

## Application of Concepts from Caring Science

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This paper explores the development of a clinical nursing theory grounded in Jean Watson's Theory of Human Caring. It explicitly focuses on the role of the Johns Hopkins Fall Risk Assessment Tool (JHFRAT) in reducing falls among hospitalized older adults. The theory highlights how this tool can inform fall prevention strategies and enhance patient outcomes. It also outlines the underlying problem, key concepts, propositions, and how the theory connects to Watson's framework while discussing the implications for nursing practice and directions for future research.

### Problem Identification

Falls present a significant challenge in hospital settings, particularly for older adults aged 65 and above. In the United States, it is estimated that about one-third of older adults living independently and nearly half of those residing in nursing homes experience at least one fall each year [1]. According to the report, falls among older adults led to approximately \$50 billion in direct medical costs for the U.S. healthcare system in 2014 [2]. As the population continues to age, both the frequency of falls and the associated healthcare costs are projected to increase, underscoring the urgent need for hospitals to adopt effective fall prevention strategies.

In hospital environments, intrinsic factors—such as impaired mobility and cognitive decline—alongside extrinsic factors like elevated bed positions and slippery floors contribute to the risk of falls. These incidents frequently result in serious injuries, including fractures or head trauma, which can lead to prolonged hospital stays, diminished quality of life, and escalated healthcare expenses. Research indicates that implementing environmental modifications and enhancing patient education are effective strategies for preventing falls [3]. Nevertheless, there are still challenges in effectively implementing these interventions, especially in ensuring that patients can retain and apply the education they receive from nurses.

Preventing falls is a critical nursing outcome due to its direct impact on patient safety, recovery, and healthcare costs. Nurses, as patient advocates, are uniquely positioned to assess risks and implement individualized interventions. This approach requires a holistic view of the patient's physical, cognitive, and emotional needs, which aligns with Jean Watson's Theory of Human Caring.

### Clinical Nursing Theory

To address fall prevention, a clinical nursing theory has been developed based on the relationship between the use of JHFRAT and fall prevention outcomes. The clinical nursing theory is expressed as: The Use of JHFRAT (Concept A) Improves (Proposition) Fall Prevention Outcomes (Concept B).

### Concept Definitions and Measurement

The JHFRAT is a standardized tool designed to assist nurses in identifying patients at high risk for falls and implementing tailored interventions [4]. These interventions can include strategies like positioning beds at their lowest level, providing non-slip footwear, and increasing the frequency of patient monitoring rounds.

Fall Prevention Outcomes are defined as measurable reductions in the incidence of falls and related injuries during a patient's hospital stay. The statement, "JHFRAT improves Fall Prevention Outcomes," highlights the causal relationship between the tool's application and achieving safer environments for patients. By assessing a patient's fall risk score, nurses can effectively prioritize high-risk individuals for specific interventions, which may involve continuous monitoring or utilizing bed alarms. This proposition is measurable and testable, creating a solid groundwork for ongoing research and quality improvement initiatives.

The efficacy of JHFRAT as an instrument for identifying fall risk in hospital settings has been well-documented. Studies indicate

a significant decrease in falls and related injuries, thereby enhancing patient outcomes and overall safety [5]. Furthermore, integrating this tool into clinical workflows encourages consistent risk assessments, promotes a proactive stance toward fall prevention, and reinforces a safety culture within healthcare organizations.

### Theoretical Link to Watson's Caring Theory

Jean Watson's Theory of Human Caring is the foundation for this clinical nursing theory. Watson (2024) highlights the significance of relational and holistic care, which aligns with the objectives of fall prevention. In particular, Caritas Process 4: Developing and Sustaining a Helping-Trusting, Caring Relationship corresponds with using JHFRAT [6]. When nurses use JHFRAT to evaluate risk, they actively engage patients and their families in discussions about safety, fostering trust, and expressing care. This engagement enhances patient compliance with fall prevention strategies, such as seeking help with mobility or using call lights for assistance.

Watson's theory asserts that "trusting relationships improve behavioral outcomes," which parallels the proposition in the clinical theory that "JHFRAT improves Fall Prevention Outcomes." Both underscore the essential role of the nurse-patient relationship in facilitating positive outcomes. Watson's holistic perspective further supports the notion that effective fall prevention strategies must consider not only physical safety but also patients' psychological and emotional needs.

### Conclusion

Integrating the JHFRAT into hospital practices offers a structured, evidence-based solution to fall prevention. This approach emphasizes patient-centered care through systematic risk assessment. Guided by Watson's Theory of Human Caring, it combines relational care with practical interventions to address patients' physical and emotional needs. The emphasis on safety, dignity, and quality of life aligns with the nursing profession's core values and underscores nurses' vital role in advocating for and implementing effective fall prevention strategies.

Using JHFRAT highlights the importance of measurable outcomes in improving fall prevention practices. Data gathered from incident reports, safety audits, and compliance tracking can guide hospital policies and training programs, fostering a culture of continuous quality improvement. By evaluating the effectiveness of interventions and identifying areas for enhancement, healthcare organizations can ensure that fall prevention remains a priority, driving better patient outcomes and cost-efficiency.

While the current framework provides a solid foundation for fall prevention, further research is essential to overcome barriers to implementing tools like JHFRAT. Investigating staffing levels, workflow challenges, and nurse education can shed light on improving consistency in risk assessments. Additionally, future studies can explore the long-term effects of JHFRAT-guided interventions on patient outcomes and satisfaction, ensuring that this approach continues to evolve and adapt to meet the complex needs of healthcare settings.

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