem and professional values but were not satisfied with their work. Self-esteem and professional values were unaffected by participation in work-related decisions however, nurses expressed increased sense of ownership, more satisfaction and were observed to engage in more prevention work. In conclusion, manipulation of attitudes and values is not warranted if attitudes and values are good. However, participation in work-related decision-making engages practitioners and leads to greater congruence between values and behaviour. The "unspoken rules" constraining practice that were exposed in the action research oblige nurses to assume authority, confronting and dispelling these constraints to enable more therapeutic care to emerge. Recommendations include promoting practice development as the preferred means for cultural change and improving person-centred care whilst recognising its fragile nature and dependence on clinical leadership.