



PERCEPTIONS OF ELDERLY AFTER THE FALL

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ABSTRACT

The objective of this study was to analyze the perception of institutionalized elderly women regarding the fall. This is a descriptive study, with a qualitative approach, developed in a Long Stay Institution of female care in the city of Fortaleza - Ceará. Data collection took place from September to October 2017 through a semi-structured interview where the final sample was composed of eleven elderly women. It was noticed that the biggest fall victim is the elderly who spend most of their time in their dorms and who do not practice physical exercises or recreational activities. Through the study it was possible to observe that all victims of falls are still afraid and feel insecure to walk without support or alone, for fear of another fall. Understanding the relationship between the occurrence of falls and their consequences for the elderly contributes to the professionals knowledge so that they can carry out health promotion and fall prevention strategies with a view to improving the living conditions of these elderly people.

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INTRODUCTION

Aging is a condition of the world today, all countries are with their aging population. Brazil is a country that ages slowly, changes in population dynamics are evident and irreversible. Since the 1940s, it is possible to observe the highest rates of population growth in the elderly population (Küchemann, 2012). It is noticed that the need for the existence of Long Stay Institutions arises due to the population increase, where the tendency is to increase the number of Long Stay Institutions in Brazil, even though public health policies prioritize the care provided to the elderly by the Family (Feliciani; Santos; Valcarenghi, 2011). This considerable increase in population aging is due to improvements in the quality of life, advances in health and the reduction of mortality and birth rates. The adoption of public health policies with the objective of promoting health and preventing diseases have also contributed to this scenario (Chianca *et al.*, 2013). The fall can occur in all phases of life, but in the elderly population it is a public health problem, taking into account its physical, psychological, economic and social dimension and that consequently affects the quality of life and the performance of activities of daily life (Sousa *et al.*, 2016). As a result of the aging population, health promotion and education, prevention and delay of diseases and frailties, maintenance of independence and autonomy are actions that need to be expanded (Veras; Caldas; Cordeiro, 2013). Several risk factors and multiple causes interact for the occurrence of falls in the elderly, imposing on health professionals the great challenge of identifying the possible modifiable risk factors and treating the etiological factors and comorbidities present (Colomé *et al.*, 2011). The elderly population needs actions of care, prevention and control of diseases typical of this age, as they present frailties of the aging process. It is noteworthy that, as one grows older, it increases the vulnerability, the risks of diseases and the prevalence of diseases that lead to the occurrence of disability in the elderly (Ferreira; Yoshitoe, 2010). Nurses play an important role in the evaluation of the elderly, mainly aimed at maintaining functionality and cognition, in order to minimize the risk of falls (Valcarenghi *et al.*, 2014). In this context, nurses need to assume the responsibility of intervening with this population contingent, to assure the autonomy and independence of the elderly and contribute to healthy aging (Costa *et al.*, 2013). Considering these considerations, the present study is justified, having as guiding question: What is the perception of institutionalized elderly women after experiencing a fall? In this scenario, the present study has as justification the need to know the perception of the elderly about the fall, in order to subsidize and improve the nursing care, bringing relevant aspects that can serve as a basis for the construction of preventive measures. In addition to passing information on the risks of falls in the elderly, from the point of view of the elderly himself. From this perspective, the present study aims to identify the opinion of institutionalized elderly women about the fall. Faced with this reality, the study becomes pertinent as this proposal contributes to the improvement of the quality of care provided to the elderly and is presented as a strategy to clarify and deepen discussions about the fall in the elderly.

MATERIALS AND METHODS

This is a descriptive study, with a qualitative approach, developed in a Long Stay Institution in the city of Fortaleza - Ceará, where 28 elderly people live. Data collection took place

in September to October 2017 through a semi-structured interview. The subjects inclusion criteria were: people residing in the study institution and were already victims of one or more falls, stable clinical condition, age equal or superior to 60 years, in cognitive and mental conditions to answer the research instrument. The final sample consisted of 12 elderly women, since the institution was only destined to the female attendance. The instrument for data collection was prepared based on the items that make up the multidimensional evaluation protocol for the elderly, selecting those that fit the purpose of the Elderly Falls Assessment Instrument. The following items included the study object of the present study: identification of the subjects, history of the fall and changes, referred by the elderly, after the fall, among them the restrictions on functional capacity evidenced in the Daily Life Activities. The interviews were carried out in the rooms of the elderly in the presence of a relative (or caregiver), who confirmed the data obtained or even clarified the reported facts. When the elderly woman had some cognitive dysfunction that prevented her from responding, she was replaced by a relative/caregiver. It should be noted that prior to data collection, the elderly women were informed about the objectives of the study and then signed the Informed Consent Form. The confidentiality of the information provided and the omission of their identities were guaranteed to them. As to identity, the names were replaced by the letter I, following a numbering according to the interview from one to twelve. In compliance with Resolution 466/12 of the National Health Council (Brasil, 2012), the project was submitted and approved by the Ethics and Research Committee with protocol no. 788,693.

RESULTS

The sample consisted of twelve institutionalized elderly women. As for the age group of the participants, it was among the elderly people - 68 to 82 years old, of whom six were widows, two were separated and four were single. Among the elderly, nine declared monthly income varying from one to two minimum wages, while three received more than three wages, from retirement or pensions of the National Institute of Social Security. In terms of schooling, five completed literacy, six were Elementary School and one had completed High School. With regard to the occupation, six were domestic servants and the others were engaged in activities of the household. Nine elderly women were born in other municipalities of Ceará and three were born in Fortaleza. Regarding the stay in the Long Stay Institution, nine reported living in the institution from one to five years, three between six and twelve years. The women revealed three reasons that justified their stay in the Long Stay Institution, among which they pointed out: absence of relatives, unavailability of children to provide them with necessary care and search for peace. The satisfaction mentioned by the women with the coexistence in the institution was linked to the care received by the institution, the welcome of the people already resident there and the practice of daily group activities. After reading and reflecting on the content produced through the interviews, three categories emerged: the conception of the elderly regarding the physical, psychological and social consequences related to the fall; how daily life activities occurred before and after the fall; and what fears and/or fears after experiencing a fall.

Conception of the elderly as regards the physical, psychological and social consequences related to the fall:

The change after the fall brings countless consequences for the elderly person, mainly in the physical, psychological and social scope. In this way it is possible to perceive the influence of these factors through the following statements:

I spent almost two months hospitalized after the fall in the bathroom, this moved me away a lot from the activities developed here in the shelter [...] (I2)

After I took my second fall I was never the same person ... I was holding myself in fear of a third fall [...] (I4)

The fall made me very fearful, I was afraid even to leave the room to go do my physiotherapy [...] (I6)

When I fell, I was afraid even of leaving the room for the refectory [...] (I8)

I was able to recover quickly and did not spend much time in the hospital after the surgery, but when I returned to the shelter I redoubled my care not to fall again [...] (I10)

I improved the illumination of my room and removed all the carpets of fabric from the floor, I do not want to fall again [...] (I12)

In the speech of the elderly the fear of a new fall is perceptible, this leaves the elderly fragile and can lead to social isolation, non-participation in previously developed activities and the fear of doing other previously developed practices, among other problems.

How did daily life activities occur before and after the fall:

Already in the first reports of the elderly, it was observed that besides the fear of a new fall, the activity question developed before and after the fall was very well compared and portrayed by them, especially in those elderly women who had a greater restriction in activities of daily living.

Before the fall, I did not need anyone to accompany me in my day-to-day activities, today I have a caregiver who helps me to go to the activities of the group, to the cafeteria, physiotherapy, bathing [...] (I3)

After the fall I began to value some activities that did not give so much value [...] (I5)

I can no longer do my walks without my cane, it is now part of my routine [...] (I7)

For now I'm still in the wheelchair, but I'll be able to walk again soon [...] (I2)

After the fall I can not go out alone to the street to solve my things, I need someone to accompany me [...] (I11)

After the episode of the fall, the autonomy of the elderly is more compromised, because before the activities carried out without restrictions, now needs special attention.

Fears and/or fears after experiencing a fall: Fear is constant in the daily life of the elderly, since there is fear of a new fall. In the elderly the fall is quite debilitating, causes changes and

in some cases brings with it several complications. In the following speeches we can see the main concerns of the elderly women:

My biggest fear today is to take another fall [...] (I1)

I do not want to fall again in any way [...] (I4)

I've fallen twice, I do not think I can beat the third one [...] (I6)

I do not walk without my stick at all, she is my support [...] (I7)

Now more than ever I feed myself every three hours so that I do not have another episode of low blood sugar and fall again [...] (I11)

DISCUSSION

Some habits or cares are only modified after going through a fall episode. With regard to the most present risks in the fall, it is possible to point out that many are preventable, but in some cases are not identified in a timely manner. Regarding the factors that caused the fall, the intrinsic ones were more incidental when compared to the extrinsic ones. The intrinsic factors include the various pathologies, physiological alterations of aging and consumption of medications. Among the pathologies that predispose the falls, the most frequent intrinsic factor was altered balance. Among the extrinsic factors, the one with the largest distribution was slippery or wet floor. It was also observed that the use of medication is a contributing factor for the occurrence of falls, given that, in the elderly, functional abilities are reduced due to their own senescence, which favors the alteration of the central responses related to balance (Vieira *et al.*, 2016). It was identified a relevant quantitative of elderly people who did not present healthy living habits, such as smoking, drinking alcoholic beverages and, mainly, not practicing physical activity (Reis; Flôres, 2014). The practice of physical activity provides a reduction in the changes resulting from the aging process, considerably reducing the occurrence of falls and, consequently, improving the quality of life of this population (Miranda; Mota; Borges, 2010). Elderly people who practice some type of physical activity have fewer falls compared to those considered to be sedentary, as sedentary lifestyle may result in a reduction or loss of functional abilities in the elderly, thus raising the risk of falls. In addition, the practice of physical activity promotes functional autonomy, increased strength and physical fitness with improved balance and provides healthier aging (Barbosa; Oliveira, 2012).

Final Thoughts

Understanding the relationship between the occurrence of falls and their consequences for the elderly favors the knowledge of health professionals so that they can carry out health promotion strategies and fall prevention in order to improve the living conditions of these elderly people. In this sense, it is intended with the study to propose actions that aim to minimize / prevent the factors that can trigger the fall. With regard to care for the institutionalized, it was observed that nursing professionals need to know the characteristics of the aging process, which will make it possible to provide comprehensive care to the ILP resident, while preserving the

principles of autonomy and independence to the fullest extent possible. Elderly care with greater sensitivity, safety, competence and responsibility. In this sense, it is important that the nurse be a collaborator in the prevention of falls, maximizing the potential of the elderly, and assisting in preventive measures.

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