Eibhlis Cooney

0739367

BSc (Physiotherapy)

2011
“Older participants’ perceptions of a community based falls intervention programme and its effect on social and functional participation in the longer term; An exploratory pilot study”

Eibhlis Cooney

0739367

Supervisor: Dr. Amanda Clifford

PY4007 and PY4008 Final Year Project
AUTHORS DECLARATION

Please include the following statement (signed) on a separate page after the title page with your manuscript

I, the undersigned declare that this project which I am submitting is all my own work and that the data presented is authentic.

_________________________ (Printed Name)

_________________________ (Signature)
Acknowledgements

I would like to extend my appreciation to my advisor Dr. Amanda Clifford, for her constant guidance and support throughout this project.

I would like to thank all the staff at St. Joesphs Ennis, Co.Clare and in particular Eileen O’ Connor who facilitated the conduction of this study.

I would like to express my gratitude to the participants of the study, without you this project would not have been possible.

Thanks to Marie my co-moderator, house mate and friend.

Thanks to family, especially my parents, Paddy and Rosemary for all you support and guidance and words of wisdom throughout the last four years ,…. one down only six to go!!

A special thank-you to my Aunt Kate and Grandmother who always encouraged me to do my best and supported my ambitions through the years.

And in no particular order I would like to thank the following for making college such a great experience; Emma Condon for being an inspiration in general, Residents of 718 Elm Park. all my class for the endless memories and laughs over the last four years, Steph, Denise, Marie, Louise and Julie (Collectively known as Bird Watch U.L established in first year), the Lynchies and all those who were part of the College Court Days particularly Marie, to the woodworkers especially James, Brendan and Gavin, the polo who brought us on so many adventures, the staff of the Lodge, Sport Scientists in general and anybody who made my time in Limerick so enjoyable.
Older participants’ perceptions of a community based falls intervention programme and its effect on social and functional participation in the longer term; An exploratory pilot study.

Authors: Eibhlis Cooney, Dr. Amanda Clifford

Background: Evidence supports multi-factorial interventions in reducing falls in older people in the community (Gillespie 2003). Research evaluating the impact of falls prevention programmes has generally focused on the quantitative outcomes of falls. Limited research exists into older participants’ perspectives about falls prevention programmes, particularly long term. Additionally the perceived effects this may have on social or functional participation has yet to be explored.

Objectives: To explore older people’s perceptions of a falls prevention programme 6 months post intervention and determine if the intervention had and continues to have meaningful outcomes for the participant’s functionally, socially and psychologically.

Methods: 31 participants ≥ 65 years old from the ”Steady On” programme held at St. Joseph’s Hospital, Ennis, ≥6months previously were contacted by post via a “gate keeper”. 4 respondents participated. The focus group was audio-taped, transcribed verbatim and thematic analysis was performed.

Results: Four main themes emerged: Knowledge, confidence, activity participation and programme process. Knowledge and confidence were highlighted in terms of primary outcomes. Activity participation and programme process were other areas perceived as important.

Conclusion: Participants of a falls programme retained a positive attitude toward the programme long term. Participants inclined towards the exercise component when reflecting on the most beneficial aspects of the programme. Despite outlining many benefits of the programme the majority of participants did not directly attach meaning to social or functional activity. Results cannot be generalised as the sample is too small. Further in-depth research investigating older people’s perceptions of a falls prevention programme long term is warranted.

Keywords: Falls Prevention, Elderly, Older, Perceptions
# Table of Contents

1. Introduction ............................................................................................................................. 8  
2. Aims and Objectives ............................................................................................................... 9  
3. Methods .................................................................................................................................... 10  
   3.1 Study Design .................................................................................................................. 10  
   3.2 Recruitment .................................................................................................................... 10  
   3.3 Inclusion/Exclusion Criteria ........................................................................................... 11  
   3.4 Ethical Approval ............................................................................................................ 11  
   3.5 Question Development ................................................................................................... 11  
   3.6 Pilot Study ...................................................................................................................... 11  
   3.7 Data Collection ............................................................................................................... 11  
   3.8 Data Analysis ................................................................................................................. 12  
4. Results .................................................................................................................................... 14  
   4.1 Group Dynamics ............................................................................................................ 14  
   4.2 Participant Information .................................................................................................. 14  
   4.3 Main Findings ................................................................................................................. 14  
   4.3.1 Confidence ................................................................................................................... 16  
   4.3.2 Knowledge .................................................................................................................. 17  
   4.3.3 Program Process ........................................................................................................ 18  
   4.3.4 Activity Participation ................................................................................................. 19  
5. Discussion ............................................................................................................................. 21  
6. Conclusion ........................................................................................................................... 24  
7. References ............................................................................................................................. 26  
8. Appendices ............................................................................................................................ 31
1. Introduction

Currently it is estimated that 1 in 3 of those older than 65 fall each year (Rubstein 2006). Falls are associated with increased disability and are the highest cause of morbidity among the elderly (Gillespie 2009). Falls can also have psychological consequences, fear of falling and loss of confidence which can result in self-restricted activity levels resulting in reduction in physical function and social interactions as well as premature admission to residential care (Rubstein 2006). The financial costs associated with falls can be substantial (Gillespie 2009). Changes in vestibular, somatosensory visual systems along with depleted muscle strength are some of the risk factors associated with a risk of falling (Vellas 1997).

Review studies have supported the efficacy of exercise programs for improving balance and reducing falls incidence in this population (Gillespie et al 2003 and Sherrington et al 2004). A community-based group exercise program for the elderly has led to positive outcomes (Clemson et al., 2004 and Day et al., 2002). Falls in the elderly can lead to decreased confidence which in turn discourages participation in physical activity ((Lord et al 2007).

Qualitative research has focused on perceptions that the elderly have towards exercise and many studies investigated the barriers older people experience in being involved in physical activity (Wallace and Lahiti, 2005). Work evaluating the impact of falls prevention programmes has generally used experimental designs that focus on quantitative outcomes measure of falls and limited research into older participants’ perspectives about falls prevention programmes exists. Very little empirical research exists focusing on perceptions of participants following a community based falls intervention program in elderly populations from a qualitative perspective (Hutton et al 2009; Ballinger and Clemson, 2006; Cheal and Clemson 2001). Mc Innes et al 2004 stated that ownership of and control by older people were critical to the successful implementation of fall prevention strategies and suggested that therapists and health professionals did not always work in ways that recognised or supported this; for this reason the perceptions of older people are important implementing falls prevention programmes.

Perceptions of participants following a community based falls intervention program for the longer term are required as studies as far as 9 months could only be found (Laforest et al 2009). Despite the participants perceptions of the positive effect of a falls intervention program on
physical activity there was no evidence by studies of further exploration made into the perceived effects this may have on social or functional participation for a person.

Generally the results indicated that participants did not reflect on an improvement in their perceived level of risk of falling in reflecting on intervention groups, rather they commented on improvements such as improved mobility (Ballinger and Clemson, 2006 and Hutton et al., 2009). This would concur with Ballinger and Payne (2002) that despite the health services priority to reduce falls, elderly people do not seem to attach the same importance to this goal and therefore it would be important to address their perceptions on whether a falls intervention program has meaningful outcomes for them.

Although studies highlight the benefit participants place on group activity as a social support (Hutton et al., 2009), no exploration has been done into the impact the program may have had on social participation outside of the prevention group.

2. **Aims and Objectives**

The **aim** of this study was to identify older fallers perceptions of “The Steady On” falls prevention program run by the physiotherapy department in St. Josephs Hospital, Ennis in the long term.

Objectives were to:

- Establish participants perceptions of the usefulness of the intervention at least 6 months on
- Establish participants perceptions of the effect of the intervention on their current levels of social and functional activity at least 6 months on
- Make recommendations which may enhance future intervention groups
3. Methods

3.1 Study Design

A qualitative study design using focus group methodology was deemed appropriate to answer this research question. Focus groups allow researchers achieve a greater understanding of an individual’s perceptions, which are influenced and stimulated by others (Hammel et al 2002). This allows the researcher gain an insight into the perceptions of a person or group of people and the reality of their situation (Patton 2002). Within a group, the meaning of a topic is revealed through either complementary or divergent perspectives of the group members and it is not intended to develop a consensus or to represent the population at large (Bowling and Ebrahim 2005). Focus groups allow participants to get to hear each other’s responses and to make additional comments beyond their own original responses as they listen to what other people have to say allowing participants to provide insights that may not be shared with researchers conducting individual interviews (Patton, 2002).

Questionnaires were not appropriate in this study as the information to be extrapolated was more complex than that usually achieved by this method (Kruger, 1998).

3.2 Recruitment

A modified version of purposive or theoretical sampling was used to identify suitable candidates for this study, a sampling method which is appropriate for use in qualitative research where a specific population is required to inform the investigation (Kruger, 1998). As per ethical requirements a recruitment letter (Appendix 1), a consent form (Appendix 2) and a patient information leaflet (Appendix 3), were distributed via a gatekeeper to participants involved in the ‘Steady on’ falls prevention programme at St. Joseph’s Hospital, Ennis, Co.Clare at least 6 months ago. If interest in study participation was indicated participants were contacted by their preferred method of contact. It was planned to conduct two focus groups of between six to eight participants as previously recommended (Kruger and Casey 2000).

Thirty one people were eligible for participation in the focus group. Six people initially responded and agreed to participate in the study. One participant subsequently declined participation due to a deterioration in health. On the day one participant failed to attend.
Thus a mini group (n=4) was used due to both logistics and to ensure that subjects had adequate opportunity to share their opinions and experiences. Despite the limited size of the sample size, subjects were allowed to fully express themselves providing a more in-depth understanding of their experiences (Morgan 1998).

3.3 Inclusion/Exclusion Criteria
Subjects were included if they participated in the `Steady on` falls prevention program at St. Joseph’s Hospital, Ennis, Co.Clare at least 6 months ago and were community dwelling. Subjects under 65 years old and non-English speaking subjects were excluded.

3.4 Ethical Approval
Approval for this study was granted by The University of Limerick Faculty of Education and Health Sciences Research Ethics Committee.

3.5 Question Development
Questions appropriate to this study’s purpose were developed by the researcher after an extensive literature review. These questions were discussed with the principal investigator and the assistant moderator.

3.6 Pilot Study
A pilot study was conducted by the moderator and assistant moderator with four physiotherapy students as subjects. This was carried out to help determine the appropriateness of the question route and to refine accordingly if necessary. It also allowed the moderator and assistant moderator a chance to become familiar with the practicalities of conducting a focus group and the recording equipment.

3.7 Data Collection
One focus group, consisting of 4 participants, lasting approximately one hour was conducted in St Joesphs Hospital, Ennis. The location was chosen on merit of convenience and familiarity for the participants. The researcher undertook the role of moderator and a colleague undertook the role of assistant moderator. Participants were seated around a table to create a natural, relaxed environment (Kitzinger 1995). The moderator guided the management of questions and the management of group dynamics ensuring more vocal participants did not dominate the discussion by encouraging participation of less talkative people (Agan et al 2008). The assistant
The moderator was seated outside the group with the principal role of taking comprehensive notes on the discussion topics, body language of participants and group interaction (Agan et al. 2008). A prepared set of questions was used to guide discussion (see Table 1). The questioning route adhered to a format with a series of relevant opening, introductory, key transitional and closing questions to facilitate questioning (Kruger 1998). These embraced the specific details at the core of the discussion. Pertinent points raised in the discussion were summarised at the end of the group by the assistant moderator and participants were given an opportunity to clarify issues or include any significant points which previously may have been overlooked (Agan et al. 2008). The discussions were audio-recorded.

3.8 Data Analysis

Data analysis was conducted so that it was verifiable using a trail of evidence (Kruger and Casey 2000). Audio-recordings were transcribed verbatim and the researcher became immersed in the data by repeated reading and listening of the transcripts (Kruger and Casey 2000). For triangulation of data, transcripts were cross referenced with the assistant moderators field notes (Sim and Snell 1996). Data was systematically analysed using thematic content analysis (Kruger and Casey 2000). Transcripts were examined line by line and coded by identifying significant sentences or concepts. Concepts were then grouped into emerging themes and associated sub-themes (Kruger and Casey 2000). The original concepts were further refined by frequency (number of times a theme emerged), specificity (responses based on concrete experiences were given more weight than vague responses), extensiveness (number of participants mentioning a theme) and intensity (emotion) (Kruger and Casey 2000). Upon completion, data member checking occurred to improve study validity (Morse et al. 2002). A written summary of key findings including the themes and sub-themes was sent to participants via post (Appendix 4) and participants were asked to confirm the moderator’s findings to ensure an accurate account of focus group findings.
<table>
<thead>
<tr>
<th>Category of Question</th>
<th>Question No. and description</th>
</tr>
</thead>
</table>
| **Opening**          | 1) What is the first thing that comes to mind when you think of the “Steady on Programme”?  
  Cues:  
  - Other Group members  
  - Guest speakers  
  - Group activities  
  - Exercise  
  - Venue |
| **Introductory**     | 2) Initially, why did you agree to participate in the ”Steady on Programme”?  
  Cues:  
  - Hx of falling  
  - Fear of falling  
  - Family, Spouse pressure  
  - Social outlet  
  - Other reasons |
| **Transition**       | 3) What things do you remember learning during the programme?  
  4) What did you find were the most useful aspects of the programme? Why?  
  5) What did you find were the least useful aspect of the programme? Why? |
| **Key**              | 6) Have you changed the way you now do things at home because of anything you learned at the “Steady on” programme?  
  Cues:  
  - Exercise  
  - Changes to environment-Carpets, lighting, plugs  
  - Medication  
  - Footwear  
  - Stairs |
| **Summary**          | 11) Do you see any differences in yourself since participating in the programme over the last 6 months?  
  12) Is there anything anybody wants to add? |
4. Results

4.1 Group Dynamics
The co-moderator observed and documented key findings of the group dynamics (Agana et al. 2008). The group was spoke emotively throughout the discussion. Participants appeared comfortable and relaxed. One participant did try to dominate, however, the moderator counteracted this by encouraging all participants to express their views. One participant had a very faint voice so the moderator often repeated their responses to ensure maximum facilitation of further discussion. In general the discussion was very balanced and participants generally agreed on most topics.

4.2 Participant Information
Table 2: Characteristics of Focus Group Participants.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Known Conditions</th>
<th>Gender</th>
<th>Assistive Device</th>
<th>Length since participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>P# 1</td>
<td>Arthritism, Multiple Joint replacements</td>
<td>F</td>
<td>Sometimes</td>
<td>14 Months</td>
</tr>
<tr>
<td>P# 2</td>
<td>Cerebellar Ataxia</td>
<td>F</td>
<td>Always</td>
<td>8 Months</td>
</tr>
<tr>
<td>P# 3</td>
<td>None</td>
<td>F</td>
<td>Never</td>
<td>22 Months</td>
</tr>
<tr>
<td>P# 4</td>
<td>Parkinson Disease</td>
<td>M</td>
<td>Always</td>
<td>8 Months</td>
</tr>
</tbody>
</table>

4.3 Main Findings
Four main themes emerged from the focus group regarding perceptions of a falls prevention group. These themes and associated sub themes are outlines in Figure 1. below. Knowledge and confidence were identified by participants with the highest frequency and emotiveness. Program process and activity participation were also other themes of significance highlighted by the participants. Themes and subthemes will be discussed in order of significance (Kruger and Casey 2000), referenced by representative citations from the transcripts, referenced by participant number and page number (P#1,p.1)
Figure 1: Main Themes and Subthemes

Older people’s perceptions of a falls prevention programme in the community and its longer term effect on social and functional participation

Confidence
- Fall reoccurrence
- Physical Functioning
- Fear of Falling
- Walking aids

Knowledge
- Falling
- Exercise
- Self-awareness

Program Process
- Social Experience
- Salience
- Follow-up

Activity Participation
- Adherence
- Barriers
- Facilitators
4.3.1 Confidence
All participants extensively, frequently and intensely perceived the programme with an increase in confidence.

“Ya it’s (the programme) confident building...mentally and physically”. (P#4,p.3).

Fall reoccurrence
All participants agreed they had gained a confidence in knowing what to do if a fall were to occur again.

“....you wouldn’t be totally helpless like.” (P#2,p.9)

“do ye think if ye were to fall again.....ye would know that I actually learned how to get back up and I can....you’d be confident that way?”.....#1,#3,#2 “yes, yes” (M#1,p.9).

Physical functioning
One participant perceived a gain in strength associating it with exercises carried out in the programme.

“I found those (the exercises) very helpful and very strengthening of the muscles because I had fallen a few times.”.(P#3,p.1)

All participants agreed they perceived the programme and particularly the exercise component had a positive influence on balance.

“It (the exercise) helps the balance doesn’t it....yeah...it does. ( all agree) ”(P#3,p.5).

One participant commented on the effect of the programme on stumbling.

“I was stumbling before but after the classes it wasn’t as bad.” (P#4,p.4)

Fear of Falling
One participant referred to how the programme had somewhat reduced her fear of falling. The other participants agreed that the fear reduction had been facilitated by a gain in confidence.

“When you have a number of falls when you have had a number of falls...........
you do get nervous you know and you can’t fathom as quickly what you were trying
to do but you get more nervous which makes you more unsteady and I generally found the course very good that way now that it helped you gain confidence a bit too you know.”(all agree) (P#2, p.5)

Walking Aids
Three of the four participants agreed walking sticks facilitated confidence which lead to increased functional ability.
“I find they give you great confidence..... if I’m in a shop with people coming towards me there is a kind of panic and I can just stop and hold it. They give you great confidence actually.” (P#2,p.8)

4.3.2 Knowledge
The majority of the participants associated the programme with a gain in knowledge about exercise and fall prevention.

Falling and ways to prevent falls
Most participants expressed a heightened awareness to their risk of falling and discussed changing their behaviour to reflect a reduced chance of falling.

“The whole course made me more aware of the importance of being focused on whatever I’m doing”. (P#1,p.1)

“You have to be aware when you’re walking like to look at the ground, You can’t be looking around you”. (P#2,p.5)

All participants agreed the programme enhanced their awareness of their home environment and taking appropriate measures to avoid falls.

“ I think it (the programme) made you more aware of the things you know what I mean things that you were maybe doing kind of automatically it made you aware of what you were actually doing ...not to fall if possible....” (P#2,p.5)

“I didn’t make any changes and eh……but I have learned to go wearily around all the obstacles and I keep going.” (P#3,p.5)

Exercise
Although all participants had an existing knowledge of the importance of exercise from previous exposure to physiotherapy this was heightened following the programme.

“Im more aware that exercise is part of my life......I no that I won’t be able to get around if I don’t do my exercises” (P#2,p.8)

“I’m conscious of the importance of keeping active for as long as possible you know?” (P#2,p.6)

Two participants commented on knowledge gained regarding new ways of exercising.

“ The warm up exercises that while your sitting down the warm up exercises can actually get you to use every bit of your body and I hadn’t even thought about exercise.” (P#2,p.2)
Two participants also eluded to knowledge gained in relation to exercise techniques.

“I found even you would be doing the exercise even and they would make a suggestion about something or another and you’d find that really helpful.” (P#2 agree P#1 & 3 p.3).

Self-Awareness
Knowledge gained by participants increased self-awareness regarding fall avoidance and limitations associated with ageing was mentioned frequently by one participant.

“falling is part and parcel of old age…..we have to well speaking for myself I acknowledge that and I am very aware of it. When we were young we didn’t fall or even think of falling well we did fall occasionally but we bounced up quickly.” (P#3, p.4)

“I think if you recognise yourself limits it goes a long way…..to preventing falls. It may not go the 100%.” (P#3, p.5)

4.3.3 Program Process
Participants recalled all aspects of the course content including talks given from a social welfare officer, a pharmacist and a chiropodist, strategy to get up after a fall and exercise.

Social experience
The programme was associated with a positive social experience. Participants commented on the programme as a social outlet and the formation of friendships through it.

“.loved it and looked forward to it..the comradeship…everyone said hello…it was a social outlet”. (P#4, p.2)

This positive social experience was enhanced by not only other participants but also the programme facilitators.

“It was all done in an atmosphere of friendship and fun”. (P#2, p.2)

“…… the team were excellent, the physios…..plus the ancillary staff who brought us drinks of tea or coffee or whatever”. (P#4, p.2)

Salience
All participants deemed the exercise component of the programme as the most important with all participants deeming the program as

“exercise based”(P#1 agreement from P#2, P#3 P, #4 p.2).

Considerable value was also given to the strategy and the advice given on how to get up after a fall by all participants.
“I was always interested in finding out if I fell how would I get up….that was one of the great things for me, I got down during one of the sessions and I was able to get up…you know I was told how to do it.” (P#4,p.1)

Although exercise was given the main focus participants indicated the other components of the programme were required

“ Well your always bound to learn something new”. (P#1,p.9)

All participants indicated there was no irrelevant advice given in the programme

M#1 “ so it (content of program) was very applicable to all of ye” (agreement from all). (p.9)

Refresher to programme
All participants expressed a need of a refresher to the programme.

“I’d say I need a refresher course…..to remind myself to be more careful” (P#3,p.7)

“Just even a refresher course for 4 or 5 weeks you what I mean…not to do the whole thing”. (P#2,p.11)

There was ambiguity as to whether the refresher should contain an exercise only component or all aspects of the programme. All participants agreed information constantly evolves so they may learn something from components other than the exercise group.

“They might have different…the pharmacist might have different ideas again to tell us. We’re progressing as the years are going on you know .and the social welfare problems you know have all changed again.”(#P1,2 & 4 all agree, p.9)

4.3.4 Activity Participation
Exercise learned at the programme and given by physiotherapists was mentioned frequently and extensively by participants in terms of activity participation..

Adherence
Despite having an awareness of the importance of exercise, participants extensively admitted to carrying out exercises learned at the programme irregularly.

“after this steady on program I.I do exercises sometimes like not as regularly as I should”. (P#3,p.6)

Only one participant eluded to engaging in physical activity other than the exercises in the form of walking.
“Of course walking is basic you do all of them.” (P#3,p.6)

Facilitators
One person identified facilitators understanding for continuing with exercises after the programme ended. Exercise expectations for the participants were realistic and individually appropriate.

“They said do the exercises every second day because most people won’t do the exercises every day. They understood human nature as well.....And they catered for the age group and the mindset maybe of the different people abilities and groups of people.” (P#2,p.7)

Barriers
One participant highlighted lack of motivation in the absence of support in the form of a professional as a barrier to activity participation.

“I had a girl coming (community physiotherapist) and when she was there I do them( the exercise) but the minute she’s gone I’m back in to old habits.” (P#4,p.6)

Lack of facilities and fear were alluded to by one participant as factors which would act as barriers to continuing with exercises after the programme.

“They had all the facilities there we’ll say with the bars... and everything else. It was so much easier to do it. You know at home you can’t. You use the top of the counter and things like that you just won’t have the facilities.” (P#2,p.9)
5. Discussion

The findings of this study provide a valuable insight into the perceptions of a community-based falls intervention programme for older people. The issues raised by these participants provide useful feedback for health service providers and highlights some areas for further research.

The first objective of the study was satisfied. Participants’ perceptions of the programme which were mainly positive, and were illustrated throughout four main themes. The themes of confidence, knowledge and activity participation described the perceived outcomes of the programme for participants, while the theme of program process dealt with the logistics and and running of the programme.

Participants spoke frequently and extensively about a gain in confidence and knowledge. These themes of confidence and knowledge are interlinked and may be placed under an overarching link of self-efficacy. All participants reported an increase in falls self-efficacy to prevent or predict falls to some degree. Self-efficacy is defined as an individual’s perception of their ability to perform an activity and achieve a desired outcome (Bandura 1986). A person’s judgment of their self-efficacy is said to influence activity choice, environment and coping behaviours (Bandura 1986). Accordingly falls related self-efficacy is an individual’s perceived ability to perform various activities without falling (Tinetti, 1990). Low falls related self-efficacy has been cited as an independent predictor of falls (Fletcher and Hirdes, 2004), activity restriction (Mendes de Leon et al 1994) poor health or functional status (Cumming et al 2000; Kressig et al 2001) and consequently fear of falling (FOF). Decreased self-efficacy and FOF are emotional consequences of falling, with FOF defined as low perceived self-efficacy or confidence at avoiding falls when performing non-hazardous activities of daily living (Jorstad et al 2005). In line with existing multifactorial interventions studies which have shown a reduction of fear of falling in community-living older people, the majority of participants perceived a reduction in their fear of falling (Zijlstra et al 2007). A limitation of this finding was that FOF was not defined for participants and so discrepancies may exist between participants’ interpretation of the concept and the definition as given above.

Delbaere et al 2004 states engaging in an adaptive strategy will aid to decrease the risk of falling, maladaptive strategies such as denial of the risk of falling or excessive restriction of activity may lead to an increased risk of falling (Murphy et al 2002; Delbaere et al 2004).
Participants describe engaging in both cognitive and behavioral protective strategies. All participants perceived an increased awareness of the risk of falling secondary to gains in knowledge and confidence. This awareness was mentioned frequently and extensively throughout by participants and appeared to responsible for the implementation of behavioral strategies to reduce the risk of falling a certain extent after the programme. This was similar to the findings of Hutton et al 2009 who found that participants of a falls prevention programme adapted their behaviours to increase their awareness of their surrounds and adopt appropriate measures to ensure their safety.

Although participants employed adaptive strategies following the programme they were not always fully implemented. Interestingly unlike participants in the study by Hutton et al, no participants of this study adopted participation in organised activity following the programme, despite their awareness of the benefits of physical activity. Additionally participants reported making no modifications to their homes after the programme. This correlates with evidence that suggests older people are an unwilling to recognise the cause of falls and, as such, are resistant to implementation of preventative measures (Kong et al 2001; Simpson et al 2003).

Perhaps participants of this programme would benefit from some form of social support to maintain or implement adaptive strategies (Howland et al 1993). This concept was further emphasised by all participants expressing a perception of need for a refresher programme. This perception of need for a refresher programme could exist for a number of reasons. Participants associated the programme with a positive social experience. This experience was enhanced by participants similar to themselves and group facilitators. This correlates with existing evidence which shows programmes delivered in a pleasant social environment might encourage participants to attend and participate actively in the programme (Ballinger and Clemson 2006). Participants did not associate the programme directly with an increase in social or functional activity, suggesting that this maybe an area which merits further research given the that community participation in social activities seems to be beneficial as a protective mechanism against functional dependence, and a deterioration in physical and mental health (Rubio et al 2009).

Although the “Steady On” programme is multifaceted, similar to Ballinger and Clemson, 2006 participants mentioned the exercise component of the programme frequently and extensively in
describing content and reflecting on the most salient aspects of the programme. This is likely to the self-reinforcing nature of exercise as suggested by Ballinger and Clemson, enforced by gains in strength, balance and mobility. In contrast to a study by Yardley et al (2006) who suggested that older people can reject falls prevention advice because they see it as a potential threat to their identity and autonomy, participants had a positive attitude towards knowledge gained at the programme and deemed information on falls prevention relevant in conjunction with exercise.

Participants although aware of the requirement of regular exercise, reported not engaging in it as frequently as recommended. In light of the fact that existing evidence shows social ties with professionals and peers can have an important motivational influence on people to exercise (Chiang et al 2008; Yardley et al 2007; Lee et al 2007), it may be worth running an exercise group every few months to maintain exercise behaviours as, although knowledge of exercise is a necessary component of activity involvement, it alone is not adequate to promote long term adherence (Cress et al 2006). Furthermore exercise programmes have also been found to be effectively monitored by community nurses with remote supervision from a physiotherapist which would make the implementation of such a group cost effective and practical (Sivan et al 2010). As concluded by Hutton et al 2009 improving motivation and self-efficacy through encouragement from healthcare professionals and promoting peer supported initiatives should assist in identifying and overcoming individual barriers, and facilitating progression through stages of behavioural change towards maintenance of an active lifestyle.

Only one participant made a connection between the programme and a reduction in their number of falls. This is similar to findings by Ballinger and Payne (2002) who found that older people do not attach the same priority to falls prevention as health providers do.

5.1 Methodological Considerations
The findings of this study must be considered in light of some methodological considerations. Morgan (1998) recommends that four to six focus groups are carried out to reach theoretical saturation. Despite recruitment strategies the sample size of the focus group was very small. As a result the study lacks cross validation due to a limited range of experiences and a narrow social spectrum of participants (Hollis et al 2002). Additionally the participants of the sample had underlying physical conditions which would limit the generalisation of results. Effectively data saturation was not achieved and results cannot be transferred to all participants of a falls
intervention programme. This exploratory pilot study may inform future research in older people’s perceptions of a falls programme.

Inexperience of the moderator and assistant moderator is a limitation of this study. This may have restricted the ability to collect and analyse data.

Participants may have provided socially desirable responses particularly in relation to their activity given that the focus group was conducted in the hospital where the intervention initially took place.

6. Conclusion
In the past qualitative research has focused on perceptions that the elderly have towards exercise and many studies investigated the barriers older people experience in being involved in physical activity (Wallace and Lahiti, 2005). Work evaluating the impact of falls prevention programmes has generally used experimental designs that focus on quantitative outcomes measure of falls and limited research into older participants’ perspectives about falls prevention programmes exists. Overall participants highlighted many benefits of the falls intervention programme in St Joesphs in the longer term, the main outcomes being that of confidence and knowledge. Findings of this study would suggest the current the deliverance of the programme in St. Joesphs’ is effective in meeting participants’ needs at the time of intervention with all components described as salient. Participants did not associate the programme directly with an increase in social or functional activity, suggesting that this maybe an area which merits further research given the that community participation in social activities seems to be beneficial as a protective mechanism against functional dependence, and a deterioration in physical and mental health (Rubio et al 2009).

Participants did highlight their perception of need for a refresher course. An area for further research would be the implementation of a refresher programme and a follow up to participants perceptions following it.

Results of this study cannot be generalised due to the small sample size, differences in time elapsed since intervention and characteristics’ of the participants involved.
7. References


• Chiang K-C. Seman L. Belza B. Tsai JH (2008): "It Is our exercise


  o family": Experiences of ethnic older adults In a group-based exercise programme. *Prev Ghronic Dis* 5:1-12.


- Mendes de Leon CF, Seeman TE, Baker DI., Richardson, E., Tinnetti, M., (1996)” Self efficacy , and physical function in the elderly.” Preventative Science; the official journal of the society of preventative research. 2: 229-239.


- Rubio, E, Lázaro, A, & Sánchez-Sánchez, A 2009, Social participation and independence in activities of daily living: a cross sectional study, BMC Geriatrics, 9, p. 26,


Appendices

Physiotherapy Department,
Health Science Building,
University of Limerick,
Castletroy,
Co.Limerick

University of Limerick

Dear Sir/Madam,

I am inviting you to attend a focus group study in relation to the `Steady On Programme` at St. Josephs’ Hospital, Ennis, which you participated in sometime ago.
I am a 4th year Physiotherapy Student at the University of Limerick and would appreciate your thoughts on how you found the programme.

An information leaflet is attached and if you would like to give your views please sign the consent form and return it to us in the stamped addressed envelope provided. On the consent form please tell us how you would like us to contact you. We will then contact you to discuss suitable times for the focus group to meet and any questions you may have will be answered.

Our contact details are on the information leaflet. We are delighted to answer any questions you may have before filling in the consent form as your opinions are extremely important to us.

Tea or Coffee and some light refreshments will be served also on the day.

Many thanks for taking the time to read this.

Yours sincerely,

Eibhlis Cooney (Student Physiotherapist University of Limerick)

Dr. Amanda Clifford (Principal Investigator and Final Year project Supervisor)
Appendix 2

Consent Form

University of Limerick

“Elderly participants’ perceptions of a community based falls intervention programme and its long term effect on social and functional participation.”

Please read the following and tick the boxes provided if you agree with the statements.
1) I have read and understood the subject information sheet.

2) I understand what the project is about, and what the results will be used for.

3) I am fully aware of all of the procedures involving myself, and of any benefits and risks associated with the study.

4) I agree to be audio-taped during the duration of the focus group.

5) I know that my participation is voluntary and that I can withdraw from the project at any stage without giving a reason.

6) I am aware that my results will be kept confidential.

**I would like to be contacted by:**

1) Telephone: ______________________________
   or
   ______________________________

2) E-mail: ______________________________
   or
   ______________________________

3) Other: ______________________________

Name of participant: ______________________________
Signature of participant: _____________________
Date: _____________________

Name of investigator: _____________________
Signature of investigator _____________________
Date: _____________________

Please return using the Stamped Addressed Envelope provided as soon as possible.
A final year research project by University of Limerick student:

Eibhlis Cooney

“Elderly participants’ perceptions of a community based falls intervention programme and its long term effect on social and functional participation”

What is the purpose of the Study?

This study will collect your views on the ‘Steady On Programme’

It aims to:

- Get your opinions of the programme.
- Examine your thoughts on the programme a few months on.
- Find out if the programme helps you at home, if at all.

What will a focus group involve?

A small group of people sitting around a table in St Josephs’
Hospital, discussing their experiences of the ‘Steady On Programme’ & its longer term impact on daily lives.

The discussion will be guided by me, the study investigator, (Eibhlis) by asking questions about the ‘Steady On Programme’.

You will be asked for your opinions and views. There are no right or wrong answers: the important thing is for you to share your experiences and opinions, good or bad.

The discussion will be voice tape recorded to allow for information analyses.

*Complete confidentiality and anonymity is guaranteed.*

**What are the benefits?**

You may gain a new understanding of the ‘Steady On Programme’ through discussion with others. You will also know that your opinions may inform the future planning of such a programme.

**What are the risks?**

There are no clinical trials or medications involved. You are voicing your own opinions and experiences.

*Confidentiality is assured.*

**Who else is taking part?**

5 or less other people who participated in the ‘Steady On Programme’ have been invited to partake.
What happens to the information?

Information gathered will be presented as part of a Final Year Physiotherapy study in booklet and poster form at the University of Limerick. Participants will remain anonymous and confidential at all times. There are strict rules regarding those who have access to the disclosed information and results.

Information may be presented at any relevant conferences.

If I volunteer and I am not called?

Only 12 people will be selected to participate in the focus group. These people will be randomly selected from those who volunteer. If any of those initially selected cannot participate we may then contact you again to participate if you are still willing to do so.

What will I have to do?

If interested, please fill in and sign the “consent form” & return in the stamped addressed envelope provided.

How long will it take?

The discussion will take no longer than 90 minutes to give everybody a chance to speak. Tea/Coffee & some light refreshments will be served afterwards.
What happens if I change my mind during the study?

You are free to withdraw from the study at any time without providing an explanation.

What if I do not want to take part?

Participation is completely voluntary. You are also free to withdraw at any time.

The project has full ethical approval from the University of Limerick Faculty of Education and Health Sciences Research Committee

Remember:
Participation is completely voluntary.

Complete confidentiality and anonymity is guaranteed. Information will only be used for the purposes of the study.

Thanks for taking the time to read this leaflet!!

Go raibh maith agat.

What if I have more questions?

Do not hesitate to seek clarification on any aspect of the study.
Contact details of project investigators

**Principal Investigator:**
Dr. Amanda Clifford

**E-mail address:**
amandaclifford@ul.ie

**Telephone Number:**
061 234 118

**Other Investigators:**
Eibhlis Cooney

**E-mail address:**
0739367@studentmail.ul.ie

This research has received ethical approval from the University of Limerick Research Ethics Committee. If you have any concerns regarding this study and would like to contact an independent body, please contact:

**Chairman,**

*Education and Health Sciences, Research Ethics Committee,*

*EHS Faculty Office,*

*University of Limerick,*

*Tel (061) 234101*

*Email: ehsresearchethics@ul.ie*
Appendix 4: Member Checking

Physiotherapy Department,
Health Science Building,
University of Limerick,
Castletroy,
Co.Limerick

Study Title: Older participants’ perceptions of a community based falls intervention programme and its effect on social and functional participation in the longer term; An exploratory pilot study.

Dear Participants,

Please find attached a summary of the Focus Group which you participated in St. Josephs on 21 January 2011. I would appreciate if you could read the summary. If you feel this is not an accurate reflection of the focus group do not hesitate to contact me.

Yours sincerely,

Eibhlis Cooney (Student Physiotherapist University of Limerick)
Dr. Amanda Clifford (Principal Investigator and Final Year project Supervisor)

Four main themes emerged from the focus group regarding perceptions of a falls prevention group. These themes and associated sub themes, Knowledge and confidence were identified by participants with the highest frequency and emotiveness. Program process and activity participation were also other themes of significance highlighted by the participants.

Confidence
All participants extensively, frequently and intensely perceived the programme with an increase in confidence.

“Ya it’s (the programme) confident building...mentally and physically”. (P#4,p.3).
Fall reoccurrence
All participants agreed they had gained a confidence in knowing what to do if a fall were to occur again.

“....you wouldn’t be totally helpless like.” (P#2, p.9)
“do ye think if ye were to fall again......ye would know that I actually learned how to get back up and I can....you’d be confident that way?” .....#1,#3,#2 “yes, yes” (M#1,p.9)).

Physical functioning
One participant perceived a gain in strength associating it with exercises carried out in the programme.

“ I found those (the exercises) very helpful and very strengthening of the muscles because I had fallen a few times.” (P#3,p.1)
All participants agreed they perceived the programme and particularly the exercise component had a positive influence on balance.

“It (the exercise) helps the balance doesn’t it....yeah...it does. (all agree) ”(P#3,p.5).
One participant commented on the effect of the programme on stumbling.

“I was stumbling before but after the classes it wasn’t as bad.” (P#4,p.4)

Fear of Falling
One participant referred to how the programme had somewhat reduced her fear of falling. The other participants agreed that the fear reduction had been facilitated by a gain in confidence.

“When you have a number of falls when you have had a number of falls............ you do get nervous you know and you can’t fathom as quickly what you were trying to do but you get more nervous which makes you more unsteady and I generally found the course very good that way now that it helped you gain confidence a bit too you know.”(all agree) (P#2, p.5)

Walking Aids
Three of the four participants agreed walking sticks facilitated confidence which lead to increased functional ability.

“I find they give you great confidence….. if I’m in a shop with people coming towards me there is a kind of panic and I can just stop and hold it. They give you great confidence actually.” (P#2,p.8)

Knowledge
The majority of the participants associated the programme with a gain in knowledge about exercise and fall prevention.

Falling and ways to prevent falls
Most participants expressed a heightened awareness to their risk of falling and discussed changing their behaviour to reflect a reduced chance of falling.

“the whole course made me more aware of the importance of being focused on whatever I’m doing “. (P#1,p.1)
“You have to be aware when you’re walking like to look at the ground, You can’t be looking around you”. (P#2,p.5)
All participants agreed the programme enhanced their awareness of their home environment and taking appropriate measures to avoid falls.
“I think it (the programme) made you more aware of the things you know what I mean things that you were maybe doing kind of automatically it made you aware of what you were actually doing...not to fall if possible...” (P#2,p.5)
“I didn’t make any changes and eh....but I have learned to go warily around all the obstacles and I keep going.” (P#3,p.5)

Exercise
Although all participants had an existing knowledge of the importance of exercise from previous exposure to physiotherapy this was heightened following the programme.

“I’m more aware that exercise is part of my life......I no that I won’t be able to get around if I don’t do my exercises” (P#2,p.8)
“I’m conscious of the importance of keeping active for as long as possible you know?” (P#2,p.6)

Two participants commented on knowledge gained regarding new ways of exercising.

“The warm up exercises that while your sitting down the warm up exercises can actually get you to use every bit of your body and I hadn’t even thought about exercise.” (P#2,p.2)

Two participants also eluded to knowledge gained in relation to exercise techniques.

“I found even you would be doing the exercise even and they would make a suggestion about something or another and you’d find that really helpful.” (P#2 agree P#1 & 3p.3).

Self-Awareness
Knowledge gained by participants increased self-awareness regarding fall avoidance and limitations associated with ageing was mentioned frequently by one participant.

“falling is part and parcel of old age.....we have to well speaking for myself I acknowledge that and I am very aware of it. When we were young we didn’t fall or even think of falling well we did fall occasionally but we bounced up quickly.” (P#3,p.4)

“I think if you recognise yourself limits it goes a long way.....to preventing falls. It may not go the 100% ”. (P#3,p.5)

Program Process
Participants recalled all aspects of the course content including talks given from a social welfare officer, a pharmacist and a chiropodist, strategy to get up after a fall and exercise.

Social experience
The programme was associated with a positive social experience. Participants commented on the programme as a social outlet and the formation of friendships through it.

“...loved it and looked forward to it..the comradeship...everyone said hello...it was a social outlet”. (P#4,p.2)

This positive social experience was enhanced by not only other participants but also the programme facilitators.

“It was all done in an atmosphere of friendship and fun”. (P#2,p.2)

“...... the team were excellent, the physios.....plus the ancillary staff who brought us drinks of tea or coffee or whatever”. (P#4,p.2)

Salience
All participants deemed the exercise component of the programme as the most important with all participants deeming the program as

“exercise based”(P#1 agreement from P#2,P#3,P,4 p.2).
Considerable value was also given to the strategy and the advice given on how to get up after a fall by all participants.

“I was always interested in finding out if I fell how would I get up….that was one of the great things for me, I got down during one of the sessions and I was able to get up…you know I was told how to do it.” (P#4,p.1)

Although exercise was given the main focus participants indicated the other components of the programme were required

“All participants indicated there was no irrelevant advice given in the programme M#1 “ so it (content of program) was very applicable to all of ye” (agreement from all). (p.9)

Refresher to programme
All participants expressed a need of a refresher to the programme.

“I’d say I need a refresher course……to remind myself to be more careful” (P#3,p.7)

“Just even a refresher course for 4 or 5 weeks you what I mean…not to do the whole thing”. (P#2,p.11)

There was an uncertainty as to whether the refresher should contain an exercise only component or all aspects of the programme. All participants agreed information constantly evolves so they may learn something from components other than the exercise group.

“They might have different…the pharmacist might have different ideas again to tell us. We’re progressing as the years are going on you know .and the social welfare problems you know have all changed again.”(#P1,2 & 4 all agree, p.9)

Activity Participation
Exercise learned at the programme and given by physiotherapists was mentioned frequently and extensively by participants in terms of activity participation.

Adherence
Despite having an awareness of the importance of exercise, participants extensively admitted to carrying out exercises learned at the programme irregularly.

“after this steady on program I…do exercises sometimes like not as regularly as I should”. (P#3,p.6)

Only one participant eluded to engaging in physical activity other than the exercises in the form of walking.

“Of course walking is basic you do all of them.” (P#3,p.6)

Facilitators
One person identified facilitators for continuing with exercises after the programme ended. Exercise expectations for the participants were realistic and individually appropriate.

“They said do the exercises every second day because most people won’t do the exercises every day. They understood human nature aswell…..And they catered for the age group and the mindset maybe of the different people abilities and groups of people.” (P#2,p.7)

Barriers
One participant highlighted lack of motivation in the absence of support in the form of a professional.

“I had a girl coming (community physiotherapist) and when she was there I do them( the exercise) but the minute she’s gone I’m back in to old habits.”(P#4,p.6)
Lack of facilities and fear were eluded to by one participant as factors which would act as barriers to continuing with exercises after the programme.

“They had all the facilities there we’ll say with the bars... and everything else. It was so much easier to do it. You know at home you can’t. You use the top of the counter and things like that you just won’t have the facilities.” (P#2,p9)