

# Voices of Senior Rural Men and Women on Falls and Fall-related Injuries

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# Introduction

- Falls: “Events in which a person inadvertently comes to rest on the ground, floor or other lower level”
- 30 to 50% of seniors suffer a fall each year
- Up to 25% of falls result in serious injuries such as a fracture requiring hospitalization
- Falls account for 54.4% of all injury hospitalization (85% for those over 65 years of age), 75.7% of all in-house hospital deaths, and cost \$6.2 billion annually

# Introduction

- Crude fall-hospitalization rates higher for women (19.2 per 1,000) than men (10.8 per 1,000)
  - The survival rates following fall injury hospitalization are lower for men.
- Falls occur more often with advancing age
- Higher proportion of older adults live in rural areas compared to the overall population
  - However, most of the health promotion and public health interventions are urban-centric

# Study Objectives

Two major objectives:

1) To address gaps in our understanding of the health support needs of seniors living in rural communities

2) To identify the supports that enable rural seniors to stay independent and remain in their homes and communities longer.

# Methods

- Used Cantor's social care model as the theoretical framework for exploring the multiple levels of support systems that seniors view as important
- Completed 42 semi-structured interviews from May to July 2010 in two small rural communities in Saskatchewan, Canada
- Sample consisted of 24 women and 18 men ranging in age from 67 to 98 years

# Methods

- Interview guides designed to explore the support systems, including several components:
  - existence of social and support networks
  - specific experiences with emotional and instrumental support
  - support for personal and medical care
  - satisfaction with support received
  - support provided to others
  - experiences with access to health services, transportation, housing and finance.

# Results

- 69% of men and 61% of women reported not falling in the last year
- One-third of both of men (31%) and women (39%) had suffered falls with injuries in the previous year
  - None of the participants reported falls without injury

# Results

## Thematic analysis of falls and injuries:

<b>Key Themes</b>	<b>Sub-Themes</b>
Nature of falls and injuries	<ul style="list-style-type: none"><li>• No falls with the added contexts of close falls, fear of falls, and impending falls</li><li>• Falls with injury</li><li>• Single versus multiple falls</li><li>• Witnessed versus not witnessed</li><li>• Falls within house or outside</li><li>• Perceived seriousness and hardness</li></ul>
Causes of falls and injuries	<ul style="list-style-type: none"><li>• Activities at the time of fall</li><li>• Functional limitations</li><li>• Chronic diseases</li><li>• Personal factors</li></ul>
Consequences of falls and injuries	<ul style="list-style-type: none"><li>• Physical injuries</li><li>• Psychosocial issues</li><li>• Activity limitation</li><li>• Adaptation</li><li>• Implications for care partners/spouses</li></ul>

# Results: Nature of Falls

- Both older men and women alluded to near falls or fear of falls
  - *"No, but just about" , "I've been close to it" , and "I just got a scare."*
- Women expressed the notion of impending fall
  - *"No, at least not so far"*
- Women tended to report multiple falls
  - *"I fell about 4 times" and "actually 5 times".*

# Results: Nature of Falls

- Participants discussed falls as being witnessed or not witnessed
  - “[fell] *out of wheel chair* [with spouse around]”
- Women were more reflective of the potential of a fall
  - “*If I fall outside and get hurt, what would I do?*”
- Both men and women downplayed the seriousness of fall injuries
  - “*I fell and skinned off the knee a little bit but I was able to get on.*”
- Women expressed a different form of hardiness and kept the incidence of falls to themselves
  - “*Oh, not mention it to anybody. It’s none of their business.*”

# Results: Causes of Falls and Injuries

- Men reported falls when performing high risk activities
  - *"I was using a ladder to climb up and I fell off the damn thing and I came down my ribs..."*
- Women reported falling when performing day to day activities
  - *"I tripped .. coming out of my bathroom.- going down stairs."*
- Older women and men attributed falls to poor functional level
  - *"My balance isn't good and I don't lift my feet high enough sometimes"*

# Results: Consequences of Falls and Injuries

- Men reported falls when performing high risk activities
  - “I was using a ladder to climb up and I fell off the damn thing and I came down my ribs...”
- Women reported falling when performing day to day activities
  - “I tripped .. coming out of my bathroom.– going down stairs.”
- Physical injuries were frequently reported (bruises, concussions, etc.)
  - *“Lots of big scrapes and bruises”, “I’ve had a couple of ribs cracked.”*

# Results: Consequences of Falls and Injuries

- Participants reported activity limitations
  - *"I fell down too many times again. So I had to quit [activities]."*
- Older women made several adaptations to continue to perform activities.
  - *"And then I can do laundry, this way I don't go down the stairs, I had a couple of falls."*
- Women were also reflective of the support of community or care giving issues related to falls.
  - *"...Lucky we live in a small community, because there's always someone there to help you."*

# Conclusions

Three key findings:

1. Falls are presented as a complex issue with physical and psychological consequences
2. Gender differences exist in the activities at the time of the fall
3. Neither older men nor women discussed the role of health professionals or health care system as it relates to fall and injuries.

# Funders

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