

## The experiences of older adults hospitalized due to fractures resulting from falls

Vivência de idosos hospitalizados devido à fraturas por quedas

Experiencias de las personas mayores hospitalizadas por fracturas causadas por caídas

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### Abstract

**Objective:** to understand the experiences of elderly people hospitalized due to fractures caused by falls. **Method:** qualitative, exploratory-descriptive research, developed with 17 elderly people hospitalized due to fractures caused by falls in a municipality in the extreme west of Santa Catarina. Data collection took place through semi-structured interviews, recorded and transcribed in full. For data analysis, Thematic Content Analysis was used. **Results:** from the analysis, a thematic category emerged: Experiences of hospitalized elderly people who suffered fractures due to a fall. The majority of falls occurred from their own height, at home, while carrying out daily activities. Elderly people associate this experience with negative feelings, expressed by sadness, frustration and discouragement, due to limitations that lead to reduced autonomy and dependence on care. **Final considerations:** it is clear that these events generate a reduction or loss of autonomy, independence and quality of life for the elderly, due to the physical, emotional and social implications caused by them.

**Descriptors:** Health of the Elderly; Accidental Falls; Frail Elderly; Quality of Life; Comprehensive Health Care.

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## Resumo

**Objetivo:** conhecer as vivências de idosos hospitalizados devido a fraturas por quedas. **Método:** pesquisa qualitativa, exploratória-descritiva, desenvolvida com 17 idosos hospitalizados devido a fraturas por quedas em um município do extremo oeste catarinense. A coleta de dados transcorreu por entrevista semiestruturada, gravada e transcrita na íntegra. Para análise dos dados utilizou-se a Análise de Conteúdo do Tipo Temática. **Resultados:** da análise emergiu uma categoria temática: Vivências de idosos hospitalizados que sofreram fraturas devido à queda. A maioria das quedas ocorreu da própria altura, no domicílio, durante o desenvolvimento de atividades cotidianas. Os idosos associam essa experiência a sentimentos negativos, expressos por tristeza, frustração e desânimo, por conta das limitações que levam à diminuição da autonomia e dependência de cuidados. **Considerações finais:** evidencia-se que esses eventos geram redução ou perda da autonomia, da independência e da qualidade de vida do idoso, pelas implicações físicas, emocionais e sociais ocasionadas por ela. **Descritores:** Saúde do Idoso; Acidentes por Quedas; Idoso Fragilizado; Qualidade de Vida; Assistência Integral à Saúde.

## Resumén

**Objetivo:** comprender las vivencias de ancianos hospitalizados por fracturas provocadas por caídas. **Método:** investigación cualitativa, exploratoria-descriptiva, desarrollada con 17 ancianos hospitalizados por fracturas provocadas por caídas en un municipio del extremo oeste de Santa Catarina. La recolección de datos se realizó mediante entrevistas semiestructuradas, grabadas y transcritas en su totalidad. Para el análisis de los datos se utilizó el Análisis de Contenido Temático. **Resultados:** del análisis surgió una categoría temática: Experiencias de ancianos hospitalizados que sufrieron fracturas por caída. La mayoría de las caídas ocurrieron desde su propia altura, en el hogar, mientras realizaban actividades diarias. Las personas mayores asocian esta experiencia con sentimientos negativos, expresados por tristeza, frustración y desánimo, debido a limitaciones que conducen a una reducción de la autonomía y la dependencia de los cuidados. **Consideraciones finales:** es claro que estos eventos generan una reducción o pérdida de autonomía, independencia y calidad de vida de las personas mayores, debido a las implicaciones físicas, emocionales y sociales que provocan. **Descriptorios:** Salud del Anciano; Accidentes por Caídas; Anciano Frágil; Calidad de Vida; Atención Integral de Salud

## INTRODUCTION

With the human aging process, older adults undergo physiological, systemic, and structural changes, such as decreased muscle tone, flexibility, and sensitivity, which impose limitations and create vulnerabilities that can alter their balance functions, making them more susceptible to the risk of falls.<sup>1</sup>

According to the World Health Organization (WHO), a fall is defined as an involuntary event consisting of bringing the body to the ground or onto another surface, with an inability to correct the injury in a timely manner.<sup>2</sup> Worldwide, it is estimated that one-third of older adults over 65 years of age experience a fall annually, constituting the second leading cause of death from unintentional injuries.<sup>2</sup> In Brazil,

the prevalence of falls among older adults living in the community is approximately 25%<sup>3</sup>, with its highest occurrence among women, particularly those of advanced age<sup>1,3-5</sup>, with a higher number of morbidities and who use a greater number of medications.<sup>5</sup>

In older adults, falls are directly related to reduced functional capacity and impaired mobility. These situations worsen when the fall is associated with fractures and hospitalizations<sup>1,6</sup> and need for surgeries.<sup>6</sup> Functional decline can also negatively impact the independence and autonomy of the elderly, with direct repercussions on their quality of life.<sup>1,6-7</sup> Furthermore, these occurrences generate economic and social costs for the elderly, caregivers, and the health sector, as they increase the use of resources and the occupancy of hospital beds.<sup>3</sup>

Thus, falls become a relevant event for Public Health due to their frequency and repercussions on the lives of elderly people, especially when accompanied by fractures. Given the above, the objective of this study is to understand the experiences of elderly people hospitalized due to fractures from falls.

## METHOD

This is a qualitative, descriptive-exploratory study. The research setting was

a medium-complexity public hospital located in the far west of Santa Catarina, Brazil. This hospital serves exclusively through the Unified Health System (SUS) and acts as a referral center for 30 municipalities in the region.

Regarding the inclusion criteria for participants were being elderly (over 60 years of age) and hospitalized due to a fracture resulting from a fall. The study did not have any exclusion criteria.

Access to participants was achieved through personal contact, in order to explain the research objectives and extend the invitation. Upon acceptance, data collection took place between July and August 2018, through semi-structured interviews with open-ended questions, developed and applied by the researcher. The interviews were recorded using a digital recorder and took place in the hospital itself, respecting and guaranteeing the privacy and confidentiality of the information. It is emphasized that the interview did not interfere with or harm the flow of care for hospitalized users, as it was conducted in a way that preserved the care offered by the multidisciplinary team, respecting the routines and requirements of the institution, as well as the needs of each user. The criterion of thematic saturation was used to interrupt data collection and the inclusion of new participants. After the interviews were completed, the data were transcribed and

analyzed by the researcher using Thematic Content Analysis, as proposed by Minayo.<sup>8</sup>

For analysis, the three stages proposed by Minayo were carried out: 1) Pre-analysis, in which the material produced in the transcription of the interviews was reviewed exhaustively, with a view to becoming immersed in the information contained; 2) Exploration of the material, when the data were categorized, based on the organization of the recording units through their thematic affinities; and, 3) Treatment of the results obtained and interpretation, which sought to understand and interpret the data in light of the framework, in which the "raw" results were treated in a way that made them meaningful and valid.

The study report was prepared in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. The research respected the ethical precepts established by Resolution No. 466 of December 2012 and was approved by the Research Ethics Committee of the study hospital and the University of Western Santa Catarina, under the Certificate of Presentation of Ethical Appraisal (CAAE) No. 91169218.6.0000.5367 and Opinion No. 2.739.419. Participants had access to the Informed Consent Form (ICF) and the Data Confidentiality Agreement. To preserve the participants' identity, the speeches were

coded with the letter "E" (Interviewee), followed by an ordinal number.

## RESULTS

Seventeen older adults, aged 62 to 82, participated in the study, including nine men and eight women. Regarding marital status, twelve live with a partner and five live alone. All are retired and do not engage in activities that generate additional income, only daily household activities or some tasks outside the home. Regarding the sites of fractures following a fall, femur fractures were most common, affecting 10 elderly individuals (58.8%), followed by upper limb, ankle, wrist, and hip fractures. All participants required surgery.

Based on a qualitative analysis of the research content, it was possible to identify and categorize the study in relation to the experiences, feelings, and difficulties of elderly people who were hospitalized due to fractures resulting from falls. After this analysis, a thematic category emerged: Experiences of hospitalized elderly people who suffered fractures due to falls.

According to the participants, most falls occurred from their own height, within the home environment, while performing their activities of daily living (ADLs), as can be seen in the statements below.

*I was inside the house [...] in the service area. I was eating an avocado and I fell from my own height. (E4)*

*Inside the house, in the bathroom. I was getting a cloth to clean the house. (E5)*

*At home in the area, when I went to throw a little piece of paper (in the trash). (E12)*

*[...] I fell from my own height because I was trying to go to the bathroom that is in the area. (E17)*

In the testimonies that follow, one of the participants mentions that the fall occurred due to wearing socks, while another mentions that the floor of his house is quite slippery, which contributed to the fall.

*[...] I had my socks on. If I had not had my socks on, I would not have fallen [...] my socks got smooth, I lost my balance and fell to the ground. (E3)*

*I was watching television and having a snack. I think I slipped on the sofa and the floor is quite slippery [...] when I realized it, I fell [...]. (E10)*

At the time of the fall, nine of those interviewed reported that they were accompanied, usually by a family member.

*My daughter-in-law was with me. (E1)*

*[...] She (wife) was finishing serving the coffee for 'me' to drink, and then she had to help me lift myself up. (E2)*

*My daughter, my son-in-law, and my wife. Everyone was home with me. (E4)*

From their accounts, it is clear that the elderly associate this experience with negative feelings, expressed as sadness, frustration, and discouragement, treating

this moment as a great challenge to be overcome.

*I feel very sad [...] you cannot go where you want to go; it is only inside the house [...]. (E1)*

*[...] Somewhat frustrated, but I am managing [...]. (E8)*

*Very bad, I cannot move my legs, one is completely bandaged [...] very difficult, discouraging. (E14)*

According to the participants, the vast majority had experienced other falls previously, some resulting in fractures and others not.

*I have had several (falls), but there was never a fracture. (E8)*

*I had already fallen and broken my femur about two years ago [...]. (E9)*

*I already broke the femur in my right leg and now I broke the one in my left leg. I also had surgery and was hospitalized for quite a while. (E14)*

*I had fallen several times [...] but it was the first time I ended up in the hospital because of one of my falls. I had never fractured anything before [...]. (E17)*

The fear of falling again appears in the statements of all those interviewed, especially those who have already suffered previous falls.

*It is fear of falling, difficulty in performing my activities. (E5)*

*I do not want to fall again, I am too afraid of falling. (E11)*

*[...] I have already fallen four times [...] I am afraid of falling again [...] We are even afraid to walk [...]. (E12)*

In addition to the feelings experienced, the elderly person has to (re)learn to live with some limitations and, most of the time, depend on other people to perform activities that they previously performed alone, such as household chores or their own daily care, such as eating, bathing and dressing, especially those who have become bedridden due to a fracture. Furthermore, in this new restructuring, the family becomes the elderly person's main support network, assisting in the performance of their ADLs (Activities of Daily Living), as can be observed in the testimonies.

*[...] I've always managed well on my own, but now my sister-in-law covers for me because I can't, I keep falling [...] My biggest difficulty is walking [...]. (E1)*

*[...] I need her (wife) help me even in the shower [...]. (E2)*

*[...] I cannot do anything anymore, I'm immobilized. I can't work, do things, my family members come to take care of me, they help me [...] I need help with everything, but especially with walking, because I can't even walk, that's my biggest difficulty, because I like to do things, I'm always very active and now I'm like this, depending on everyone. (E7)*

*I cannot even get out of bed because it was my femur (the fracture). He (the son) helps me, brings things to me, since I cannot [...] It's bad not being able to trust your leg anymore [...] the leg isn't the same anymore, it's weak, it gets weak. This has made my whole life much more difficult; it changed everything. (E9)*

## DISCUSSION

Falls are the most frequent domestic accident among the elderly<sup>9</sup>, and, consistent with our findings, falls from standing height have proven to be prevalent as the type of fall. A Brazilian study showed that 84.1% of the elderly reported having fallen from their own height, indicating that balance problems, dizziness/vertigo, uneven and slippery or wet floors were among the main causes.<sup>10</sup>

In the elderly population, approximately 60% to 70% of falls occur in or around the home<sup>11-12</sup>, as evidenced in this study. The home is considered a safe place by the elderly, given their existing knowledge and familiarity with the location. Thus, due to self-confidence in moving around and performing daily activities, the aged does not perceive the risk to which he is exposed and the possibility of a fall, leading to carelessness. Added to this are the inadequacies of the home environment, such as poor lighting, uneven surfaces, slippery floors, unsecured rugs, physical obstacles, and the absence of grab bars, especially on stairs and in bathrooms.<sup>9,12-13</sup>

It is known that falls have a multifactorial origin, being related to extrinsic and intrinsic factors. Extrinsic factors refer to inadequate environmental conditions, as previously mentioned,

whether at home or in public. Intrinsic factors are directly related to the elderly person and mainly result from sensorimotor limitations, which increase with age, such as physiological changes, reduced functional capacity, presence of morbidities, polypharmacy, and a previous history of falls.<sup>1,13-14</sup> However, it is observed that extrinsic factors are commonly related to the occurrence of a single fall episode, while intrinsic factors are associated with recurrent falls.<sup>14</sup>

In the present study, most elderly individuals were accompanied at the time of the fall, usually by a family member. Being accompanied or not at the time of the fall is an important factor because, when accompanied, there is the possibility of immediate assistance for the elderly person, as well as prompt referral to a health service. Therefore, elderly individuals who live with other people, whether family members and/or caregivers, show that they are better supported than those who live alone, the latter being more deprived of support in case of difficulties or accidents, such as falls.

With the occurrence of a fall and the limitations imposed by the fracture and immobilization, older adults experience a range of feelings related to this new condition. Feelings of sadness, discouragement, fear, anxiety, and frustration are commonly described in the

literature as part of this process of (re)adaptation in the life of the elderly. It is natural for them to feel sadder and more insecure, exposed to fragility and uncertainty about whether they will achieve a full recovery and what life will be like from then on. Some older adults, however, seem not to worry so much about their condition and the future after the fall, but their degree of annoyance and dissatisfaction with the situation becomes visible.<sup>15</sup>

With regard to recurrent falls, the majority of respondents had previously experienced at least one fall. It is well known that a history of previous falls is considered a risk factor for a new fall<sup>10</sup>, and the greater the number of falls experienced by the older adult, the higher the likelihood of resulting in physical and psychological dependence, disability, social isolation, progressive loss of functional ability, and, consequently, the recurrence of new falls.<sup>14</sup>

In view of this, the fear of another fall appears in the statements of all respondents in this study. The impact of falls on mental health is related to the consequences that the event causes, such as the fear of falling, which is predictive of the occurrence of new falls<sup>4,14</sup> and which can lead to decreased confidence, autonomy and functional capacity, as well as increased perception of fragility and negative feelings.<sup>16-17</sup>

Furthermore, the fear of falling can lead older adults to reduce or even restrict their ADLs (Activities of Daily Living) in order to protect themselves from future falls.<sup>10,17-18</sup> However, it is precisely this protective posture that reinforces their insecurity, leading to musculoskeletal decline and loss of balance, factors that contribute to the occurrence of falls.<sup>17-18</sup>

In contrast, the aforementioned studies highlight that the fear of falling can also act as a protective factor against future falls, since it will prevent the elderly person from engaging in risky behavior during their activities and naturally, they will adopt more preventative measures.<sup>10,18</sup>

Independence at this stage of life is an important marker of health, considering its role in building personal and environmental relationships, psychological health, and healthy aging.<sup>18</sup> Becoming dependent on care, even temporarily, causes a physical and emotional overload that impacts the quality of life of those involved, as it has a direct effect on the autonomy and freedom of the elderly person.<sup>19</sup> This is because falls often occur in people who were previously independent, and the fact that they suddenly become dependent on the care of others is not a condition that is easily accepted.<sup>20</sup>

In this process, the involvement of family members and/or caregivers is important in order to facilitate the exchange

of information on important issues for the elderly. The family is considered one of the main strategies for supporting the elderly in the changes caused by aging, as well as assisting them in adhering to fall prevention measures. A structured support network promotes the emotional and affective support of the elderly, providing self-esteem. These relationships within the network act as mitigators of negative events, improving their well-being and their quality of life.<sup>4</sup>

## FINAL CONSIDERATIONS

Falls cannot be seen as a normal part of aging, considering that most can be prevented and avoided, as well as their consequences. The study clearly shows that falls and fractures lead to a reduction or loss of autonomy, independence, and quality of life for older adults, due to the physical, emotional, and social implications they cause.

Early identification of risk factors contributing to falls is essential to prevent or even avoid such events. Therefore, screening for fall risk and assessing the health of older adults is necessary and timely. To this end, the role of Family Health teams in Primary Health Care (PHC) is crucial, focusing on comprehensive and longitudinal care for older adults. This involves working together with family members and/or caregivers to reduce risks

and encourage the performance of Activities of Daily Living (ADLs) in safe locations, whether at home or outside the home, thus contributing to maintaining the independence and quality of life of older adults.

The aging population, when not accompanied by necessary adjustments to infrastructure and other measures that facilitate mobility and promote the quality of life of the elderly, can contribute to increased limitations, hospitalizations, and deaths due to these conditions. It is known that poor public roads, with irregularities and insufficient lighting, combined with intrinsic factors stemming from the aging process, create a scenario that leads to an increase in falls, deserving special attention from managers and healthcare professionals.

Finally, it is suggested that new studies with a qualitative approach be developed, since most of the publications available in the literature on falls and fractures in the elderly have a quantitative focus. As a limitation of this study, the impossibility of generalizing the findings due to the small number of participants, given its qualitative nature, can be highlighted, although it offers important reflections and contributions on the repercussions of falls in the elderly.

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