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**ELDERLY WOMEN'S NARRATIVES OF FALLING, FEAR OF FALLING, THE  
ROLE OF PHYSICAL ACTIVITY AND THEIR IMPACT ON AUTONOMY AND  
QUALITY OF LIFE**

by

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**THESIS**

**Submitted to the School of Graduate Studies and Research  
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## **DEDICATION**

**I dedicate this to three special men in my life.**

**To my two fine sons Cameron and Alistair, who have put up with**

**many adjustments during the past two years;**

**and also my wonderful husband, Gary, who from near and**

**far has been there for me and has been my rock.**

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## **ABSTRACT**

The focus of this thesis was on aging women residing in a nursing home and their lived experiences in relation to falls. The study examined the issue of falling and its impact on the women's autonomy and quality of life. In addition, the issue of physical activity experienced in their younger years and currently, was explored in relation to falling and fear of falling. A qualitative methodology was used and individual interviews were conducted among 10 elderly women (79 to 95 years old) residing in a nursing home in the Ottawa region. Most of the women entered the nursing home for reasons of solitude, or not wanting to burden their children with their care, or because of injuries sustained from a fall. The results showed that the majority of the women were forced to change many of their previous life patterns as a result of a fall and its consequences. Their falls all resulted in injuries, often traumatic experiences, and left most of the women with feelings of helplessness, annoyance and frustration. Fear of falling again was a feeling shared by most of the women in this study and this fear made them careful with their movements in the nursing home. As a result, they relied quite heavily on the use of assistive devices for mobility within their environment. Most of the women did not pursue many physical activities for pleasure purposes when they were younger. Their activity came from working around the home and the farm as well as walking to destinations. Within the nursing home environment, the majority of the women did not participate in the physical activity programs offered and found it difficult to imagine what could draw them into physical activity, given their advanced age and fear of falling again.

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## CHAPTER I

### INTRODUCTION

Falls are a common health risk to elderly women both in long-term care facilities and living independently in the community. A fall may cause death, serious injury, pain, loss of independence, or otherwise unnecessary placement in a nursing home. While falls appear to be more prevalent for older women as opposed to younger women or older men (Hornbrook, Stevens, Wingfield, Hollis, Greenlick & Ory, 1994), results of recent studies have changed the notion that falls are a normal process of aging and that they are accidental, random events. O'Loughlin (1991) has studied falling and its consequences and discovered that at least 40% of older people who fall are multiple fallers. Another study conducted by Luukinen, Koski, Kivela and Laippala (1996) has suggested that elderly women are more likely to experience multiple falls than elderly men.

The serious consequences of a fall, particularly for post-menopausal women who tend to be more likely to have osteoporosis than men (Cutson, 1994), often lead to anxiety about the possibility of falling again. This anxiety, which has been labelled "fear of falling" is experienced by approximately 10 to 50% of older people who have had a fall (Arfken, Lach, Birge & Miller, 1992; 1994; Downton & Andrews, 1990; Nevitt, Cummings, Kidd & Black, 1989; Tinetti, Mendes de Leon, Doucette & Baker, 1988; Walker & Howland, 1991). A study done by Vellas, Wayne, Romero, Baumgartner and Garry (1997) supported that of Arfken and his colleagues (1994), which determined that the prevalence of fear of falling was greater for women than for men.

Studies by Cutson (1994), as well as Arfken, Lach, Birge and Miller (1994) have

concluded that the fear of falling in elderly women is associated with a decreased quality of life. This fear often leads to a restriction in daily activities for women, an increased sense of isolation, and depression. Tideiksaar (1997) suggested that treating medical conditions, introducing exercise programs to improve mobility and attempting to remove or reduce fall hazards could assist in minimizing the fear of falling in many elderly people: "In general, a mixture of interventions such as habituation therapy, exercises, and environmental modifications is likely to be more effective than attempting solitary interventions" (p. 231).

Most of the research on falling and fear of falling is relatively recent, however, it is generally quantitative, with the exception of a few qualitative studies (e.g., Borkan, 1991; Orlando, 1989). The research tends not to focus on elderly women's lived experiences of falling and fear of falling. As a consequence, the existing literature does not address the multi-dimensional problems faced by elderly women who fall. Sharpe (1995) has described these sentiments:

The medical model's mechanistic, fragmented approach to health and disease does not allow for exploring the complex interrelationships that affect older women's health: interrelationships among emotions, self-perceptions, social relationships, access to resources, power, status and vulnerability to illness. (p. 16)

In addition, current research regarding the health of elderly women tends to use a "deficit model" of aging and concentrates on physical ailments among the elderly female population (e.g., osteoporosis and Alzheimer's disease). In terms of studies which are non-medical in nature, some have yielded very important information. For instance, it has been found that older women who maintain a balance in their lives and who are able to manage stress through various physical, mental, social and emotional situations are usually better off

in terms of feelings of autonomy and the level of quality of life experienced (Trippet, 1991).

Many researchers see exercise as an essential element which can greatly enhance elderly women's quality of life and physical stamina. It has been found that exercise contributes to the physical, social and emotional well-being of elderly women. A woman who exercises regularly will most likely notice a greater resistance to illness, independence and longevity (Morgan & Clarke, 1997; O'Brien Cousins & Keating, 1995; O'Brien Cousins & Vertinsky, 1995). Exercise is also believed to reduce falls and injuries (Hall, 1980; O'Brien & Vertinsky, 1990; O'Brien Cousins, 1997).

Given the preponderance of the deficit model and given the gaps in the current literature, studies within which a voice would be given to elderly women who have fallen or who have experienced a fear of falling are needed. As well, much of the research regarding falls and the nature of falls has not yet addressed the issue of prior or current physical activity and its potential link to falling or fear of falling. Qualitative studies are crucial to understand the phenomenon of falling and its interplay with elderly women's autonomy and quality of life. Therefore, there is a need to explore the issue of physical activity experienced during a woman's youth and adult years, and her experiences as an elderly woman concerning falls to establish an understanding of this aspect of their lives.

### **Statement of the Problem**

The present study represents an exploration of the issues of falling and fear of falling in relation to elderly women. How are older women experiencing falls? How are they interpreting and describing their falls or their fear of falling? How was their fear of falling or falling itself impacting on their perceived autonomy? How was their fear of falling or falling itself impacting on their perceived quality of life? How are older women interpreting

their experiences of physical activity (current or previous) and the possible relationship to falling or fear of falling? How are they envisaging the possibility of engaging in physical activities and what are the ideal conditions that could motivate them to do so? The present project represents an attempt to answer the above questions through a qualitative study conducted in a nursing home environment. This thesis describes older women's narratives about fear of falling, the experience of falling, physical activity and the impact of these factors on autonomy and quality of life.

### **Methodological Approach**

A qualitative methodology was used for this study and individual interviews were conducted. The sample was a group of women aged 79 to 95 years currently residing in a long-term care facility in the city of Ottawa and having no cognitive impairment severe enough to prevent them from actively participating in an interview. Ten women were recruited as participants, all of whom had experienced a fall within the last two years.

The interviews lasted about one hour and allowed older women to speak of their fear of falling, their experiences of falling, the impact of these fears and fall events on their autonomy and quality of life, and the role of physical activity in relation to these fears or falls. The tape-recorded interviews were transcribed onto a word processor and following this, were submitted to a qualitative content analysis. Themes emerging from the text of the interviews were coded, using qualitative data analysis software called NUD.IST. This software aided in the process of managing unstructured data and helped with the identification of themes related to elderly women's experiences of falling and fear of falling.

### **Significance of the Study**

So far, most studies dealing with falling among the elderly categorize the nature of the fall and look at its impact on the person's physical health (Tideiksaar, 1996). Issues of autonomy and quality of life have rarely been investigated and very few studies have examined the participants' perspectives on falling and fear of falling. The present study is significant in that it sought to further the understanding of the phenomena of falling and fear of falling, as well as the process through which the fear of falling and fall events affect the autonomy and quality of life of elderly women.

From a practical standpoint, an in-depth understanding of fear of falling, fall events and their impact on autonomy and quality of life may help future generations of older women. Furthermore, a qualitative understanding of fear of falling and its relation to physical activity is a significant contribution to the field. Such understanding could inform prevention programs, and ultimately, contribute to an increase in the autonomy and quality of life of elderly women living either in long term care facilities or autonomously in the community.

### **Delimitations**

This study was delimited in a number of ways. First, the study was restricted to the impact of fear of falling and the physical event of falling on the autonomy and quality of life of elderly women. Second, in terms of the sample, only elderly women who had the health and cognitive ability to participate in an interview were selected to participate in this study. Third, the method used to collect data was restricted to a series of individual interviews.

### **Limitations**

There are two main limitations related to this study. The first limitation is related to the sample of participants. These participants all came from one long-term care facility in the province of Ontario and all had the cognitive ability to answer questions. Consequently, the results of this study apply to this limited sample and do not allow for extrapolations to older women living autonomously in the community or to women living in long-term care residences who are experiencing a cognitive impairment. As is the case for all qualitative studies, the goal was not to extrapolate results based on a cause and effect relationship between certain variables. Rather, the goal was to acquire an in-depth understanding of the phenomenon at hand. Therefore, despite the first limitation, the present study featured the adequate methodological elements to bring further understanding to the phenomenon under study.

The second limitation is related to the method of data collection. One series of individual interviews were conducted. The National Advisory Council on Aging (1993) has shown that for elderly women, discussing personal feelings, sentiments and experiences is most difficult as they have generally been raised to listen to and take care of others and not to have others' attention focussed on them. Social conventions were such that for women, it was seen as egoistical to speak of themselves and how they felt. Conducting these single, one-hour interviews with a person the women did not know did not always provide sufficient time to build a trusting relationship. As a result, in the present study, interviews were always pleasant, but sometimes difficult in terms of getting answers which divulge much in terms of perceptions, feelings and sentiments.

## **CHAPTER II**

### **REVIEW OF LITERATURE**

This review of literature is organized into six sections. The review begins with the issue of feminism and womens' health, focussing on health and elderly women. The second section concentrates on elderly women, their autonomy, their quality of life, and their participation in physical activity. The third section deals with the issue of physical activity and is discussed in terms of the practices of physical activity and the types of activities elderly women have pursued in their past in relation to the frequency and types of activity in which they are involved at the present time. Relationships between the lifestyle and fitness level elderly women had as youths and young adults, and their health and autonomy as elderly women are examined. The fourth section looks at the lived experiences of nursing home life for elderly women, dealing specifically with their perceived levels of autonomy and quality of life. In the last two sections, the literature review focuses on the topic of elderly women and their experience with falling, their fear of falling either as a result of a fall or due to their perception of the likelihood of a fall. Beyond considering falls as mere accidents, an inevitable part of aging, and a strictly medical issue, this section reviews recent social science research on falling, its meanings for elderly women, and its prevention.

#### **Feminism and the Health of Elderly Women**

Prior to the 1970s, elderly women were infrequently mentioned in gerontological literature. Gerontology has shown its patriarchal bias and has focussed on the experiences of older men, while early feminist writing concentrated on younger women and their experiences with childbearing and domesticity. Now that many feminist writers are older

themselves, their attention is turning to the older woman. Authors such as Marilyn Pearsall (1997), Betty Friedan (1993), and Susan Sontag (1997) have opened up new doors in the study of elderly women, their quality of life and the health issues pertaining specifically to them.

Vertinsky (1995) has described how the stereotypical image of an aging woman does not conjure up a picture of health and physical prowess. This author has studied stereotypes of women and aging through a historical perspective. Vertinsky (1990) has argued that women have been categorized as the weaker sex for so long that it is very hard to change this image. As women age, they bring with them this image of being frail and weak. A number of authors (e.g., Friedan, 1993; Pearsall, 1997; Sontag, 1997; Vertinsky, 1990) have indicated the need for further research on aging women, arguing that, "As hard as it is to become a woman, it is even harder to become an old woman in a patriarchal society" (Pearsall, 1997, p. 1). Older women have many barriers to overcome; they have to face the physical ailments associated with aging, but also and perhaps much more importantly, the negative image associated with being an older woman. Sontag (1975) writes:

Getting older is less profoundly wounding for a man, for in addition to the propaganda for youth that puts both men and women on the defensive as they age, there is a double standard about aging that denounces women with special severity. Society is much more permissive about aging in men . . . . Men are 'allowed' to age, without penalty, in several ways that women are not . . . . Thus, for most women, aging means a humiliating process of gradual sexual disqualification . . . . Women are at a disadvantage because their sexual candidacy depends on meeting certain much stricter 'conditions' related to looks and age. (pp. 32-35)

Many authors, such as Pohl and Boyd (1993), Lewis and Butler (1980), Macdonald (1989), Arber and Ginn (1991), and Reinharz (1996) make reference to the fact that in today's society, being old and female is problematic. It is not so much that women have to face the health implications and difficulties of aging, but mostly that they have to endure the disadvantages which accompany the lives of women in an ageist, sexist, capitalist and globalized society, for example, violence against women (Comité canadien, 1993), feminization of poverty (Harman, 1992); isolation of older women (Olson, 1988), a patriarchal health care system (Sharpe, 1995), and overmedication of women (Sharpe, 1995). Ageist stereotypes are another disadvantage endured by elderly women. On this, Vertinsky (1995) suggests that,

Indeed, the traditional stereotypical view of female old age as a time for accepting natural declines in health and vigour and embracing inactivity seems to persist in unduly shaping the exercise and sporting patterns of many elderly women, making measures to increase the habitual physical activity of the elderly female an urgent public health priority. (p. 224)

Ward-Griffin and Ploeg (1997) also describe disadvantages accompanying elderly women: "Women face special challenges in their efforts to maintain and improve their health as they age, including those of poverty, isolation, and caregiving responsibilities" (p. 280).

Today, feminist writers (e.g., Arber & Ginn, 1991; Neysmith, 1995) are attempting to explore the realities facing elderly women. Prior research in aging has mainly utilized men as subjects. Sharpe (1995) discusses the consequences of the lack of research on women and on aging women:

Failure to adequately study older women's *experiences* of illness as well as their

diseases may be one reason for the ongoing debates over whether differences between older men and women in terms of morbidity and health care utilization are mainly a function of biological differences or differences in the experience of illness.

(p. 16)

Although numerous articles have been published in the field of gerontology, there are a limited number of researchers who have investigated topics specific to elderly women. A feminist approach would be beneficial in understanding the specific problems and health issues pertaining to older women. In particular, Arber and Ginn (1991) have suggested a parallel between the lack of attention to gender in gerontological research and the current under-representation of research on elderly women in the field of gerontology. In 1995, Sharpe looked at the issues of older women and the existing health services for them. Sharpe urged that changes should be made regarding health care and practices related to older women in order to promote autonomy and empowerment of older women: "In the area of health promotion and education, programs for older women have the potential to combat societal undermining of perceived personal competence and power by encouraging skill building and behaviour changes that lead to improved quality of life, but such is not always the case" (p. 18). Sharpe has shown that as compared to men, women have always been unequally represented in regards to health research. Older women are subject to the varying effects of medical technology which has most often been tested and approved on men: "This state of affairs endangers the lives and well-being of older women, who are the recipients of drugs and medical procedures that have been most often tested on young white men" (p. 16). Sharpe's article suggests that elderly women should feel empowered to voice their opinions, but she does not define a clear way to advocate policy change.

In the socialist-feminist critique by Ward-Griffin and Ploeg (1997), as well as the grounded theory approach by Trippet (1991) and Prakash (1997), their findings have suggested that there is a need for more feminist approaches to the study of health and health care promotion for elderly women. The health of women—and more specifically the issue of aging and its health implications—should be more carefully examined from a feminist standpoint. Mercer and Garner (1989) have examined various health issues pertaining to the elderly and have established that in virtually every area they studied—longevity, marital status, living situation, education, employment, income, and health—women are on average much more disadvantaged than men: “Women are more likely to live longer, to be alone in the last part of their lives, to be poorer and less well educated and to suffer from more health problems” (p. 42).

### **Autonomy and Quality of Life Among Elderly Women**

Current research regarding the autonomy and quality of life of elderly women tends to use a “deficit model” of aging and to concentrate on physical ailments concerning the elderly female population rather than the social aspects of aging. As described by Olson (1988) concerning the social aspects of aging: “Clearly, our society maintains women’s subordinate social, economic, and sexual statuses into old age. Moreover, the issues and problems confronting younger women tend to become exacerbated as they age” (p. 106).

The term, autonomy, was described by the researcher as “independence” and quality of life was judged by the women’s description of their life experiences. Sharpe (1995), speaks of the importance of improving the quality of life for elderly women:

In the area of health promotion and education, programs for older women have the potential to combat societal undermining of perceived personal competence and

power by encouraging skill building and behaviour changes that lead to improved quality of life, but such is not always the case. (p. 18)

In terms of studies which are non-medical in nature, some have yielded important information. A quantitative study conducted by Eronen, Rankinen, Rauramaa, Sulkava and Nissinen (1997) looked at the social aspects of the aging process by determining how elderly women experience life, what sort of age discrimination they face, their health and economic situations, and their sense of well-being. This was a 10-year longitudinal study undertaken to draw a comparison between elderly women's lives in Finland in the years of 1982 and 1992. The two years studied, showed similar levels of health, an increase in leisure time activity, and no change in quality of life status. Cockerham (1991) investigated the social aspects of the aging process by looking at the patterns of aging in Western industrialized countries. He concluded in the following way:

Women also live longer than men, on the average, and some researchers have characterized very old age as primarily a female experience. Longevity has mixed benefits, however, as women are more likely to be widowed and experience poverty in old age. (p.p. 137-138)

Trippet (1991) studied the manner in which older women maintain a balance in their lives by using a grounded theory methodology. She looked at their ability to establish harmony with their internal environment as a way to manage stress and to improve their sense of well-being. She used the analogy of a tree to understand how being aware of one's own experiences is necessary to establish a sense of harmony or balance in life:

The roots of the tree are older women's lived experiences; the trunk is formed from the meaning of the concepts; health branches to the left and means being in harmony

or balance . . . and managing stress; social support branches to the right with caring, acceptance, and trust; and the theory of being aware with its three stages forms the leaves of the tree. ( p. 75)

Trippet suggests that being in harmony is experienced through managing stress, being aware of the situations that influence one's life, and working at maintaining a balance. This author goes into much detail when describing how women should manage their stress, but neglects to look at the importance of physical activity as a stress reducer.

### **Physical Activity and Elderly Women**

According to O'Brien and Vertinsky (1990), they have argued that new research focussing on elderly women and their life experiences is needed. In particular, we need to get away from the "deficit model" of aging, that is looking at what elderly women can do as opposed to what they cannot do, and adopt a more positive perspective like that of Friedan (1993) in her seminal book The Fountain of Age. Research into the positive influences of physical activity is also required to understand the proper foundation for healthy aging. As O'Brien and Vertinsky propose:

Physical health status is an important predictor of overall well-being, and physical activity participation by elderly women has been shown to enhance life quality into advanced old age by providing greater independence, improved control over the activities of daily living and an enhanced ability for self-care. (1990, p. 43)

The activity level and lifestyle experienced by women as younger adults do have a great effect on their physical stamina and sense of autonomy as they get older. As O'Brien Cousins suggests:

If expectancy and beliefs about competence or inadequacy in the exercise setting

stem from girlhood experiences in play and sport, and these beliefs withstand the test of time over the middle years of life, then the benefits of skill-enhancing and enjoyable physical activity opportunities for girls in schools and community programs can last a lifetime. (1997, p. 230)

It is hoped that through physical activity, elderly women will be able to see a reduction in health risks, such as falling. In their quantitative study, Ensrud, Kipschutz, Cauley, Seeley, Newitt, Scott, Orwoll, Genant and Cummings (1997) have suggested that a woman's body size is an indicator of her risk for hip fracture if she falls. These authors found that smaller-sized women are at greater risk of experiencing a fall and therefore would benefit not only from an ongoing exercise program, but from exercise earlier in their lives. As Hultzman (1993) has pointed out, however: "Involvement in organized leisure and recreation activities during youth and early adolescence is salient to participation across subsequent stages of the lifespan" (p. 151). Thus, it seems crucial that women maintain an active lifestyle throughout their lives. The long term benefits of exercise for elderly women have been documented: a reduction in the rate of falls which is a major health risk for all seniors, an increased feeling of autonomy and quality of life, and a possible reduction in illnesses and health-related problems (Gallagher, 1995; Morse, 1997; O'Loughlin, 1991).

O'Brien and Vertinsky (1990) have emphasized the need for studying the lifestyles of older women in order to understand the possibilities for physical exercise, the healthy maintenance of their bodies, and the enhancement of their quality of life. In that regard, Vertinsky (1995) suggests that it is important for researchers in the field of gerontology to listen to elderly women regarding their life experiences of exercise and health:

Evidence of women's reaction is important, and we must, therefore, listen to

women's voices, to what women said about their feelings, personal and professional beliefs and experiences, and to the stories they wrote about their own physicality and their desire for or rejection of sport and exercise experiences. (p. 12)

Ruuskanen and Ruoppila (1995) have determined that physical exercise is a substantial element in improving the overall well-being of elderly people. Their results support previous results published by Mensink, Loose and Oomen (1997) as well as Paxton, Browning and Oconnell (1997). These latter studies suggest the following improvements associated with an increase in physical activity among the elderly: better moods, fewer symptoms associated with depression, better body image, better cognitive functioning, and increased self-esteem.

O'Brien and Vertinsky (1990) have suggested that elderly women should question the idea that being old and female is doubly problematic and that elderly women should decrease their level of exercise. In fact, they have argued that exercise could greatly enhance elderly women's quality of life and physical stamina. Elderly women who exercise are also expected to notice an increased resistance to illness, an increase in independence, a reduction in injuries, a decrease in mortality risk and an increase in longevity (O'Brien Cousins, 1997; O'Brien Cousins & Keating, 1995; O'Brien Cousins & Vertinsky, 1995). This leads O'Brien and Vertinsky (1990) to conclude that:

Empowering women to pursue healthy activity should be a key aspect of lifelong education, and could easily be incorporated into adult education programming. Older women need to be encouraged to intelligently assess their own activity interests and needs, and to find ways to realize their health potential in their remaining years.

(p.58)

Branigan and O'Brien Cousins (1995) looked at various sociodemographic and lifestyle patterns to determine the variations in older women's perceptions of physical activity. Their quantitative study concentrated on a group of older women who participated in Project Alive and Well at the University of Alberta. The sample used for this study consisted of a group of 43 elderly women who volunteered to provide information regarding their age, education, domestic role, family size, body mass, health and self-efficacy for fitness exercise. The researchers discovered that active, elderly women with children of their own, were less likely to perceive as many risks with late-life exercise. They suggested that mothers who have developed a pattern of exercise in the course of looking after their children tend to be more inclined to continue with a more active lifestyle as they age:

The pace that women would become accustomed to in rearing several children may play a factor in their chronic expression of energy and choices of activities. For those women who have never raised children, their leisure time may assume a slower pace early in life and therefore, physical activity, by late life, is not expressed in very vigorous ways. (p. 61)

In a 10-year longitudinal study conducted in Nottingham, England, Morgan and Clarke (1997) attempted to predict mortality among elderly people. Their sample was a group of 1042 individuals, both men and women, aged 65 years and older who were randomly selected from medical records. The researchers looked at the respondents' customary physical activity, health and lifestyle patterns. The results showed that those participants who were highly active had a lower risk of dying in the 10-year period outlined in this study. Morgan and Clarke indicated that a wide range of physical activities are

undertaken by elderly people, and that an increased proportion of active leisure time is associated with a healthier lifestyle.

A qualitative study by O'Brien Cousins and Keating (1995) looked at the difference in levels of physical activity between active and sedentary older women. The method chosen for this research was the focus group interview and small groups of women were gathered to discuss whether or not they chose to be active or inactive over their life spans. It was established that a significant turning point in the lives of elderly women led them to either increase or decrease their level of physical activity. This turning point often occurred when these women were younger, married and had children: "Although this life role was probably an equivalent challenge to both groups of women, the events of marriage and especially parenting appear to be important turning points leading to diverging lifestyle outcomes" (p. 351). One of the most significant findings of this study was that the pattern of physical activity established in girlhood was more often carried through the lifespan of the elderly women studied: "By late life, attitudes to physical involvement seemed well established. Active women continued to search out opportunities to keep moving, while sedentary women maintained a less active life course" (p. 356). The National Advisory Council on Aging in Canada (1993) also determined that the activity levels of elderly women are influenced by events experienced in their youth. It was reported that the choices that women make during their lives concerning physical activity do have long-lasting effects: "Older women's well-being is the result of choices and decisions they made throughout their lives, as well as the many events and circumstances of their lives over which they may have limited or no control" (p. 37).

Hall (1980) described the post-war period and the "feminine mystique" surrounding

this era. She suggested that women were not encouraged to participate in sport or leisure, but rather to become truly “feminine” by embracing the concepts of femininity, marriage and family. O’Brien Cousins and Keating (1995) have pointed out that for many elderly women, physical exercise is viewed as closely related to work due to the lack of technological advances around the home and at work during their adult years. Household work and chores around the farm were much more labour intensive than they are today.

O’Brien Cousins and Vertinsky (1995) also studied the social forces that affected young girls around the turn of the century. This study looked at the lived experiences of three elderly women born at the turn of the century. Each of the three women selected for this study had been active in her younger years. Although none of the participants had not been active in her youth, their findings the authors used to support what is known as the “early activation” hypothesis. This hypothesis suggests that young girls who had the opportunity and the support to participate in physical activity or were otherwise physically active in their careers or daily lives as middle-aged women are more likely to take advantage of physical activity as older women.

In 1994, Fitzgerald, Singleton, Neale, Prasad and Hess published a quantitative study dealing with the attitudes, exercise knowledge and exercise beliefs of older women. Their findings suggest that there needs to be a system of promoting good health practices and promoting the benefits of exercise for elderly women. The authors concluded that there should be specific physical activity programs designed for elderly women. Elderly women have had different experiences throughout their lives concerning physical activity and health and therefore should be offered unique programs to meet their health concerns.

### **Elderly Women and Nursing Homes**

In their quantitative studies, Alexander, Rivera and Wolf (1992) and Sattin, Lambert, DeVito, Rodriguez, Jos, Bacchelli, Stevens and Waxwiler (1990) have noted that over 40% of elderly people who enter nursing homes in the United States have previously suffered from a fall-related trauma. Falls account for over one-third of all elderly admissions to nursing homes (KWIG, 1987; Smallegan, 1983).

Olson (1988) studied the demographic trends of elderly women in the United States. She concluded that many single, elderly women enter into nursing homes because their family members were no longer able to care for them and they were usually alone. Nursing home placement seemed to be their only option. Further, Olson's research provided evidence that there are more health care problems facing elderly women than elderly men and that the proportion of single and/or widowed older women in the population increases every year in the United States. Olson sees this situation as problematic and argues that the sources of this problem are of a social nature: "its sources are the social systemic problems of deprived, or soon to be deprived, younger women" (p. 97). Olson has suggested that the problems with which young women are confronted (e.g., subordination, social problems, economic problems and sexual status) are carried into old age and tend to become more exaggerated with increased age. She goes on to say: "The most difficult situations are faced by single, elderly women, often as a result of widowhood or divorce . . . the vast majority of our elderly female population is one husband away from poverty and other income-related problems" (p. 106).

When an elderly woman enters a nursing home, there is always concern for the quality of life she will experience. Is the quality of life and the level of autonomy of elderly

women comparable to those experienced before entrance into the nursing home? Most often, elderly women are placed in nursing homes for health reasons or because family members are unable to look after them (Minister of Tourism and Recreation, 1989). Quite often, after entering a nursing home, an elderly woman will suffer from feelings of isolation and loss of autonomy (Powers, 1996). The social life a woman establishes in the nursing home and the activities she pursues will help to create a more fulfilling life within the nursing home environment than if she chooses not to become involved in the social activities available (Anderson & Allen, 1985; Bondevik & Skogstad, 1996; Hooyman & Kiyak, 1996; Lamarre & Morier, 1989; Minister of Tourism and Recreation, 1989; Patterson, 1996; Williams & Roberts, 1995).

Powers (1996) has studied relationships among older women living in a nursing home. She found that elderly women can benefit from the relationships they pursue in nursing homes. Her qualitative study suggests that these social interactions can help to give elderly women a sense of control in their lives. Powers has suggested that in a nursing home environment, a woman can establish a level of autonomy if she develops some close ties with other women. Rousseau and his colleagues (1995) studied life satisfaction and the importance of participation for elderly people in nursing homes. Their qualitative study suggested that eight elements aid in the socialization process for the residents of nursing homes: (a) to maintain social contacts, (b) to maintain contacts with members of the opposite sex, (c) to establish a group alliance, (d) to communicate with others in the nursing home, (e) to establish some leadership among the residents, (f) to try to problem-solve and/or give suggestions, (g) to try not to become isolated, and (h) to actively search for ways of deriving pleasure.

Waerness (1986) used a feminist approach to study the issue of providing better care services to women in nursing homes. Waerness looked at informal and formal care for the elderly in Scandinavian communities by using quantitative and qualitative data. She argues that to make community care a realistic goal, the ideas incorporated through women's studies should be used in policy-making and planning of institutional care. She also indicated that there should be an effort to change the structure of public care services for the elderly which would better reflect today's family structure. Women are more often the inhabitants of nursing homes. Therefore, health-related issues which are associated with life in nursing homes should be looked at from a feminist perspective. This type of perspective could help empower elderly women residents to attain a sense of autonomy and an acceptable quality of life.

### **Elderly Women and Falling**

Falls are a well-known health risk to both elderly people in long-term care facilities and those living independently in the community. As noted by Cutson (1994), Wright, Aizenstein, Vogler, Rowe and Miller (1990), Davies and Kenny (1996), and Cwikel, Fried and Galinsky (1989), approximately one-third of community residing elderly people and one-half of nursing home residents fall each year. Quantitative studies by Cutson (1994), Tideiksaar (1996), Berg, Alessio, Mills and Tong (1997) and Quail (1994), indicate that approximately one-quarter to one-third of the seniors aged 65 years and older in the United States are likely to experience a fall in a given year. Since 1984, there has been worldwide research into falling and the health implications associated with falling. According to Morse (1997), "Research on falls has escalated in the past 15 years, and presently, falls are considered an event that may be predicted with reasonable certainty and therefore prevented"

(p. 1). Results of recent studies have changed the notion that falls are a normal process of aging or that they are accidental, random events.

There have been some studies (e.g., Tideiksaar & Kay, 1986) that show that some elderly people who experience a fall will deny its occurrence. These elderly people tend to use other expressions to describe their experience (e.g., slipping, tripping). It has also been found that these same people are more inclined to not call for assistance when they do experience some difficulty, such as a fall, because they do not want to bother the staff of the nursing home. A high regard for independence will sometimes be the reason for an elderly person to deny the occurrence of a fall (Wright, 1990).

In a quantitative study, Rigler (1996) determined that instability, hip fractures resulting from falling and many other fall-related traumatic injuries (e.g., bone fractures, concussions, sprains, strains) are major concerns for health professionals as they affect the health and well-being of the elderly population. O'Loughlin (1991) has studied falling and its consequences and discovered that at least 40% of older people who fall are multiple fallers. In 1997, Morse identified falls as the second leading cause of accidental death in the United States and 75% of those falls occurred in the elderly population. Gallagher (1995) has determined that the annual cost of caring for elderly fall victims is approaching one billion dollars in Canada. With such a high cost of caring for victims of falls, it would appear to be an important area of study for health professionals and researchers.

Quantitative studies such as those carried out by Shats and Kozacov (1995), Hornbrook, Stevens, Wingfield, Hollis, Greenlick and Ory (1994) as well as Davies and Kenny (1996) have documented an increase in rate and risk of falling with increasing age. Studies have established that older women are more likely to fall than older men (Quail,

1994). One of the reasons for this could be due to the fact that women, as they age, have an increased body sway compared to men (Quail, 1994). A Japanese study conducted by Suzuki, Shimanamoto, Kawamura and Takahasi (1997) looked at the differences in gender in relationship to the risks of falls. They found that women in Japan lived longer than men and were more inclined to fall as they aged. These researchers felt that a reduction in the amount of falls in Japan could greatly reduce problems related to mobility in the elderly. They determined that there was a need for more studies to be done concerning falls among the institutionalized elderly. A prospective population-based study covering two years conducted by Luukinen, Koski, Kivela and Laippala (1996) also suggests that elderly women are more likely to experience multiple falls than elderly men. These researchers have suggested that elderly women are a good target group for establishing fall prevention programs. No mention was made, however, as to how to implement such programs.

Despite the knowledge that physical activity is important for improving one's health status, quality of life and overall sense of well-being (O'Brien Cousins & Keating, 1995; O'Brien Cousins & Vertinsky, 1995; Branigan & O'Brien Cousins, 1995), physical activity can also be a risk factor for falls. Many elderly women do fear the risk of injuring themselves and as a result, they may avoid participating in any vigorous physical activity in order to prevent falls or other injuries. As Branigan and O'Brien Cousins point out: "Some evidence exists, however, to support the idea that fears about coming to personal harm may be a salient concern to older women as they contemplate the outcomes of being more active" (p. 49). O'Brien and Vertinsky (1995) suggest that older women, usually those who have not participated in many physical activities in their lives, are very often afraid to partake in physical activity for fear of potential damage or injury to themselves, possibly resulting in

a fall event. Branigan and O'Brien Cousins (1995) looked at the reasons why negative beliefs about physical activity are formed. In their qualitative study, they found that many elderly women see the risks of physical activity resulting in an accident or a fall. These researchers also suggest that, "Perceptions of harm in physical activity settings are likely to be especially salient for elderly women who experienced an historical period which reinforced and advocated the natural weakness and delicacy of the feminine body" (p. 52).

### **Elderly Women and Fear of Falling**

The term "fear of falling" has recently been addressed in the literature by researchers and health professionals. Tideiksaar and Kay (1996) have coined the term "fallaphobia" to describe a person's abnormal reaction to the fear of falling. According to Tideiksaar (1997), "Fallaphobia commonly occurs in older persons who live alone and have poor gait and balance, and is particularly noticeable in women" (p. 38). While Tideiksaar and Kay's observations are interesting, the term "fear of falling" is favoured here since the term fallaphobia pathologizes the emotions surrounding falling, emotions which seem rather normal considering the devastating consequences of falling and the high risk of falling (particularly for women). Furthermore, the suffix "phobia" is commonly used in the case of mental illnesses, which, surely, is not the case for a majority of persons experiencing fear of falling. More quantitative studies by Vellas, Wayne, Romero, Baumgartner and Garry (1997) as well as those by Arfken and his colleagues (1994), determined that the prevalence of fear of falling was greater in women.

Fear of falling is experienced by approximately 10% to 50% of older people who have had a fall (Arfken, Lach, Birge & Miller, 1994; Downton & Andrews, 1990; Nevitt, Cummings, Kidd & Black, 1989; Tinetti, Richman & Powell, 1990; Walker & Howland,

1991). It has been suggested by Tinetti, Richman and Powell (1990) that the development of a fear of falling could be related, but not directly linked, to certain independent predictors such as depression, anxiety traits and a lower level of physical activity. Simmons and Hansen (1996) have postulated that elderly people with balance difficulties and a fear of falling are inclined to limit their movements in daily activities. Burker, Wong, Sloane, Mattingly, Preisser and Mitchell (1995) have concluded, from the findings of their quantitative study, that a fear of falling can be viewed as a disability and will often restrict the activities of elderly people. They have also determined that elderly persons with chronic dizziness are more likely to express a fear of falling than elderly persons who do not have a chronic dizziness problem.

This fear of falling increases with age and is also associated with depression and a decrease in quality of life (Tideiksaar, 1997). Tideiksaar (1997), Cwikel, Fried and Galinsky (1989), as well as Walker and Howland (1991) have looked at a number of factors which could contribute to a higher proportion of women expressing a fear of falling as compared to men. These factors include the anxiety over suffering from social rejection when using an assistive device for walking, the fear of projecting an image of frailty when asking for help from family or friends, and concerns about the health implications associated with osteoporosis.

Osteoporosis is a serious health problem that affects many women after menopause due to a decrease in estrogen level which restricts the ability of bones to absorb calcium from the diet (Puntilla, Kroger, Lakka, Honkanen & Tuppurainen, 1997). Unfortunately for many women, the first indication of having osteoporosis occurs when they experience a fracture resulting from a fall. Maki (1997) concluded that differences in gait (e.g., decreased stride

length, decreased speed of stride, prolonged use of external support devices) are adaptations elderly people make in order to overcome their fear of falling. Puntilla, Kroger, Lakka, Honkanen and Tuppurainen (1997) studied the relationship between sports participation among adolescents and postmenopausal women between the ages of 48 to 58 years. Their quantitative results suggest that physical activity experienced in adolescence could play a significant role in the prevention of osteoporosis in later life.

A quantitative study by Turano, Rubin, Herdman, Chee and Fried (1994) looked at the relationship between vision and postural stability in elderly people with regards to falling. They determined that visual instability is often associated with postural instability. This postural instability can also be linked to an increase in the fear of falling.

Quantitative studies by Cutson (1994) and Arfken, Lach, Birge and Miller (1994) have concluded that the fear of falling in elderly women is associated with a decreased quality of life. This fear often leads to a restriction in daily activities for women and an increased sense of isolation. Quail (1994) underscored the necessity of reporting all falls (by the person experiencing a fall, the family or a medical professional) and making careful evaluations in order to identify the causes of falls. Such practices would help to improve the quality of life for many elderly people, reduce the fear of falling, and possibly avoid some serious falls and fall-related injuries. As a result of their quantitative study which developed a Falls Efficacy Scale, Tinetti, Mendes de Leon, Doucette and Baker (1994) have suggested that clinical programs that emphasize prevention, geriatric evaluation, management and rehabilitation could greatly aid in improving the physical skills and the confidence of elderly people. Tideiksaar (1996) has concluded similarly that several factors could aid in reducing the elements associated with fear of falling. He has suggested that treating medical

conditions, introducing exercise programs to improve mobility, and attempting to remove or reduce fall hazards could minimize the fear of falling in many elderly people.

In terms of qualitative studies, Borkan (1991) looked at an exploration of hip fractures concerning elderly people. Hip fractures are a very common occurrence among the elderly population in recent years and the rate is expected to incline: "Due to the increasing number of elderly in the population, the frequency of hip fracture is expected to more than double by the middle of the twenty-first century" (p. 947). Many elderly people who experience a hip fracture end up in long-term care facilities for extended periods of time and become increasingly dependent on other people and devices for locomotion. Borkan's study used a narrative methodology that explored the stories told by the persons experiencing a fall resulting in a hip fracture. The words that describe each anecdote help to paint a more accurate picture of the situation experienced by the individual. Borkan's results show a bipolar pattern, at one end of the pole were individuals who experienced an increase in feelings of vulnerability and a fear of falling and the other end of the scale were those who expressed a feeling that their body could cope with physical setbacks. In Borkan's discussion, it was determined that being independent in elderly years was a highly acclaimed status and helped in terms of ambulation: "people with more autonomy, independence and a sense of integration with society show greater improvement in ambulation than those who exhibit more dependence and alienation" (p. 954).

A qualitative study by Orlando (1989) employed a phenomenological approach whereby the researcher attempted to understand the meaning of falling from the perspective of the individual. Data was categorized into three components: appraising the circumstances of the falls, recognizing losses, and finding explanations. Orlando found that the most

significant emotional response to falling was worrying: “Older people worry not only in response to their fear of falling, but also in response to the numerous losses associated with falling” (p. 107). Orlando concluded that the participants involved in this study needed to look for new opportunities to enhance the quality of their lives which would hopefully give them new meanings to experience growing old. Orlando’s study suggests that the causes of falls are not of major concern to elderly people.

Another qualitative study by Aminzadeh and Edwards (1998) compared the personal lived experiences of falling among a group of Italian seniors and a group of British seniors living in the Ottawa community. Both groups described a fear of falls, a reduced sense of confidence resulting from this fear, lower levels of involvement in activities both physical and social in nature, and a reduction in the quality of life. One of the differences between the two groups was that the British seniors spoke more about the environmental hazards attributed to their fall experience and the Italian group were more fatalistic in their description of falls; experiencing a view that falling and being old were inevitable.

### **Conclusion**

In conclusion, there are gaps in the literature pertaining to elderly women, their experiences with falling, fear of falling, exercise, autonomy and quality of life. Apart from Borkan (1991), Orlando (1989) and Aminzadeh and Edwards (1996), available studies have investigated falls mostly from a medical standpoint and very few studies have examined this issue from the perspective of older women themselves. A study within which a voice could be given to elderly women who have fallen or who have experienced a fear of falling would represent an important contribution to the literature. This type of qualitative study would be relevant to guide future generations to help maintain elderly women’s autonomy and would

add to the existing literature on falling and the elderly. Sharpe (1995) emphasizes:

In the research arena, qualitative research methodology can complement strictly quantitative approaches and can contribute to an understanding of older women's experience of illness. Qualitative methodologies such as ethnography, case studies, focus groups, and open-ended interviews can reduce the objectifications of research subjects and provide a broader perspective than clinical trials or survey research alone can achieve. (p. 18)

While much information has been gathered on the frequency of falling in certain age groups and on the physiological consequences of falls, there appears to be less information available in terms of how falls are experienced, meanings that are attached to these falls, emotions linked to these falls, consequences of these falls in terms of fear of falling, autonomy and quality of life. A qualitative study would provide more in-depth information concerning these issues, and would add to the information collected by Borkan (1991), Orlando (1989) and Edwards and Aminzede (1996).

Studies such as those by Cutson (1994), Cwikel, Fried and Galinsky (1989) and Franzoni, Rozzini, Boffelli, Frisoni and Trabucchi (1994), speak of the elderly and do not specifically focus on falling and its implications among elderly women. Given the gender-based nature of physical activity, health and falling, it is felt that studies that adopt a feminist standpoint would illuminate the reality of women's health, particularly in relation to falling. Finally, it is apparent that most of the empirical research regarding falls and the nature of falls does not explore the various links existing between falling and prior or current physical activity. Therefore, there is a need to explore the issue of physical activity experienced during

**a woman's youth, her adult years and her elderly years as well as her experiences as an elderly woman concerning falls.**

## **CHAPTER III**

### **METHODOLOGY**

A qualitative research protocol was used for this study. An inductive qualitative method was used to provide an in-depth understanding of the phenomena of falling and fear of falling among elderly women. The data collection instrument chosen for this research was the individual interview, which was deemed effective when the goal of the study is to gain an in-depth understanding of an area of research. In this chapter, the following topics are outlined: the sample of participants, the instrument, the data collection process, the data transcription process and finally, the data analysis.

#### **Participants**

The participants in this study were women currently residing in a long-term care facility in the city of Ottawa, Ontario. The nursing home selected for this study was chosen by the researcher because at the time of the study, a SAFE program (Staff Against Falls Everywhere) existed. This program was set up by the nursing and administrative staff at the facility. The goal of the program was to prevent or minimize falls and fall-related injuries without compromising the residents' rights to autonomy and functional independence. The researcher was indirectly involved in this program and felt the facility would be a convenient place to conduct the research.

The original plan for this research was to compare the lived experiences of a group of elderly women who had fallen versus those of a group of elderly women who had not fallen. The intent was also to examine the role played by physical activity in the experiences of falling. This plan did not materialize since all the participants selected by the nursing staff

had fallen. Non-fallers are extremely scarce at such institutions and none ended-up in the final sample.

Potential participants who had been selected with the help of the administrators and/or nursing staff were approached on an individual basis, given all the necessary information concerning the study and then invited to participate. The purposive selection continued until 10 women were recruited as participants. There were a few eligibility issues involved in the study. First, participants were selected among residents who had no cognitive impairment severe enough to prevent them from actively participating in an individual interview. This was determined by the nursing staff when they made the original suggestions. Second, the individuals selected to participate in the interviews were not required to be literate. Verbal communication was used throughout the study (e.g., interviews were conducted orally, consent forms were read, and validation of results was done orally). Third, participants encumbered with a hearing loss were included and the interviewer simply spoke a little louder to accommodate their disability. Fourth, individuals were not selected if they could not communicate in English. Finally, on the day of the interview, some women felt ill or not willing to engage in the interview. In such cases, the participants were not rejected from the study and, rather, another date was scheduled for the interview.

### **Instrument**

The interview guide (see Appendix A) included four main parts: (a) introduction and general information concerning the participants, (b) falling and the fear of falling, (c) exercise as a preventive measure, and (d) brainstorm and dream session. The first section dealt with demographics, such as date and place of birth and the circumstances that brought the women to the nursing home. The second section asked such questions as, describing their falling

experience and their fear of falling, the consequences of their fear of falling, and the impact these falls had on their autonomy and quality of life. The third section concerned their physical activity experiences as young girls, young women and as elderly women. The last section attempted to determine the ideal conditions that would draw these women into becoming more physically active at the time of the interview. The questions in this interview guide were designed to allow older women to speak of their fear of falling (or lack thereof), their experiences of falling (or lack thereof) in the past few years, and the impact the presence (or absence) of these fears or these falls had had on their autonomy and quality of life. Some questions probed their backgrounds, their life experiences, their past and current lifestyles, and the level of physical activity pursued in their younger years, adult years and currently. Finally, some questions were designed to collect information concerning their perception of ways to decrease falling or fear of falling and to increase autonomy and quality of life.

### **Data Collection**

First, a meeting was organized between the researcher and the Director of the long-term care facility in which the study took place. The Director was provided with an outline of the research and the significance of this study for women living in the facility. Also provided was a copy of the letter of authorization from the University of Ottawa ethics committee stating that the study protocol had undergone ethics review (see Appendix B) and a letter of information explaining the purpose and methodology of the study (see Appendix C). The letter also asked permission to conduct individual interviews in the long-term care facility at a time and a location convenient to the participants and the staff. Following agency approval of the study, participants were selected and a suitable time and place for the interview determined (see Appendix E). At the time of the interview, a letter of information

and consent (see Appendix D) was read to and signed by the individual woman. The participants were made aware that their answers were recorded on audiotape. These women were also informed that they would be given a summary of the results upon completion of the study.

Two interviews were initially conducted in the selected nursing home. These interviews gave the researcher the opportunity to fine tune the interview guide and to add, delete, and modify questions. In addition, these interviews were used to enable the interviewing process to become much more polished and increased the researcher's ability to create stimulating interactions with the participants. After these two initial interviews were conducted, it was felt that more questions in the form of a dream exercise should be included. These questions were added to gain information from the participants concerning their feelings about the ideal conditions that would draw them to physical activity in the nursing home. The quality of the first two interviews was sufficient and they were included as part of the data.

Various measures ensured the anonymity and confidentiality of data collected from these elderly women throughout the research process. The principal investigator was the only person who had access to the interview transcripts. Audiotapes and transcripts were stored in a locked file. Pooled data was used for the results, except for a number of quotations that were used to exemplify certain points. In addition, any information that could potentially lead to the identification of participants in the results chapter was omitted and pseudonyms were used in the citations.

The individual interview posed very minimal legal or psychological risks to the women participating in the interviews from a social and psychological standpoint. There may

have been low risk when discussing certain issues related to falling. It was stressed before and during the interview that these women did not have to answer questions which brought them discomfort. There were also various strategies used (e.g., concern, humour, empathy) to minimize discomfort.

All of the elderly women who agreed to participate in this study seemed to be pleased to take part in the research process and to enjoy having someone to whom to talk for an hour.

The initial reactions to the interview experience were usually in the form of questions directed to the researcher concerning the reason for the study and why they had been selected to participate. It was explained that this study was an attempt to look at elderly women's personal experiences with falling and to examine how their fear of falling or lack of fear of falling affects their quality of life and autonomy on a daily basis. It was also explained that a look at their past or current experiences with physical activity could speak to their falling experiences. One of the participants, Martha, asked, more bluntly:

Just how will this study stop me from being afraid of falling? I'm a scaredy cat. I'm just a scaredy cat that's all it is.

This was a difficult question to answer. Martha was told that in all probability, this study alone would not alleviate her fear of falling. It was explained to her that the knowledge gained from this research could help other women in nursing homes by giving them insights into the implications of falling, fear of falling and participation in physical activity. It was explained to her that looking at the lived experiences of falling and the fear of falling could help not only other elderly women, but staff members in nursing homes and other researchers studying this topic.

The interviews conducted with the elderly women in the nursing home lasted

approximately one hour and were carried out as much as possible like conversations. During the interviews, questions were asked in such a way as to take into account each woman's life experiences and the factors that influenced such experiences. The interview guide contained a bank of questions from which the interviewer chose questions. Not all questions were used or asked exactly in the same way in each interview. The questions were asked in such a manner as to not confuse any of the participants with terms that might have been unfamiliar to them due to difficulties in communication, in particular hearing loss and, for some of the women, a minimal level of education. The relationship between the participants and the interviewer was not formal in nature. Every attempt was made to be empathetic toward the women's needs and experiences, including an awareness of class difference, health and religion as well as their hobbies and personal experiences.

After each interview, the text of the interview was transcribed into meaningful and informative discourse. At this point, decisions were made regarding extraneous information such as the overlapping of voices, pauses during the interviews, coughing and sighs. Mishler (1991) described how different means of transcribing data can result in many different interpretations of the data. The extraneous information previously described was mostly omitted from the transcription process in order to make the final product more readable. There were, however, some instances where pauses and expressions of joy or sadness were included to describe more accurately the participant's situation at the time of the interview. The tape-recorded interviews were transcribed using a word processor.

### **Data Analysis**

Upon the completion and transcription of each interview, an analysis of each interview occurred. This enabled the researcher to consider data analysis as an ongoing process, to change questions for the next interviews if necessary and to keep track of the information as the study evolved.

Each interview text was examined or read “vertically” (i.e., chronologically) and the “themes” which appeared in the data were noted. After transcription and thematic analysis of all the interviews, a “horizontal” reading (i.e., a reading done once the text is sorted by themes) took place so that similar themes were regrouped into a “category” of themes. Using the qualitative data analysis software NUD.IST, all themes and categories of themes were represented by a code. According to Rubin and Rubin (1995), the process of coding the themes helps to group together like concepts. The NUD.IST software aided the researcher in facilitating a computerized qualitative analysis of the text at hand. To summarize, this analysis proceeded in four steps. In the first step, the text was read vertically and segments of text were coded according to their main theme. In the second step, the themes were regrouped into categories which were also coded. The third step consisted of an horizontal reading of the text, that is, a reading of the text already sorted by themes and categories of themes. Once the mechanical part of the data analysis was completed, the fourth step, that is, the process of finding patterns and interpreting the materials at hand began. The framework of results changed and developed with the accumulation of patterns and interpretations.

### **Validation**

Upon completion of the data analysis a fictitious narrative was created to highlight the results of the study. This approach was used to present the results to the women in the form of a story. As Kvale (1996) suggested, this story “may also be a condensation or a reconstruction of the many tales told by the different subjects into a richer, more condensed and coherent story than the scattered stories of the separate interviewees” (p. 199). The narrative portrayed an elderly woman and it described the events of her experiences of falling and fear of falling, as well as with physical activity as a young girl and as an elderly woman. The principal investigator returned to the nursing home to read this narrative to the ten elderly women who participated in the study.

Denzin (1978) describes this as the stage where the interviewees can be compared to a panel of judges to assess the value of the study. Feedback and comments from the participants concerning this narrative were noted by hand and later added to the results chapter. Questions that were omitted from the first two interviews, (e.g. the dream exercise questions) were asked at this second visit. Assessment of the narrative and additional questions helped to enhance the validity and credibility of the study.

## CHAPTER IV

### RESULTS

#### The Participants

Ten elderly women from a nursing home in Ottawa were selected to participate in this study. The women ranged in age from 79 years of age to 95 years of age, the average age being 88 years. Five of the women were originally from Ontario, two from Quebec, one from Prince Edward Island, one from Italy, and one from England. All the women were Caucasian and their mother tongue was English, including the woman from Italy. Six of the women were widows, four had never married.

All of the women who were selected to participate in this study by the nursing staff had experienced a fall within the past few years. Originally, my intention was to interview a group of elderly women who had not fallen as well as a group of elderly women who had fallen in the same nursing home and to see if there were any similarities or differences between the two groups in terms of falling, fear of falling and physical activity experiences. Unfortunately, all of the women presented to me by the nursing staff at the nursing home had fallen and therefore my original idea was changed to only look at the experiences of women who had suffered a fall.

Sarah, 89, was a very pleasant lady. She had experienced her first fall the week before the interview and was gracious enough to allow me to interview her, despite her uncomfortable state. She told me that she will always be frightened of falling again and will not be able to relax. Sarah was from Prince Edward Island. She had been married and she had several children, and many grandchildren and great-grandchildren. She spoke very fondly

of her family and mentioned that she spent each weekend with them. The close ties she had with her family provided her with a lot of strength and happiness. She explained that she was not interested in participating in activities offered in the nursing home because she would rather spend time with her family. In her younger years, she was employed as a school teacher. Being a mother to three girls and her teaching career gave her a lot of satisfaction in life. She also worked on the family farm in Prince Edward Island, picking potatoes when she was a young girl.

The second woman I spoke with, Anne, age 83, was very quiet. In contrast with Sarah, she had little to say when questions were asked of her. Anne had been feeling a little ill prior to the interview which she mentioned to me, and I took this as a reason for her lack of enthusiasm during the interview. Anne had experienced three falls and told me quite bluntly, "I can't do anything" when asked if she was afraid of falling again. Anne was married and had children who were living in the Ottawa area. She was told by her mother to leave school at an early age in order to help out at home. She had been a cleaning lady, working in a doctor's office when she was younger.

Lindsey was born in Quebec, but lived most of her life in Ottawa. She worked for the government in Ottawa, was married and had children. Lindsey was 87 years of age at the time of the interview. She told me that she had experienced two falls and the thought of falling again was on her mind all the time. She explained that she had married later in life, had a happy marriage and spoke fondly of the family times she had at her summer cottage in Ontario. She confided that her children visited her quite often in the nursing home and that she was happy with her life at that time. She was quite encumbered with arthritis, however, and relied very heavily on her wheelchair and walker to get around the nursing home.

Norah, 90, was born in Ontario. She was married but had no children. Her passion in life was animals; she had many pets before moving into the nursing home, both wild and tame. She described how she once had a pet racoon. She lived on a farm with her husband in Ontario and she had also enjoyed the farming life as a young girl living with her parents. At the time of the interview, she had a lot of difficulties with her knees and was almost blind. Of all the women interviewed, she was the most unhappy with her current situation in the nursing home. She complained about the care she was receiving and also complained about her personal financial status and about the government in terms of her pension cutbacks. She indicated that she had no family members visiting her, mostly friends. Norah had at least five falls and she told me that she was always tense and worried about falling again.

Two of the women were born overseas. The first one is Joan, 82, who was born in England. She had fond memories of her time in England and kept going back in time to describe the happy moments in her earlier life in England. She did, however, spend most of her adult life living in the United States and Canada. Of all the elderly women interviewed, Joan was the most physically active. She was an avid tennis player and spoke very fondly of the sport and many other physical activities in which she participated throughout her life both as a young girl and as a young woman. She mentioned that she still played the odd game of tennis, when her son took her to the tennis club. At the time of the interview, she did a lot of walking in the nursing home and clearly enjoyed the benefits of physical activity. Her children lived in the Ottawa region and visited her regularly. Ironically, Joan's only fall occurred while playing tennis and she injured her wrist as a result of this fall. She was not afraid of falling again at the time of the interview.

The other woman born overseas was Catherine, 95, who was born in Italy, but lived

most of her life in Ottawa. She was married and had children living close by who visited her often. Like Anne, Catherine left school early to contribute to household duties. Around the time of the interview, she was experiencing some health difficulties, which she described as her "spells." She told me that she had fallen only once and was not afraid of falling again. Catherine was a little hard of hearing and therefore several of the questions presented to her had to be repeated and reworded for proper comprehension. Catherine had worked in a store when she was younger and was also employed as a cleaning lady and a babysitter. Catherine was happy with her life in the nursing home and was actively involved with the Resident Council Club.

Martha had never been married and was 79 years of age at the time of the interview. She described one fall experience to me and mentioned that she felt helpless and terrified of falling again. She was born in Ottawa and lived there all of her life. Martha had a type of arthritis that rendered her incapable of many physical activities. Even learning to walk as a young girl was a challenge for her. Most likely due to her forced inactivity throughout her life, she suffered a weight problem and spoke about her food troubles, her likes, and her dislikes, as well as the difficulties she had with the food served in the nursing home dining room. Martha spoke about the visits and the help she received from her nieces and nephews. She was a very happy woman and enjoyed having the opportunity to speak about her past very much.

Eleanor, 89, was born in Ontario and never married. Eleanor was emotional during the interview and cried several times when she spoke of being alone and having no family members or many friends around to help her. Eleanor was a stenographer in the government when she was a younger woman. She told me that she was born with a deaf ear which caused

her to lose her balance. This is the main reason, according to her, why she had suffered from multiple falls. She was very nervous about falling again. She described how she had not been very active either physically or otherwise at any time in her life and was not physically active in the nursing home at the time of the interview.

Like Eleanor, Mavis, 91, was never married. Mavis told me that she had experienced nine falls and she tried to be very careful to prevent any more falls. She had been a nurse when she was a younger woman and had worked in different parts of North America, but mostly in Ottawa. Mavis travelled extensively throughout the world and spoke of this passion with very fond memories. She seemed quite content with her present life in the nursing home, but pointed out that she would rather be in her own home if she could. The home she left to come into the nursing home had been in the family for several generations. Her nieces and nephews did not visit her often and she stated that she was a little annoyed at some of them.

The most insecure of all the women interviewed for this study was Maude, who was 80 years of age. She was constantly asking if she was good enough to participate in the interview and was wondering if her information would be of any use to the study, or if she was answering the questions properly. Maude was born in Quebec, had never been married, and had been employed as a Life Insurance agent. She enjoyed her career very much. She received a lot of support and visits from her nieces and nephews who helped her move into the nursing home. Maude had fallen three times and she told me that she hoped and prayed that she would not fall again.

### Reasons for Entrance in the Nursing Home

There were three main reasons for the elderly women interviewed for this study to enter the nursing home. The first reason was solitude. Some women had been living on their

own and felt they could no longer care for themselves and they did not want to burden their family members with their care. The second reason for entering the nursing home which emerged from the data was the injuries sustained, usually from a fall-related experience. The third reason involved the issue of fear of falling. Some of the women wanted to go into a nursing home because they were afraid of falling in their own homes.

Sarah, Anne, Lindsey, Martha, Eleanor and Maude all entered the nursing home for reasons of solitude; they were living alone and they did not want to burden their family members and extended family members with their care. The elderly women who had never been married did not want to make any extra work for their relatives ( i.e., nieces and nephews) when they started to have difficulty taking care of themselves in their own homes. These women were not able to manage the task of caring for themselves as well as looking after a home or an apartment without the assistance of others like family members, friends or paid help. Joan felt it was time for her to move into a nursing home to avoid living alone when she was widowed. She also wanted to seek independence from her children and this motivated her to go into a nursing home. When I asked her to describe the circumstances that brought her to the nursing home, she offered the following statement:

Well, widowhood. Being a widow and on my own and wanting to be independent of my children, I chose to come into a residence where I'm well taken care of so that they have no concerns about my well being. My two children are free of responsibilities. It gives me a feeling of independence. Of course everything is done for me. But I am independent in regards to my family. I am very content and I like the feeling of independence it gives me, and the children don't have to worry about me. I'm glad that I am here.

Eleanor described how she came to the nursing home. She cried during the interview, particularly when she started talking about being lonely and not having family members or friends around to help her:

Well, I had sold my house and I had decided that I'd have to go into a home. Well, I was selling my furniture . . . . I was having an auction sale and selling my furniture and preparing to go into a home. Because I don't have any members of the family [starts to cry]. And I needed something permanent. And I like it here.

Feelings of solitude and a lack of family members to aid in the caring process were often reasons for these women's entrance into the nursing home, as was the case for Maude:

I wasn't capable of looking after myself. I was involving so many people and I thought, well, it isn't fair to anybody because my niece and nephew, my nephew has been very good.

Maude, who entered the nursing home for both reasons of solitude and the fall she suffered, was still trying to adjust to the changes in her life brought about by her recent fall and her move into the nursing home:

[So the fall is what brought you to the nursing home, but you don't feel you've adjusted to living here yet?] Yes, I guess that's about it alright. The fall I haven't adjusted to or maybe it's just too many changes at one time. I don't think I have settled in and said, OK that's it, this is the way I'll be for the rest of my life sort of thing.

Some of the elderly women felt a sense of relief with their life status and living arrangements in the nursing home environment. These women were glad that they did not have to burden their friends, their children or other relatives. They did not want to feel guilty

about having to be looked after and rather sought independence by choosing to live in a nursing home at this time in their lives. Norah suggested that the reasons for her entrance into the nursing home were a combination of her fear of falling and being alone:

Because I couldn't get in and out of bed alone and because I was afraid of falling. And I couldn't go to bed. That's why I had to have somebody morning and night. So they [Home Care] brought me here.

Martha explained to me that she entered the nursing home partly for reasons of solitude and partly due to her own "silly mistakes" which were causing her concern about her ability to take care of herself. These "silly mistakes" were alarming some of her family members as well:

Well, my parents are dead, my brothers were married, my sister was here and we each had our own home, our own apartment. I was doing crazy things like I'd pick up a bottle of jam and instead of putting it in the fridge, I'd put it in the oven. How could I do that, it was ridiculous! So I got thinking, you know, I'm not getting any younger.

Norah, who was also living alone, described how her entry into the nursing home came rather suddenly:

Well, I got to the point where I was alone and living in my home. It was time to do something. I put my application in for here and I really didn't mean to come that soon. And the Home Care lady came in one day and she said, "I was out at St. Pat's and you're 58<sup>th</sup> on the list." And I said, "well, that's good. I have a while." And the next day, they called me.

Catherine and Mavis entered the nursing home because of the injuries (i.e., broken hips) they sustained from falling. Like Maude, Mavis also entered the nursing home

for reasons of solitude as well as the injuries she received from her fall. When Catherine and Mavis were asked what circumstances brought them to the nursing home, they responded:

Because I couldn't manage anything else. My hip, when it was broken. And then, I couldn't manage it and I was getting weak and sick and things like that and couldn't manage the apartment. So I had to give it up.(Catherine)

Well, I fractured both hips. My family have all broken up, well most of them are gone to begin with. I might have remained home longer if my brother was alive, but he died three years ago. I'm here three years in March. (Mavis)

### Situation Within the Nursing Home

All but one of the elderly women interviewed for this study were happy with their decision to live in a nursing home and happy with the nursing home they chose to live in.

Joan felt very lucky to be where she was:

Well it certainly is different. But I think it is very natural. I don't think there's anything that is not generally practiced when you are by yourself and you have the means where you have to come to a place like this. You're lucky, really.

Sarah was very happy with her life in the nursing home she had selected. She was comfortable with all aspects of it and noted that she was not unhappy or depressed about anything at all. She suggested that she could see her family every weekend and that she had a lot of support from them. She felt that she was in the best living arrangement for her situation and she had a very positive attitude:

But the staff here are very, very nice. The doctor asked me, he said, "where are you?" And I said, "at St. Pat's." He said, "you like it?" And I said, "yes." He said, "I heard it was one of the best." And I said, "well, I've never been any other place." I would

say that this is the champagne of nursing homes.

Norah, the only woman interviewed who was not happy in the nursing home, described how she had been complaining to the staff at the facility. She also recognized the fact that the government was short of money and that her old age pension was getting smaller every year. Norah did have quite a few health problems and maybe was just not feeling well about anything on the particular day she was interviewed. She did not have children to care for her and to visit her in the nursing home:

[So you feel your quality of life isn't as good here as it was in your own home?] No, it's not as good in that respect. In other respects, it's very good. But you know that was one thing for me that was very important, of course, I complained about it a lot, but I felt I had to if I was going to improve it any. [Has your fear of falling impacted on your quality of life?] Well only in the respect that I couldn't get any help, the staff are very busy here.

### **Lived Experiences of Falling**

In terms of falling experiences for the women, four categories of themes emerged from the data analysis. The first category was related to the uneventfulness of the falling experience that each of the elderly women described. The second category involved the factors related to falling, either intrinsic or extrinsic. The third category which became apparent was the women's unique feelings about their falls and the emotions surrounding these falls and the way they affect quality of life and autonomy in the nursing home. The fourth category concerns the health issues related to falling episodes, particularly the way the health problems impact on falling and vice-versa.

### Falling as an Unextraordinary Event

All of the elderly women interviewed for this study had experienced at least one fall in the past few years. Most of the women had experienced a fall within the nursing home and they all described their falls as being the result of a casual accident. Many of the women had experienced multiple falls both inside the nursing home and in their own homes. All of the women had fallen doing regular daily activities except for Joan who had fallen playing tennis. Except for Joan's, all of the accidents were rather unextraordinary in their genesis.

### Extrinsic and Intrinsic Factors Related to Falling

The falls experienced by each of the elderly women were all caused by different factors, some extrinsic and some intrinsic. Extrinsic factors as described by the women in this study were items such as poor lighting, slippery floor, bedclothes that were too long, bioped inserts in shoes, wheelchair problems, and walker problems. The intrinsic factors are actually better described as health problems these women had been experiencing for some time which may have contributed to their fall experience. The problems as described by the 10 elderly women covered a broad range of impairments: poor eyesight, dizziness, bad knees, back pains, and arthritis.

Extrinsic factors were often blamed for many falling accidents involving the elderly women. Sarah spoke about her concern for proper maintenance of her wheelchair and she recognized that sometimes things did go unnoticed. She described the wheel alignment problems she had experienced with her wheelchair:

I think that probably my wheelchair was a little to blame. My family looked over my wheelchair and they don't think the alignment of the wheels was right. About a year ago, I went down to the girl downstairs and she took it for a ride, but remember she

was standing up straight and I was sort of crouched over it and she thought it was alright. But lately, I didn't think it was alright and I was a little afraid because sometimes I would be walking and it would go in another direction and I guess I neglected to look at it.

Eleanor spoke of her fall experience that occurred within the nursing home environment. Her fall was the result of two doors opening into one another, the hallway door and the bathroom door:

These two rooms, here, this one and the next one. You see, the door comes in from the hall, opens in from the hall and the bathroom door opens out and there is a small amount of space in-between. I was coming out of the door, the bathroom door, and there was a resident coming in the other door and the doors just got jammed. [Is that how you fell?] Well, I think so. I'm sure that is. My knee hit the floor between them, between those doors and that's how I fell.

Intrinsic or health factors were not always as easily controlled as extrinsic factors. Eleanor and Martha were both born with physical impairments that affected them all of their lives. Eleanor was born with an inner ear problem that often made her lose her balance. Martha was born with arthritis that has affected her movement patterns. She was never able to walk properly or participate in any physical activities while she was a young girl, as a young woman or currently in the nursing home:

I was born with arthritis, so the doctor told me. And one doctor, according to relatives, he told my parents I'd never walk. Well, I was 7 or so before I actually did walk. In those days, bone speciality wasn't known. It was called Lumbago. And I was being treated for Lumbago every time I went to a doctor.

Others, such as Norah and Lindsey, noted that they suffered different ailments or impairments as a result of an illness or an accident. Norah confided that she was severely restricted due to her eyesight difficulties:

Oh yes, my eyesight has been bad for a long time and I just had an operation on it which was very successful, I understand. I took care of it because I didn't hurt it in any way. And I guess I was being extra careful there too that I didn't fall and give it a bad bump.

Lindsey explained that she had arthritis for a long time and that she suffered a great deal from this arthritic condition. She saw many doctors regarding her condition and some even suggested surgery, but she specified that she did not want to have surgery:

Oh yes, but it's really worse this past year. And this year, since this knee started bothering me so much, I have an appointment at the end of the month. But I'm not going to have the operation. I thought of getting cortisone injections.

Eight of the ten elderly women experienced a fall in the nursing home setting. In terms of factors causing the falls though, there seemed to be little difference with the falls occurring outside of the nursing home. Indeed, many women experienced a fall before entering the nursing home and some falls were the result of extrinsic factors and others, of intrinsic factors again, the incidents seemed quite innocuous. For instance, Catherine experienced her fall in a shopping centre in Ottawa. The cause of the fall seemed rather benign, the experience was rather traumatic for both her and the friend who was walking with her:

It broke my hip. We were walking into the shopping centre in Lincoln Fields, and she tripped and she was a really good friend of mine, but she was a little bit [gesturing a

large size] and she couldn't see. She was very close to me all the time. So she just touched my hip like that and went right over and she fell on me. And she was 185 pounds and I was 120 pounds. So, I thought it was my knee that seemed to be hurting, but it hit the hip.

Similarly, Joan experienced her fall before entering the nursing home, however it happened while playing tennis. Joan had been active all her life and she participated in many sports. She explained how her sports-related injury occurred.

Well, I did fall. I tripped playing tennis and I broke my wrist. The only thing that I can recall. It is a constant reminder. I can't wear bracelets you know [laughter]. I had the racket in my right hand and I put out my left hand. I didn't know what to do. Stick out one hand and drop your racket, put your arm out. It was swollen up to the elbow.

### The Vicious Circle of Health Problems and Falling

The most common health issues these women spoke about were related to their difficulties with arthritis and their back pains. Arthritis affected everyone differently; sometimes it was said to be quite debilitating and, other times, to be just a minor annoyance. Similarly, back pains suffered by the women were said to be chronic or to be like an irritation that can fade with time or with proper medication. Others mentioned eyesight difficulties and balance problems. These ailments sometimes did contribute to a fall and at times the falls themselves aggravated these underlying health conditions. The women's narratives seemed to lead to the conclusion that health problems and falling were the main elements of a vicious circle. Health problems were causing falls or prohibiting the women from doing the physical activity necessary to gain the confidence to move without falling. In turn, falling brought

more health problems and those problems as well as the fear of falling prevented the women from doing the physical activity necessary to improve their health and diminish the likelihood of falling again. Lindsey and Mavis told me how their back troubles bothered them a great deal on a daily basis:

Well, I did have a fall, I think a couple of falls. They weren't too serious. But it bothers my back and my left side. (Lindsey)

Well, they do have exercises here, but I don't take part, I walk. My back is always painful. I take quite a number of Tylenol tablets a day. (Mavis)

Lindsey went on to speak about her difficulties with the arthritis she was suffering and how it impacted on her walking:

Well, I can't really walk so much now. And with the arthritis, you know. . . I mean, I would really like to walk. And then you see I have this problem with my ankle. It's swollen and I am supposed to keep it up. I miss so much with the walking. I really like going for walks. Now I have no exercise.

Many of the women indicated that they suffered from various health difficulties long before their entrance into the nursing home. These difficulties ranged from a gradual deterioration of health to a sudden onset of discomfort, which, according to these women, was brought about by an accident, maybe even a fall. For example, Lindsey mentioned her years of difficulties with arthritis and in contrast, Catherine felt that her current health problems, or her "spells" were a result of her falling experience. Norah described the frustration she experienced as due to her two health problems.

I used to try and get up myself and that was very difficult. My knees, I was just really waiting to have my knees operated on and my eyesight is always confusing. You

know it's hard to explain when you can't see and you can't walk. You have to be in that position to know.

All of the elderly women I spoke with did sustain physical injuries associated with the falls they had experienced. Some of them broke their wrists, some broke their hips and others injured their heads and their faces. Most of these injuries did have long-lasting effects, either physical (e.g., movement restrictions) or psychological (e.g., fear of movement such as walking and other physical activities). Sarah injured her face very badly from the fall she had the week before the interview. She was grateful that she did not fall and land on her hip because she was aware of the more serious consequences of a broken hip:

Well, I feel a lot better now than the first day I saw you. It's remarkable how quickly you can sometimes . . . You know, I was lucky that I fell the way I did. Had I fallen on my side, on my hip, I would have been at the end of the line as far as any activity. As it is now, before I had that fall, I couldn't walk without a walker, I could probably go to the bathroom and back. But I couldn't go to the desk and back.

Breaking a hip is a common consequence of falling, particularly for elderly women. For the case of this study, this injury was seen as debilitating and the two women who had broken their hips as a result of a fall were relying very heavily on the use of a wheelchair and/or a walker as an assistive device to move around the nursing home. Mavis and Eleanor both suffered broken hips from their falls. Mavis spoke quite frankly about her falls and her resulting hip injuries:

A fall? Oh yes, that's how I broke my hips. I've had nine fractures so that will be nine falls. I broke my left hip and my right thigh at the same time. I think I broke it

here. Yes, I did. The bed was too high and I didn't realize it. I hope to be getting a lower bed.

As mentioned previously, intrinsic factors concerning elderly women's health status played a very heavy role in the possible causes of falls. Norah, who had experienced several falls, most likely due to her health problems, described how her dizziness sometimes overcame her and caused her problems. She expressed a fear of falling that was always on her mind:

Yes, I'm always afraid of falling. Always very careful. Sometimes, no matter how careful you are, if you're the slightest bit dizzy or you overreach like I was doing this last time. The hangers are too high to reach.

Considering the idea of the "vicious circle," it is crucial to note that there is no end to this circle and that women spoke of several falls. For example, Norah had experienced several falls both at home and in the nursing home environment. She told me that each fall hurt more than the last one and she described how the injuries sustained from previous falls were aggravated:

So I was stretching to reach up and then I just lost my balance and slid down on my bum. It was a hard fall, it hurt me. When you have one fall and then you have another fall, it always hurts more because whatever you irritated the first time, you irritate worse the next time.

All of the elderly women had spent time in the hospital as a result of their fall and the injuries they sustained from their fall. Some of them had operations on their hips, some had broken limbs set, others had sprains and yet others received stitches due to lacerations.

### Falling as an Emotion-Generating Event

When asked to describe their feelings and their emotions linked to their falling experience, some of the women spoke to me about such feelings as annoyance, frustration, anger and helplessness. Eleanor expressed her annoyance with herself for falling:

[After the pain had gone from your fall, how did you feel? How did you feel about yourself?] Well, I'm annoyed at myself you know. For falling, because it just happened so quickly. I can't do anything about it. Now that I'm older, I feel . . . you know. If I fall many more times, I don't know what will happen. I kind of felt annoyed that it happened. I couldn't see any reason for it happening. I had lived here for 4 years and it was rather stupid. I'd be mad at myself, really mad if I fell again.

Sarah had just experienced her fall the week before I spoke to her. She was still very traumatised and bruised by the episode and the descriptions she gave painted a very clear picture of the recent fall event she experienced:

I have no idea what happened. Did I turn a bit and the wheels [of the wheelchair] were out of alignment, or did I have a pair of shoes on that were slippery on the bottom? And I just went forward and hit from my forehead to here [pointing to the top of her lip]. And those that were sitting on the bench, you know, I asked them what happened, and they said it happened too quickly. They couldn't tell me what happened. But I didn't take a weak spell and I didn't pass out. Believe me, it was traumatic. Oh dear, and the blood was just going and I knew I couldn't get up.

The rest of the elderly women described their falling experiences a little more matter-of-factly. This was probably due to the fact that their falls had occurred some time prior to the interview. Some of the women were even a bit confused as to the circumstances which

led to the fall event. An example of a more matter-of-fact description of a fall experience is that of Maude's which was quite different from Sarah's fall experience as described above:

Yes I did, I fell once. In here, yes. Well I got up and I went to do something and I fell and hit my head. Well, anyway, I did have a fall and I'm not exactly sure if it had any repercussions because it's been almost a year since I had it.

### **Lived Experiences of Fear of Falling**

Several themes emerged from this portion of the data. The first concerns the fact that all but two of the elderly women expressed a very real fear of falling as well as the issues related to this fact. The second has to do with the fear of falling and the relationship between this fear and the use of assistive devices. The women mentioned that the assistive devices were essential for their movement and assisted them in the prevention of future falls. Most of the women who did express a fear of falling clearly felt the need to use their assistive devices in the nursing home. The third concerns the way to decrease the fear of falling. The women were all asked to describe how they could improve their present quality of life and their independence in a way that might possibly overcome their fear of falling.

### **The Omnipresence of the Fear of Falling**

All of the elderly women except for Joan and Catherine expressed a fear of falling as one of the consequences of their fall experience. Some of the women felt annoyed that the fall occurred at all and they were afraid of both the health consequences of falls and the risk of future falls. Others expressed feelings of sheer helplessness as a result of their fall. They felt trapped and afraid to try things, both new and old, for fear of another fall and its related consequences. By relying heavily on the assistive devices offered to them (i.e., wheelchair, walker, bathgrips, canes) the women felt that they were provided with some sense of security

and, perhaps, a way of preventing a future fall.

Martha expressed her feelings of helplessness due to her fear of falling and her dependence on the staff at the nursing home to help her with her daily living skills:

Helpless. That's all I can say. I don't want to try anything unless there is somebody hanging on to me for dear life. And I can't take a bath. Can't take a shower. But I do have baths. They have these hydraulic baths and when the girl is putting me into it, I am holding on to her for dear life.

Mavis and Norah who had both experienced numerous falls spoke of their fear, and how this fear forced them to be very cautious and to limit their movements:

I am concerned about falling again, yes. I'm careful. I don't get up and walk freely.

I get up from here and touch the bed. I don't feel free to walk. (Mavis)

Well, I suppose it tightens you up a little bit, but I don't know. I try to be more careful, I guess. The more careful you are, the more you get tensed up. (Norah)

Having no fear of falling seemed to be the exception to the rule with the women interviewed. Joan and Catherine both told me that they were not afraid of falling at the time of the interview and also when I went back to the nursing home to present the results to them. These two women had made up their minds that they had better things to worry about; in particular, Joan, who had been physically active all her life expressed no fear of falling again. She felt confident in her own physical ability as a result of all the physical activities in which she participated as a young girl and as a young woman. In contrast, Catherine, who also expressed no fear of falling, was not allowed to be active as a young girl; her mother forbade her to participate in physical activities. Catherine did not worry about falling:

Well, I don't think too much about falling now because, well, I know I'm being

looked after and there just isn't any need to be worried about that, I don't think. I don't want to just dwell on the falling.

Some of the keywords used to describe these women's fears concerning falling are: terrified, helpless, careful, always tense, not relaxed, praying to not fall again. Many of the elderly women had this fear of falling on their mind all the time. They thought about it with everything they did, it became all-consuming. Their fear became a part of their daily life, their thoughts and their actions reflected this fear. This fear, that most of the elderly women described, was one of the reasons for their nursing home placement. For some of the women, this fear seemed to prevent them from being active in any physical activities in the nursing home as well as their reliance on assistive devices within the nursing home environment. Lindsey expressed a fear of walking on her own:

I just can't step along anymore. I have to drag this knee especially. For over two weeks now this knee, I just can't stand on it, I have to drag it. So that's the way I walk or move around. And I have noticed, different times, you have to be so careful because I almost fall.

Sarah explained to me that she had always been afraid of falling in her elderly years. She was also very grateful that she did not fall on her artificial hips when she experienced her most recent fall:

[Are you afraid of falling again?] Yes. I was always afraid of falling because I have two artificial hips and I was always so afraid of falling. I was afraid that I would crack one of them and I guess God was good to me in a way, in the way I fell. I fell on my stomach and saved the hip. I was always terrified of falling. But you know I never fell in my life before even in slippery weather and ice, I could always make it. I was

never a faller. I have sisters that could fall all over the place, but I was not a faller.

Mind you, I wasn't 88 years old then!

Sarah went on to express her fear of injuring her artificial hips:

[What has been the consequence of your fear of falling? How has your fear of falling restricted you?] I will be frightened. I will not be relaxed. Although I always said I'd rather have a fall, I think I was always thinking about the hips. I wasn't thinking about falling forward, but when I get out there, I don't know how I feel. You have to play it by ear I think.

### Assistive Devices and Fear of Falling

All of the women interviewed for this study, with the exception of Joan, relied on an assistive device at different times during the day in the nursing home. The most commonly used devices were walkers and wheelchairs. A walker was usually located close to the women's bed and a waiting wheelchair parked outside her door in the hallway for excursions outside of the nursing home or a lengthy distance within the building itself. Mavis spoke of her dependence on her walker and her wheelchair after being asked if she was afraid of falling again:

[Are you afraid of falling again?] Well, I'm very careful. I can use a walker. I have an electric chair that I use at noon hour. Sometimes, when the weather is good, I can go out and around a bit. I can go downtown with the chair. The bus service is wonderful today. Otherwise, I use a walker.

Martha explained how she depended on her walker to prevent her from experiencing more falls. She felt that her walker enabled her to do things that she felt she was unable to do without this assistive device:

I couldn't do anything [without my walker]. As much as I do now. I was walking with just my walker one day up the ramp or down the ramp, I don't remember, but I just buckled and if I hadn't held on to this, I would have been on the floor. And yet there was no sudden warning or anything. It just happened.

Some of the elderly women mentioned that they never walk without an assistive device. Either their fear of falling prevented them from walking freely or their fall-related injuries or other health problems prevented them from walking on their own:

Well, I don't try to walk alone now. And if I do have to, I get into the wheelchair and go down to my knees by holding onto the railings. I try not to have to call to have anyone to help me because I know it is a busy time. I know they are short-staffed too.

(Norah)

### Autonomy, Quality of Life, and Fear of Falling

It was important to try to determine what the situation regarding the autonomy and quality of life was like for these women. Some of the women were happy and felt they possessed some independence but a few of them described a poor quality of life and a poor sense of autonomy in the nursing home. During the interviews, questions were asked of the women to try to determine what would help to improve their autonomy and their quality of life. All of the elderly women were asked to carry out a "dream exercise" concerning their ideal life in order for me to determine how important or maybe not important their falling or fear of falling experience, as well as the loss of independence associated with it, was in their life.

Mavis was a very experienced traveler in her younger adult years and said that she had been to almost every country in the world except India. Her idea of an ideal life was to still

be able to travel. Traveling would be her ideal life, although in terms of practicality, her independence would be more fulfilled if she still lived in her own home:

[Is there anything that would have to change in your life right now that would make you more independent than you are?] I really don't know? I would like to be at my own home, in my own home. I really would. I miss my home.

For Mavis, giving up her home was a very traumatic experience. Leaving the place that she had cared for and looked after for many years was obviously very difficult for her.

Martha, who had experienced a physical disadvantage all her life expressed a strong desire for mobility to give her some independence. Having been physically restricted all her life, when asked to dream about experiencing more independence, Martha spoke of her wish to walk:

[How could you become more independent?] To be able to walk. That's the only thing I can think of. That's what I say to people when they say to me, "what can I get you?" I say, "the only thing you can get me is two good legs." They say, "we would if we could but we can't."

Most of the elderly women recognized the fact that gaining back their independence and/or autonomy would not be the same as when they were younger women. They understood and accepted their age as well as the consequences and restrictions that went along with their age. Some of the women indicated that they would like to do things and be more physically mobile than they were at the time of the interview. Maude described how she had adjusted her life to the nursing home environment. When asked to dream about an ideal life, Maude responded with:

I don't really know. I just would like it to go back to what I had, but you know, that's

not possible, so I have to more or less accept and try and adjust my thinking to their way of wanting. My thinking blends in with theirs, well, maybe they do that for you. I don't know, it's just plain hard.

Some of the elderly women recognized that their independence was almost all gone at this point in their lives. It was hard for them to picture how their lives might have possibly become more independent, once they were living in a nursing home. Their loss of independence occurred through different processes throughout the years, as they had aged. Norah explained how she had lost all of her independence:

Oh ya, I like to be independent, but I've gone through so much lately, I've lost a lot of my independence. I've had to move out of my house, sell all my belongings, sell my house. Now I have no place to go, so I can't be too independent now, I guess. You lose it all.

Mavis had accepted both the fact that she was an elderly woman and was not able to reverse this process of aging as well as the fact that she had experienced an accident which involved a fall. Her quality of life had changed as a result of her fall, but she did not appear to be bitter or upset by it:

[Has your fall or your falls impacted on your quality of life? Is your quality of life as good now as before you had your falls?] Well yes, because there is the difference in age to begin with. I've been here three years. I think it was about ten years ago that I had a real bad fall on the basement floor. Thank God I had the basement all finished, carpeted floors. I was comfortable, as comfortable as I could be. You know, when you have an accident, you have to accept it.

Once again, in terms of accepting the consequences of a fall-related experience, Maude described her sentiments:

[Is your quality of life better or worse than before you had your fall? How has it changed your life?] I don't think it has changed the quality of my life at all. It probably has, but I don't even recognize it. I knew that I had to get something done, somebody to come in and live with me or else do something about it. So I chose to do something about it.

Catherine also recognized her loss of independence when she considered her life as a younger woman. She, however, tried to fight this loss and wanted to be recognized in the nursing home environment as an independent woman:

That's one reason that makes me feel kind of like my life has changed. It's because I can't do things that I want to do. That is what hurts you. It's not hurt, but it's the pride. That if it was something that I could do myself, I'd go ahead and do it. Very independent, but that's the thing, they told me I can't. I've got to quiet down. You know, my daughter told me that, she said, "you have to quiet down. You can't be doing everything like you used to before. You can't do it." So that's the only way I can answer that. I do feel bad to myself, but I don't pretend it at times. I just say, "why live to have life that you can't do nothing?"

The aging women were asked to describe how they felt about their loss of independence brought on by their fall experience after the physical pain of the fall had diminished. Mavis illustrated her sentiments in this way:

[How did those falls make you feel? Other than the physical pain, how did you feel?] I don't know, how anybody would feel, you know. Pain and upset about having to be

looked after. Not independent. [How did you feel about your fall after you started feeling a little better from the injuries you sustained?] I don't know what to say, I sort of felt bad not being able to get out and get around like I used to. I drove a car 68 years, so you can imagine how I'm tied down.

Eleanor, who described herself as never being active as a young girl or a young woman, mentioned that she had always been a faller and has had balance difficulties. When she was asked to dream about an ideal life at the time of the interview, she explained:

Well, the fall hasn't changed too much I don't think. I'm not one to do a lot or go a lot of places or anything like that. [So even when you were a younger woman, you had falls then too?] Yes. I had a broken arm. I would just fall. And when I was young, you know, I would fall and scrape my knees. And that's why my mother thought I was awkward.

Lindsey described how her quality of life had been affected by her fall experience. She recognized that her life had changed and that she would like to be more physically active like she was before her fall occurred:

[Has your fall impacted on your quality of life?] Yes, like I say, I would love to be able to go out and walk everywhere. I would love to go to exercises, but I can't do it.

### **Lived Experiences of Physical Activity**

Four themes emerged from the data involving the lived experiences of physical activity: (a) physical activity as a young girl, (b) physical activity as a younger woman, (c) physical activity as an elderly woman, and (d) ideal conditions that would draw these women to participate in activities in the nursing home. This section of the results investigates the

physical activity experiences of the elderly women involved in this study. Beginning with their early years as young girls, followed by their years of young womanhood, and finally discussing their involvement in physical activities in the nursing home as elderly women at the time of the interview. Questions were asked of the women regarding their participation in physical activities during these time periods and if their involvement in physical activity was for pleasure or for work purposes for the first two time periods.

### Physical Activity as a Young Girl

Seven out of the ten elderly women reported not participating in physical activity for recreational purposes when they were young girls. The women spoke of how life for them was not like it is today. For the most part, their lives as young girls revolved around their work or school-related physical activities, for instance, farming work and walking to and from work and/or school. Many of them stated that they had been very active walkers when they were young girls and also as younger women. Walking for them was considered to be the main means of transportation since car travel was not nearly as prevalent as it is today. They walked to school a few miles each way, they walked to work, they walked to church, and they also walked to do their shopping. Sarah described how much she walked when she was a younger woman:

Well, my dear, when I was a young girl, it was not like it is now. I wasn't playing ball games and things like that. But I taught school on Prince Edward Island and I walked 2.5 miles there and 2.5 miles back, rain and shine and snow. So I got lots of exercise. I remember the doctor operating on me before for appendicitis and he said he thought he'd never get through because I had so many muscles from the walking: 2.5 miles there and back every day and stand all day teaching school. I didn't play ball games.

Sarah mentioned that she engaged in physical activity for fun in the wintertime when she was younger. She ice skated while growing up on Prince Edward Island. She said that there were no skating rinks around in those days, everyone just skated on the frozen ponds in the winter:

[Did you ever do any physical activities for fun when you were younger?] Oh yes. Learn to skate, and remember you were only skating on a pond. There were no rinks around.

Mavis described her daily walks to church and to school while growing up in Ottawa when she was a younger girl. Walking was a natural daily activity and she did not regard it as “physical activity” but rather simply a means to get to her destination:

Oh, I was always a good walker. I had about a mile to go to church. Another mile to go to school. Do you know Ottawa? Well, I went to Regent St. Convent in New Edinburgh which was four times a day.

Martha, Eleanor and Maude all told me that they did not engage in physical activities for pleasure purposes in their youth. Martha was not physically active due to her lifelong physical disability which rendered her incapable of walking, let alone much in terms of physical activity. When I asked Martha if she was physically active as a young girl or a young woman, she described how her life had always been lacking in physical activity:

No. I couldn't even wear a pair of roller skates, ice skates. I couldn't bicycle, unless you put on the bike and hold the handle bars, oh that was great. Or, if you took my hand and pulled me with the roller skates or ice skates, oh lovely, but that's not activity. And I couldn't play sports of any kind.

Maude, on the other hand, was never interested in any type of physical activity when

she was younger. She spoke of her lack of confidence and her lack of interest in joining activities of any sort when she was a young girl or a younger woman:

[Were you physically active as a young girl or a young woman?] Not, I'd say active, no. I've never been really too active in sports and things like that because I just never seemed to get around to learning them properly and when I did, you know, I just got to the stage where I didn't like it and I wouldn't do it as a result. [Was there anybody stopping you from participating? Did your parents encourage you to? Did they want you to?] Not that I can remember. My family are all quite active in sports and have been, but I am not an active person. I don't think I did enough. To say that I was an active sports person, I was not.

Like Maude, Eleanor was also not very interested in participating in any physical activity when she was younger. Eleanor spent a lot of her spare time doing handicrafts in her leisure time rather than being involved in physical activity:

No. I really didn't, I didn't. You mean taking part in sports or anything like that? I did a lot of handiwork. I did a lot of knitting and crocheting. I made a lace tablecloth and I did hundreds of pairs of socks and that sort of thing. My hands can't really hold needles right now.

Eleanor went on to describe how her parents wanted her to participate in physical activities when she was younger, but how she was never interested:

[So it wasn't because they wanted you to stay home and do work around the house?]

Oh no, no. They wanted me to go and have a good time. But I just wasn't the type.

Sarah, Eleanor, Anne and Norah all worked hard on their family farms when they were young girls and described how this labour-intensive work kept them physically active.

Playing games and recreational sports was not a part of these women's lives as they were busy keeping the family farm going, which in itself involved a lot of physical work:

And you asked me about my physical work when I was young. Now there wasn't many games. I worked hard picking potatoes. And that was hard. All day long. Seven o'clock in the morning until six o'clock in the evening and you got a dollar a day. Out in the frost, the ground would be hard in the morning and you're 12 years old. For a dollar a day, it seemed like a lot of money. (Sarah)

Eleanor worked in the family garden when she was younger:

Well, I worked in a garden, that's the answer to that. If there was some work to be done in the garden, I'd be interested in that.

Anne left school in Grade 7 in order to work on her family farm in rural Ontario. Her mother told her to stay home to work on the farm. As a result of her limited education, she was later employed as a cleaning lady. Anne did not have the time or the resources to engage in any physical activities for fun when she was a young woman:

[How were you employed when you were younger?] Oh. It was housework. Cause I was only in Grade 7. My mother said, "you'll have to stay at home to look after the turkeys cause if they die, I couldn't pay my taxes." [So you worked on a turkey farm? What kind of work did you do on the farm?] Oh, my Dad used to plow and sow potatoes and we'd have to pick them. No trouble then, you know. We had to get a lot at Thanksgiving so sometimes the school would be closed because we were picking potatoes.

Norah was an experienced farmer all of her life, she spoke very fondly about her passion for the farm work she did and her love of the farm animals and the animals she had

as pets. Her room in the nursing home was filled with pictures of animals, mostly the pets she had had while living on her farm. She worked on her family farm when she was a young girl and continued with the farming lifestyle as a married woman. When asked if she participated in any physical activities for fun when she was younger, she responded with:

No, because my mother was ill and I had to look after her and I lived on a farm and I pretty well helped out on the farm too. [What kind of help did you do?] Oh, when I was really young and helpful, I used to help with the hay and drive the horses a lot. I loved doing that. Helped with the hay when it was going up into the barn, pushing it back in. People who work on farms can understand that.

Several of the elderly women mentioned the influence, either good or bad, that their mothers had on them while growing up. Catherine spoke of the old-fashioned upbringing she received from her mother when she was a young girl. She was not allowed to be physically active for fun, her mother would not permit it. Catherine described how her mother was very strict:

[Were you physically active as a young girl, or a younger woman, were you active at all? Did you participate in any sports or did you do any exercise that wasn't work-related?] No. No. Because my mother was very old fashioned. I had to just go to school and stay home and look after her. My mother took me out of school at 11 years of age because she needed help. Not to look after her, but I mean to help with housework, cleaning and everything like that. I was brought up real old fashioned [laughter]. No sports of any kind. [So there were no sports you played as a young girl?] No sports of any kind. My daughter there, she's a Law Counselor and she's a senior. She's over 65 and she goes skiing and she goes dancing, swimming, tennis.

Catherine, went on to illustrate the discipline she was subjected to from her mother as a young girl:

I can remember when I was 13 years of age and I never forget it because I got slapped in the face! And I was 13 and as soon as January came in, we were talking with some girlfriends that I had and I said, "I'm 13," and my mother turned around and said, "my dear daughter, you're 14." I said, "Mother, how can I be 14?" I said "I won't be 14 until September is my birthday. So I took a second look at her and I said, unless you're counting the months that you were carting me." Well she just slapped me right away. I never forget that and I used to tell her that a lot of times. But I kept my mouth shut after that.

Catherine told me that she encouraged her own children to be very active in all kinds of physical activities when they were younger because she felt she missed out on so much while she was growing up:

Because when I got married, with my two girls, I gave them all the freedom and even my mother objected to that. "Oh, ya" she said, "that's terrible. Letting them go dancing and letting them go bicycling and everything like that." So I told my two girls, I said "as long as you can use your head because" I said, "Grandma kept me tight. I couldn't do this, I couldn't do that." So, I had two nice girls.

Joan spoke very fondly of her mother, she mentioned that they spent many years being just the two of them before her mother remarried and then had another child. Joan was very close to her mother, both in terms of a mother-daughter relationship and in terms of age. Joan was born when her mother was quite young and because of their closeness in age, they enjoyed being physically active together:

I had a step-father. My mother divorced my father. He was what is referred to in England as “a bit of a lad.” Now she did remarry and I have a sister, a half-sister. I was 19 at the time and she came along. My mother was very young when she had me, of course, she was just about that age herself. I had twin children of my own and I try to remember that my mother never nagged, you know.

Martha’s mother, like Catherine’s mother, was quite strict with Martha’s upbringing. She spoke of her experience of running away from her mother when she was a young girl. A streetcar driver found Martha wandering the streets of Ottawa while he was driving down Bank Street and returned Martha to her mother. As a result of this incident, Martha’s mother put her in a convent:

He didn’t take any passengers on and he brought us back to Clary Ave. Mother said she’s going to put me in a convent from now on so I wouldn’t run away. She put me in the one on the Montreal Road right across from the Notre Dame cemetery. It was a French convent, most of the people were from Quebec. Four hundred girls, and eight of us spoke English only. We weren’t allowed to speak English.

Norah, like many of the other women, who spoke quite often of the influence their mothers had on them, looked after her mother during her mother’s period of ill health:

We were living in Bowesville then. Then, the airport came along and knocked everybody off there. And then, I was moved off there and my mother was ill and she had pernicious anemia. That was not a very good thing at that time. And my father died in 1927. And I had her to look after.

### Physical Activity as a Younger Woman

In contrast to the limited physical exercise for pleasure purposes reported by Maude

and Eleanor, Joan's experiences are very different in comparison to the other women. She was the most physically active as a young girl and as a young woman. Her experiences with physical activity are quite contrasting to the other women involved in this study. She spoke very fondly about her involvement with sports and her continued passion for physical activity in the nursing home. Joan's mother was an active woman as well, which was probably a big influence on Joan's love for physical activities:

From an early age I liked tennis and my mother, she was an English woman and she liked it. I was born in England. I played a lot of tennis. When I was back in England, for four years I went around with a Yorkshire lad on a bicycle built for two. I'm telling you they take you over hill and dale. But I have always liked to be physically active. Of course, now I'm 81, I think I am, I'm not quite sure. I'm in my eighties anyway and I still like to move. I like to feel like I'm not impaired, you know. I like to walk and, of course, I don't play much tennis anymore. I can play old-lady doubles you know. They don't come up too often. Well, I've sort of forgotten about tennis actually. I like to walk, I've always liked to walk.

Joan went on to describe her passion for swimming as well:

In Montreal, I used to come up from New York and swim in the Lachine Canal. Everything was in Lachine—I played tennis in Lachine and swam in Lachine.

Five of the ten elderly women interviewed had children. Those women with children and even a few who did not have children of their own but had nieces and nephews, spoke about the positive influence their families had on them. Sarah stayed at home raising her three daughters before deciding to go back to her teaching career while living on Prince Edward Island. Sarah's decision to go back to work provided her with an added bonus of motherhood

and career as well as the exercise gained from walking to work as previously mentioned:

For 17 years, I stayed home and looked after three girls and brought them up and worked hard. Cooking, baking, washing, ironing, on and on. And then, one day, I said to myself, "am I going to do this forever?" Washing on Monday and ironing on Tuesday and something else on Wednesday and, I thought, I wonder if they need somebody from another province to supply teach? And I was going by the telephone, and I thought, I'll ask. It was 11 o'clock, and he said, "oh yes, we're very scarce of supply teachers." And I said, "well I'm going to put my name in." I can only put it in for half a day because I had a little girl in kindergarten and in 20 minutes time she called me back and asked me if I could go down and see them.

Sarah spoke with fond memories of her teaching years on Prince Edward Island:

Well, you see, I went back to teach full-time when the youngest was in kindergarten and I kept going until I was 65. I had a lot of nice young friends who could carry me through the last year. I tell them they carried me through anyway.

For Norah, the farming work both as a young girl and as a younger woman occupied most of her free time and her working time. When asked if she participated in any physical activities for fun, she spoke of her obligation to first care for her mother and then her husband when they were no longer able to take care of themselves due to their poor health. I asked Norah if she ever participated in any physical activities for fun when she was younger, and she answered:

Well, I can't say I was. I had a car and I could drive wherever I wanted to go. I had a mother to look after and then my husband in his last few years, I had him to look after. So I think I was pretty physical in some ways, you know. But to go out and

enjoy activities and that, I didn't do that.

Norah continued to enjoy the lifestyle associated with farming work while she was married and living with her husband:

First time, I had 50 turkeys and 200 hens and 50 cows and 2 saddle horses. A saddle horse for me and my husband. And I looked after all those. The turkeys were a lot of work. But I loved it. Yes, my husband wanted to have a little goat farm and that's what we were planning on. We went over to the States and got pure-bred goats. They're the most lovable things you've ever found.

### Physical Activity as an Elderly Woman

There is an obvious gap in the results that omits these women's involvement with physical activity and their life experiences from the age of 50-70 years. The questions that were asked did not require them to think about this period in their lives, nor did any of the women speak of this part of their lives voluntarily.

All of the elderly women were asked if they were participating in any type of physical activity in the nursing home. The majority of the women said that they did not participate in physical activities at the time of the interview, and their reasons varied from person to person. Of these women, most of them said that they had participated in some physical or social activities when they first entered the nursing home, but that they had stopped.

[Do you participate in any kind of physical activities in the nursing home?] No. I used to when I first came in. Bingo and then I stopped. [How about any physical activities?] No. Oh, I used to go and pedal and I liked it, but then I don't know how come I got away from it. (Martha)

[Do you do any exercises or anything like that?] No. They have them, but I don't take

part. I do some walking with the walker. (Mavis)

For some of the elderly women, their lack of participation in any type of physical activity in the nursing home was the result of a medical and/or physical problem:

Well, we do have fitness you see. I used to go to that. This leg is bothering me now.

I don't go. Oh yes, I've taken part. (Lindsey)

Maude and Eleanor were never active in any type of physical activity in their youth and were not physically active in the nursing home at the time of the interview. Maude in particular, described how she understood the benefits of physical activity but that it had never interested her either:

They do that, [physical activities] but I'm not too active there either you see. I don't really know why I'm not, but I'm just not, I guess. I've got a stubbornness in me and if somebody tries to push me to doing things, that's when I kind of get off on my high horse and say, "now that's it." I haven't so far, but I know I'm not active enough.

Everybody thinks you should be, you know. I'm just not that type.

Maude felt as if she was not good enough to participate in any physical or social activities within the nursing home. Throughout the interview process, she was constantly wondering if her answers were good enough and she felt she was not helping the study but rather taking away from the results. She required a lot of encouragement to continue with the interview and I explained to her that all of her answers were fine. She further explained why she did not participate in game activities in the nursing home:

I feel like I'm not good enough at it, you know. If I went down and asked if they needed any players for six-hand euchre and if they said yes, well, then I've tied myself

into something I'm not sure of and then I'm wondering how long it is going to take to get out of it.

Joan, who had participated in many physical activities in her younger years, spoke quite fondly of all of the physical activities she was currently participating in both inside and outside of the nursing home. Listening to Joan's enthusiasm in describing these physical activities and the pleasure she derived from them was an enjoyable experience for me. When asked what type of physical activity she participated in at the nursing home, Joan responded with:

I play a little tennis. I joined a club last year and I can go with my son, you see. He has a friend and his mother goes and we make a foursome. I am still as active as I have been and I have always been a good walker. For four years when I lived in the Bronte country, the moors were all very lovely and 20 miles a day [of walking] was nothing. And they call it rambling. [Are there any other fitness classes or anything else in the nursing home that you engage in?] Well, I walk. I like to swim. I wish they had a pool. [Do you walk in the halls in the nursing home?] Well, that's not my idea of exercise, but sometimes, you know, for a stretch, you'll do that if the weather is impossible. Yes, you can walk a couple of city blocks in this place.

Joan did admit, however, that her current involvement with tennis was coming to an end.

[Do you still play tennis?] Well, I go with my son. I'm really not in the club any longer. I go on mother and son days and so on. I suppose my tennis years really are coming to an end. I don't play very much now. My son doesn't seem to approve of my playing tennis now with all the ladies. I might just have a "social."

In contrast to Joan, who did speak very fondly of her family and the support that they

offered her, the main reason Sarah gave for not participating in activities in the nursing home was linked to her involvement with her family. She indicated that she spent a lot of time visiting her family and that they came to see her at the nursing home quite often:

Those two little girls you see there, sitting on the couch, they're two granddaughters. The smaller one is the youngest. The youngest grandchild. And she and I have the same birthday. And when she was a little girl, somebody had given me a teddy bear, a small teddy bear and she used to come in and she was looking at it so longingly and one day I gave it to her. And she's 15 now and she slept with it every day. And the first night I fell, she [starting to cry], she brought it in to me. She phoned from the school to see how I was. So I'm very proud of my children and my grandchildren and my great-grandchildren. I only have two. I'm more interested in my family than I am in activities at St. Pat's. I find that I talk to people that I don't know and they don't know me.

#### Ideal Conditions for Physical Activity

I asked each of the women to participate in what was described as a "dream exercise". I asked them to describe what would be the ideal conditions that might possibly draw them to becoming more physically active in the nursing home at this point in their lives. Most of the women found this to be a very hard exercise. They seemed to have accepted their current lives and were not able to imagine what type of change would have to take place to lead them to become more physically active at the time of the interview. The reasons the majority of the women gave for their apparent lack of participation in the nursing home were of a personal nature. They said that they were too old, too fat, too sick or that they had always lacked the confidence to engage in activities of this nature. They were aware of the programs offered at

the nursing home and they did not suggest that these programs were inadequate or lacking in any way. Martha was able to come up with a descriptive response when she was asked about the ideal condition that would draw her to physical activity at this point in her life:

The only thing is lose weight and be nice and slim. That's all I can say. [So if you lost a little weight, you think you could do some physical activity in the nursing home?] No, I don't think I would because when I came in here I was 175. I started not to eat and what I was doing was ordering outside from restaurants. I went from 175 to 105. I felt good, I felt wonderful. I had a waistline. Now I've got nothing but tummy.

I asked Martha what would have to change in her life in order to make her more physically active and she spoke of her weight problem and how she would have to cut down on her eating:

[If you could change something to make you more physically active, what would you change?] I guess I'd have to push the table away from me. The way I am now, I couldn't do any activities. So that's very hard for me to answer.

The rest of the elderly women found it more difficult to answer this question. For example, Catherine described her feelings concerning an ideal condition that might draw her to more physical activity in the nursing home:

Well, I don't know how I can answer you that. They know I can't take much when I have this [medical condition]. I really don't know how to answer that. They know that, in my condition, I really can't do too much. And they keep their eye on me a lot of times and say, "you shouldn't do this, you shouldn't do that."

Sarah and Mavis both expressed feelings of being too old to imagine any ideal condition that

would draw them to physical activity at this point in their lives:

I don't think you could push me. No, I'm 88. [What would be the ideal conditions that would help you gain back some of your autonomy, some of your independence?]

Well, just if I'm able to get back to where I was before. I would like to be able to take care of myself. (Sarah)

For some of the women, their feelings were such that being inactive in old age was normal. This stereotype was accepted by some of these women, and Mavis in particular, felt that old people just do not do physical activities. Mavis was almost cross when I asked her what would make her more physically active at this time in her life:

Oh my goodness, I'm ninety years old! (Mavis)

Maude, who had expressed a lack of confidence in joining in physical activities her whole life was not able to think of an ideal condition that would draw her to physical activity while living in the nursing home:

I don't know. That seems to be my favorite answer. No. I can't really think of anything that would be improving it to the extent I'd need or to the extent of making me happy to be in a program or something like that. I can't think of anything that would bring it up to what I expect.

Norah was not able to imagine an ideal condition that would draw her to participate in any physical activity in the nursing home either. She seemed to view her health problems as a major limitation:

There wouldn't be anything that would draw me to it [physical activity] in my situation right now. I liked bowling before, you know, in my younger days. I liked that very much. I haven't done that in a long time. [What would be the ideal

conditions that would help you in gaining back some of your autonomy or your independence?] It would be getting my eyesight and my legs fixed. Which I am doing my best to do as fast as I can. I can't do everything at once.

### **Validation of the Lived Experiences**

A few months after the initial interviews were conducted, I went back to the nursing home, to the same elderly women to present them with some of the results. The results that were presented to these same women, were individually read aloud in the form of a short narrative. Sadly, one of the women had passed away as a result of a heart attack during the time that I was analysing the data. The reactions each woman had to the narrative were recorded by hand and a small discussion ensued with each of them about the narrative.

#### **Mary's Story**

This narrative was a compilation of the results of the data and interesting stories that were presented to me from the ten elderly women. I tried to create a narrative that represented a model of a composite picture of the study participants in order to create a small discussion concerning the circumstances that Mary Smith, a fictitious elderly woman, had lived through in regards to physical activity, falling and fear of falling.

Mary was born in the year 1910 in rural Ontario. As a young girl, Mary didn't play many sports or games for fun. It was not like it is today, with lots of sports and physical activities for young girls to participate in. Mary's physical activity came from her miles of walking every day all year long. She would walk a mile to school every day and also walk to church every Sunday. The other way that Mary was physically active as a young girl was working on the family farm. She fed the animals, worked in the garden, helped with bailing the hay and many other physical

chores. In the fall, she spent a lot of time picking potatoes in order to store them for the long, cold winter months ahead. When Mary was 12 years old, her mother told her that it was time to stop going to school. There was just too much work to do on the farm and around the house, so it was time for her to stay home and help with the farm work and the house work. Mary was married when she was 22 years old, she had three children and she worked hard raising them. She had a happy married life. During her adult years, she did not participate in many physical activities for fun. She attended church socials and went to dances and of course she still did a lot of walking. She occasionally went skating on the frozen lakes in the winter and also swam in those same waters in the warm months of summer. Mary became a widow at 70 years of age. For a few years after her husband's death, she lived on her own but then she decided that living alone was not only difficult, but quite lonely. Mary felt that it was not right to burden her own children, her grandchildren or other relatives with her care so she decided to go into St. Patrick's Nursing Home in Ottawa. She felt good about her decision to go into the nursing home because she knew she would be well taken care of and that her children would not have to worry as much as they would if she continued to live alone in her own home. After a year of living in the nursing home, Mary had a bad fall. She had fallen before on the icy steps outside her house and tried to break her fall, but in so doing she broke her wrist. The fall in the nursing home happened when her walker was stopped suddenly from a little rock it bumped into when she was walking outside one day. This time she broke her hip and she was rushed to the hospital. She spent several months recovering and had to spend most of that time in her room lying on her bed. Mary was very mad, upset and even

frightened after her fall. She was not sure how long it would take for her hip to heal and she was in a lot of pain. She was no longer able to use her walker to go to the dining hall for meals, she had to eat her meals in her room for the first few weeks, get help from the staff for the second few weeks and now she always uses her wheelchair when she leaves her room. She is not nearly as mobile and as independent as she used to be before her bad fall. Mary really misses the walks she used to take and the occasional card games with some of the other residents before her fall. She may play cards again when she feels better, but she doesn't think that she will be able to walk freely again without using her walker or sitting in her wheelchair. Mary is very afraid of falling again. She feels quite helpless right now actually. She always uses her walker to go to the dining room for her meals and she has to use her wheelchair on excursions outside the nursing home. Mary doesn't want to try to walk on her own because she is so afraid of falling again. She knows that if she falls on her hip again she will have to go through all the pain and suffering just like the last time. It takes so long. Mary is not sure if she could live through that again. Before her fall in the nursing home, Mary did participate in some of the physical activities offered to the residents. She went to the fitness class sometimes, she occasionally rode a stationary bicycle and even joined the walking club. Since her fall, however, Mary's involvement in these activities has stopped. She may start playing cards soon, or maybe even bingo. Mary might start doing a little bit of exercise, maybe small walks with her walker when she feels better. She gets quite lonely staying in her room. She misses walking very much because she did a lot of it when she was younger.

### Elderly Women's Reactions to Mary's Story

The majority of the women found the narrative interesting and said they were able to relate to many of the aspects outlined in it. Mavis was the only woman who had forgotten who I was and seemed a little annoyed at me while I was reading the narrative. She did not understand why I was reading it and I felt a little embarrassed that I knew something about her life when she did not remember me. I skimmed over the story with her and then we spoke of other things, such as her life in the nursing home, and then she began to relax. Maude said that the narrative could be applied to almost anybody in the St. Patrick's Nursing home. Eleanor spoke about how she could really relate to the part about picking potatoes as well as Mary's fear of falling. Eleanor went on to reiterate that she was very afraid of falling and that she felt helpless and too old to participate in activities of any kind. Martha was very pleased to see me for the second time and even mentioned that she had been trying to walk a little more with her walker since my previous visit. I found this encouraging and I felt like my interest in her experiences with falling and physical activity may have initiated this enthusiasm with her. Lindsey enjoyed listening to the narrative and commented that she found quite a few familiarities in the narrative with her life. She expressed to me that she always prays not to fall again:

The fall has changed my walking and any physical activities I used to do. I can't play games or bowl like I used to because I am too stiff.

Anne found the narrative to be very interesting and she told me that she was afraid of falling all the time and that she was not able to walk. Sarah was also able to relate to most parts of the narrative, except for the part about having to stop going to school as a young girl. She told me that she was terrified of falling and expressed this sentiment:

I guess it's [the fear] is what happens to everybody if they fall. You're not going to be able to do things.

Joan was the only woman who felt that she did not find the narrative to be anything like her own life experiences. She had been and still was very physically active and was not afraid of falling both at the time of the initial interview and when I returned for the second time. She expressed to me that she thinks she should start to be more careful so she doesn't end up having a bad fall like Mary. She also pointed out to me that Mary, unfortunately, did not have family around to help care for her. I was grateful that she had noticed this omission to the narrative. Catherine was smiling throughout the narrative as if she were re-living some of the events and she told me upon completion of the narrative, that it was almost just like her life. At the end of the narrative, when asked to discuss its significance, all of the women except for Joan and Catherine told me that they were very afraid of falling again and that they tried to be very careful to prevent any future falls.

## CHAPTER V

### DISCUSSION

In general, some commonalities found in this study, which were associated with the lived experiences with falling and fear of falling, were that the majority of the women were forced to change many of their previous life patterns as a result of their fall and its consequences. The women had most often entered the nursing home environment because of their situation of living alone and not wanting to burden their children. Also, the injuries some of them had suffered made it hard for them to care for themselves. Life within the nursing home was, for the most part, pleasant, but most of the women did not participate in many of the physical activities offered in the nursing home. All of their fall experiences resulted in injuries and these injuries were associated with some trauma. Feelings about their falling experience included a sense of helplessness, annoyance and frustration with the event. A number of the women in this study were plagued with back pains and arthritis. Some of the women felt that these health issues contributed to their fall, and yet others felt that their fall aggravated these conditions. For the most part, a fear of falling was a feeling shared by the women in this study. This fear made them careful with everything they did in the nursing home and most of them used assistive devices to help combat this fear. When asked to dream about an ideal life which would possibly improve these women's level of autonomy and quality of life, most of them found it hard to imagine how their situation could change. It appeared that they had accepted their situation.

When they were asked about their involvement in physical activities at different stages of their lives, most of the women claimed to not have been too active for pleasure purposes.

Much of the activity in their younger years was related to work around the home and farm as well as the walking they did as a means of transportation. In their current situation in the nursing home, some of the women still did some walking mainly to the dining room or other destinations in the nursing home, but the majority of them did not participate in the programs offered at the nursing home and found it difficult to imagine what could draw them into physical activity, given their advanced age.

A pattern of falling, relatively little physical activity at the time of the interview, and a real experience of a fear of falling was the case for nine of the women who participated in this study. The remaining woman, Joan, who stood out as an individual, revealed a remarkably different type of woman as compared to the rest. Like the other women, Joan did experience a fall but in other respects, she had always been more physically active than the other women and did not express any fear of falling at the time of the interview. For the majority of the women, physical activity experienced in their girlhood years and also as they aged, was associated with work by either transportation means, in the form of walking, and/or domestic and farming chores. Therefore, it appears that when placed in a nursing home environment, these women were lacking in the necessary skills or confidence to begin seeking out physical activity, including exercise programs, for pleasure purposes which could ultimately help to improve their overall quality of life and physical stamina.

### **Lived Experiences of Falling**

Approximately one-half of nursing home residents fall each year Cutson (1994), Wright, Aizenstein, Vogler, Rowe & Miller (1990), Davies & Kenny (1996), and Cwikel, Fried & Galinsky (1989). O'Brien and Vertinsky (1990), stated that approximately 20% of elderly people over the age of 65 have a serious fall every year. This is similar to the findings

in this study in that most of the elderly women interviewed in the nursing home had experienced at least one serious fall. Granted, the criteria for selection for this study was to have experienced a fall, but it appeared that many of the women in the selected nursing home had fallen and this was one of the reasons for initiating the SAFE program (Staff Against Falls Everywhere). Three of the women had entered the nursing home as a result of their fall and its related injuries. This corresponds to the study by Cutson (1994) which claims that falls in the elderly are often a common reason why elderly people, women in particular, enter a nursing home.

Many elderly women are experiencing a fall or multiple falls in their aging years both inside the nursing home environment and while living independently in the community. As Borkan (1991), pointed out, the ever-increasing number of elderly people will most definitely increase the rates of hip fractures from falling by the middle of the twenty-first century as the baby boomer generation ages. Several of the women in this study did speak about their broken hip experiences as well as the fear associated with possible future hip injuries from another fall. Borkan went on to describe that elderly women, after experiencing a fall, will begin to slow down and accept their age, thereby “becoming” old, so as not to worry any family members by being physically active again. Some of the women in this study, were quite clear in their response and they felt they were too old to be physically active given their age status.

Norah, who had experienced many falls, described how each fall had hurt her more than the previous one did and that each time she fell, she re-injured old injuries which caused her increased pain and suffering. This coincides with the study by Hornbrook et. al. (1994),

who claimed that the more falls older people experience, the more their health problems increase and the more injuries they succumb to.

### **Lived Experiences of Fear of Falling**

In a study conducted by Hill et. al. (1996), it could not be determined whether a person's fear of falling resulting in reduced physical activity, can lead to balance difficulties or whether balance difficulties will lead to a fear of falling and inactivity. Both Norah and Eleanor spoke about their balance difficulties and both women were not physically active in the nursing home. These two women were also frequent fallers and both were afraid of falling again.

Joan and Catherine both said they had experienced only one fall. Interestingly enough, they were also the only two women who did not express any fear of falling at the time of the interview. Joan was, in her younger years, and at the time of the interview, quite physically active. Catherine, on the other hand, was forbidden by her mother to be active as a young girl. I think she recognized that she missed out on a valuable health maintenance technique as well as the added enjoyment of physical activities. She is currently not physically active in the nursing home due to a health problem.

### **Lived Experiences of Physical Activity**

It would appear that girlhood experiences in physical activity do have a long lasting effect when these same girls become elderly women. The elderly women who participated in this study, who claimed they were not active in their youth, were currently not active in the nursing home and spoke about how they had never been interested in physical activity. These same elderly women, who had never been physically active, were also afraid of experiencing another fall. O'Brien and Vertinsky (1990) claim that about 70% of women 60 years and

older become sedentary and 15% have minimal activity levels. Most of the elderly women who participated in this study were quite inactive, a few were minimally active and Joan was very active. Eleanor, in particular, who said she was never physically active even though her parents did encourage her to be active when she was younger, suggested that she feared the possibility of dying and/or some serious repercussions if she had another fall. Perhaps if Eleanor had been more active when she was younger, as she said she had been encouraged to be, she may have been more confident to engage in activities in the nursing home.

O'Brien Cousins and Vertinsky, 1995 describe an "early activation" hypothesis which describes young girls in the early 1900's who engaged in physical activities and were encouraged to do so by either sporting practices or physical means in the form of domestic and/or farm work will often maintain an active lifestyle into their old age. Joan, who was the most active of all the women in this study, as a young girl and as a young woman, adopted this "early activation" hypothesis and was quite active in the nursing home. Several of the other women who professed to do a lot of walking as well as domestic and/or farm work when they were younger, did maintain some level of walking in the nursing home. Walking for most of the women was for destination purposes. They walked to the dining room and other destinations, but did not walk specifically for the pursuit of exercise. For the most part, however, the majority of the women were not very physically active in the nursing home.

It appeared to me that the inactive women felt that they were either too old, too sick or just not interested in participating in the activities offered in the nursing home. Like Eleanor, Maude told me that she had never been interested in physical activities for fun and Sarah said she would rather spend time with her family than get involved in activities in the nursing home. As Fitzgerald et.al. (1994) pointed out, a unique program specifically geared

for elderly residents in nursing homes, may encourage women similar to Maude, Eleanor and Sarah to become actively involved.

O'Brien Cousins and Vertinsky (1995), suggest a type of continuity with one's earlier years or "former self" occurs as people age. This holds true with respect to involvement with physical activity. Some of the women in this study were taken out of school when they were young girls in order to work on the farm or around the house. These women were often not encouraged to participate in sporting activities because they were actively involved with domestic chores at home. Catherine, who left school at 11 years of age, was not allowed to participate in any sports or physical activities. As a consequence, she felt she missed out on a lot in her youth, and she encouraged her own children to be very active. Several of the elderly women spoke of the influence that their mothers had on them when they were younger. Both Catherine and Anne were told by their mothers that they should stop going to school when they were young girls in order to stay at home and help out around the house and farm. Joan's mother had the opposite point of view, she encouraged Joan to participate in sports and she maintained her level of interest in sporting activities throughout her life. I think the influence that the mothers of each of these women had on them was quite interesting. It appeared that their influence helped to shape the level of physical activity they utilized throughout their lives.

All but one of the elderly women who took part in this research spoke about not being very physically active at the present time. O'Brien and Vertinsky (1991), describe elderly women as being "unfit survivors" and these authors describe theoretical perspectives to back up this philosophy. To begin with, women born around the turn of the century, had little time to pursue physically active recreational activities when they were young girls and also later

when they were married with children. When they become older, they had this feeling that they were too old to start something they never had done before. The other perspective is that the sporting and the physical opportunities for elderly women did not exist like they do today when these women were younger. Sarah spoke of the differences in physical pursuits comparing her younger years with what young girls and women can experience today. She described how there were no games for young girls to play and that she spent a lot of her spare time doing physical labour related to farming work.

O'Brien and Vertinsky (1991) also speak about the barrier to physical activity brought on by ill health faced by elderly women. In particular, they speak of the difficulties women face when encumbered with arthritis. Lindsey and Maude were not able to pursue physical activity due to their restrictions brought on by arthritis. O'Brien and Vertinsky suggest that even though physical activity would benefit such women as Lindsey and Maude, the reality is they feel too restricted with the morning pain and the stiffness brought on by arthritis to attempt much in terms of physical activity. Even when asked to dream about what would draw these women to exercise, they found it difficult to imagine because of the impact the arthritis had on their lives.

It appeared to me that Lindsey had adopted the "feminine mystique" Hall (1980), O'Brien Cousins and Keating (1995). She was devoted to her marriage and her family life and did not pursue physical challenges during this time in her life. She spoke more about the family and her role as a mother rather than anything physical she engaged in for pleasure or for health purposes. The habits she adopted concerning her pursuit of physical activities seemed to have carried on into her older years.

Joan was the most physically active throughout her life of all the elderly women

interviewed for this study. I found her situation, as compared to those of the other women, to be quite unique and a case study of her lived experiences with physical activity and falling would have been interesting. O'Brien Cousins and Keating (1995), interviewed elderly women to determine girlhood participation in sports. They found that two of the active women they interviewed had been educated in British schools where the importance of physical activities in school was stressed. Joan, who had also lived in England for a while, was very interested in sports throughout her life and was still interested in sports. My findings agree with those of O'Brien Cousins and Keating whereby the women who were active in their youth were still active in their old age. The women who were mostly inactive in their youth were still inactive while living in the nursing home. They could not imagine anything that would draw them to becoming more physically active at the time of the interview.

I found that the majority of the elderly women interviewed for this study confirmed the findings by Branigan and O'Brien Cousins (1995). These findings by Branigan and O'Brien Cousins suggest that feelings of confidence and a willingness to participate in physical activities and games when women are residing in a nursing home, are often not present due to their lack of involvement in sports activities and games as younger girls and young women. This lack of involvement could also be due to their intrinsic health problems as well.

Five of the ten elderly women interviewed for this study were never married and did not have children. Out of these five women, three of them were never very active in their younger years and were also currently not very active in the nursing home. Maude and Eleanor stated that they were never interested in getting involved in physical activities and both of them suggested that they just were not that type of person even though they were

encouraged to become involved in physical activities by their families when they were younger. This pattern, or lifestyle, has been maintained throughout their lives to their current situation in the nursing home where they were not active and did not have the confidence to become active in either physical or non-physical activities offered in the nursing home.

#### Factors That Would Bring Elderly Women to Physical Activity

When asked what ideal condition would draw inactive elderly women to activity at the time of the interview, many of them said that they felt too old to participate in physical activities. This finding agrees with Vertinsky (1995), who suggested that there is a paradox which occurs whereby elderly women claim the reason for their lack of participation in physical activities is due to their age yet on the other hand, elderly women who have maintained a level of physical activity into their 9<sup>th</sup> decade say that they have a good quality of life. Joan, who was very active in the nursing home and had always been active was a very happy person, she laughed quite a lot throughout the interview and she was also not afraid of falling again.

O'Brien Cousins (1997), pointed out that approximately 30% of elderly women participate in some form of physical activity which is seen as a key element to improving their health and their quality of life. O'Brien Cousins also suggested that by the age of 85, more than half of the elderly female population in the western world are placed in nursing homes due to their physical weakness and their inability to take care of themselves. This coincides with the findings in this study where only a small percentage of the women interviewed were currently active and the majority of the women went into the nursing home because of weakness from injuries and their inability to care for themselves. O'Brien Cousins (1997)

argues that women who participate in lower levels of physical activity throughout their lives, coupled with a long life, can often experience many years of physical frailty while living in a nursing home.

## CHAPTER VI

### CONCLUSION

Although this study looked at the lives of just ten elderly women living in a nursing home in Ottawa, there did appear to be some patterns surrounding the circumstances of physical activity, falling, fear of falling and the quality of life concerning elderly women. All of the ten elderly women interviewed for this study had experienced a fall within the past few years. Some of the elderly women were multiple fallers and others had experienced just one fall. Even though their individual life experiences were unique in terms of physical activity and their falling experiences, some similarities did arise in the data.

The majority of the women felt that physical sporting opportunities were not as readily available for young girls when they were growing up near the turn of the century as they are today for young girls and young women. Most of these elderly women described how they were physically active in their youth by means of walking to various destinations as a method of transportation. Some of the women were also physically active from the many farming and domestic chores they were expected to partake in as young girls and young women.

All but two of the ten elderly women were afraid of falling again. Nine of the women, most of whom were currently afraid of falling, relied on assistive devices, mainly walkers and wheelchairs, for ambulation in the nursing home. The eight women, who were all afraid of falling, spoke about how they tried to be so careful when moving around the nursing home, and that they were afraid of falling all the time. Some of the women who were afraid of falling, claimed to have felt helpless in the nursing home and did not attempt to do much of

anything which required movement without their walker, their wheelchair or the assistance from a staff member.

All but one of the women interviewed were not very physically active in the nursing home. It would appear that for some of these inactive elderly women, they may have been lacking in the confidence they needed to be physically active which could have been due to their past lived experience(s) or lack of experience(s) with physical activity when they were younger. Many of the elderly women stated that they felt they were too old to start something new, such as a physical activity offered in the nursing home, at this point in their lives.

The women who did some form of physical activity in the nursing home, even a small amount of walking with their walkers, seemed to be the happiest and they rated their own quality of life as being better in contrast with those elderly women who were not active. Joan, who was the most physically active of all the women, was also the happiest of all and appeared to be the healthiest woman as well.

After experiencing a fall, some of the women seemed to reach a turning point in their lives where they accepted their advanced age and they felt that they were “too old” to participate in anything physically active. They would say something like, “my goodness, I’m ninety years old, you know!”

### Recommendations for Future Research

There are several recommendations for future research in this area of falling, fear of falling, physical activity and quality of life for elderly women. To begin with, a type of study that compares a group of elderly women who have fallen and a group who have not fallen, might shed some light on the correlation, if any, between their falling and fear of falling experiences and physical activity.

Secondly, a study is needed to compare elderly women who were very physically active in their youth and who are currently physically active with elderly women who were never physically active when they were younger and who in their aging years do not have the confidence to participate. Questions that need to be asked include: How many of the active women have had falls and how did their falls occur? How many of the active women are afraid of falling again? What types of physical activities do these active women participate in? Would perhaps an increase in upper body strength reduce the severity of a fall event? How would they rate their quality of life? These questions could be compared to questions asked of the inactive women. What are the reasons why they did not participate in physical activities when they were younger? How many of the inactive women have had falls? How many of the inactive women are afraid of falling again? Why do the inactive women not participate in physical activities now? How would the inactive women rate their quality of life? A study such as this may show that women who had been quite physically active in their youth may not experience as many falls or have a fear of falling. Alternatively, women who had not been active could experience more falling episodes and express a fear of falling.

In terms of a more health-related topic of future research, a look at the implications of arthritis and how it affects the rates of falls of elderly women in nursing homes would be beneficial to enhance the existing research in this area. Is arthritis a factor in falls and their related injuries? Or, do falls aggravate existing arthritic conditions? Many of the women went into detail describing their difficulties with arthritis. This issue could be examined by interviewing women concerning their arthritis problems which could show some links or connections between arthritis and falling episodes.

Many of the women spoke about and obviously relied quite heavily on their assistive

devices in the nursing home. They often mentioned that their equipment was not working properly or maybe not checked properly. An area of future study could be to look at the maintenance involved in checking assistive devices and determining how many falls occur as a result of either faulty assistive devices or due to the use or improper use of the assistive device(s). Most of the women felt the need to speak about their use of assistive devices and perhaps other elderly women in similar situations would be willing to offer their feelings about their assistive devices and their relationship to falling.

Another recommendation would be to look at the physical activity programs offered in several nursing homes. This could provide insight into what draws elderly women into joining in the programs and the services offered in nursing homes. What are the unique features that each physical activity program or programs offered within each nursing home and what makes them attractive for elderly women to join? Is there any way to encourage elderly women to participate in the physical activities offered in a nursing home even if they have not had any past physical or sporting experience in their life? How would the quality of life improve for such women who had never been physically active, had experienced a fall and then joined in a physical activity program in a nursing home? Perhaps a program that is more “family-oriented”, where the children and the grandchildren of the residents could join in and encourage the elderly women to enjoy these programs as well as reap the benefits offered from them both physically and emotionally. Maybe if the facilities used an apparatus that could support elderly people to provide them with increased stability and security to partake in such programs.

Related to the idea of having an elderly resident such as Joan conduct a fitness class in a nursing home, an area of future research could accompany this. To begin with, a case

study that would look at an active woman's life history in relation to physical activity up to her years in a nursing home. Following this, a look at the impact or the benefits gained from an elderly resident leading a fitness class, could be discussed with other residents who attend such fitness classes. Do these other residents feel more comfortable with someone their own age conducting the class? Do they enjoy the class? How has their involvement with the class affected their health and their quality of life? Finally in terms of physical activity programs and falls, another study could look at the relation, if any, programs or other types of physical activity have on the risks of falls. Women who have not been very active in their lives could be more inclined to experience a fall upon starting a physical activity program. If the program is too vigorous, a fall may occur and what are the qualifications of the people running the programs? Are there a lot of falls occurring as a result of elderly women's participation in physical activity?

If I were to "re-do" this study there are certain aspects about it that I would change. First of all, I would probably choose a younger sample to interview. A younger sample of about 20 women, approximately 70 years of age, would probably give a broader range of participants who had fallen or not fallen, been physically active or not active in the past and perhaps would be continuing to be physically active or not active. I would also choose from a group of women who were living independently in the community rather than in a nursing home setting. If I were to do the study in a nursing home however, I would speak to some of the staff in the nursing home regarding their physical activity program(s) and ask such questions as: How many women participate? Are the women who participate generally fallers or non-fallers? After an elderly woman has suffered a fall, does she stop going to the physical activity programs offered at the facility?

### Practical Recommendations

As suggested by Mercer and Garner (1989), “Addressing the needs and inequities faced by older women should be a priority for human service professionals in both practice and public policy” (p. 43). Recommendations emerging from this study include, encouraging elderly women in nursing homes to try new experiences in the form of physical activity, perhaps even from a sitting position in a wheelchair or a chair if they were afraid of falling again. Their quality of life could possibly improve and they could also improve some of their physical capabilities instead of succumbing to physical frailty while living in the nursing home. A possible suggestion to encourage these women in nursing homes to participate in physical activities would be for an elderly resident, such as Joan, to conduct a program that would interest other elderly women to join and participate. Women who feel that they are too old to participate in a physical activity program who could see someone like Joan leading a class may decide to get rid of this stereotype and not feel that they are too old to be physically active. O’Brien and Vertinsky (1991) suggest: “Elderly women need to encounter active role models who have utilized natural and realistic approaches to the aging process” (p. 58). Bandura (1997), writes about social learning and community development theories which could be applied to this idea of an older resident leading physical activity programs in a nursing home.

The findings from this study indicate, that for many elderly women, participation in low levels of physical activity when they were young girls or younger women combined with a long life can result in some years of physical frailty while living in a nursing home. There appear to be many elderly, frail women in nursing homes. Encouraging elderly women to

**attempt some types of physical activity, including the physical activity programs offered the facility they reside in, could be beneficial with respect to their quality of life in the nursing home and may even reduce or alleviate some of the injuries and fears associated with falling.**

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**APPENDIX A**

## INTERVIEW GUIDE

### 1. Basic Questions

- When and where were you born?
- What circumstances brought you to this nursing home?

### 2. Falling, Fear of Falling

- Have you experienced falling?
- How did falling make you feel?
- Are you afraid of falling (again)?
- How does this fear of falling make you feel?
- What has been the consequence of your fall?
- What has been the consequence of your fear of falling?
- Has your fall impacted on your autonomy?
- Has your fall impacted of your quality of life?
- Has your fear of falling impacted on your quality of life?

### 3. Physical Activity

- Were you physically active as a young girl and/or woman?
- Were you allowed to be physically active for fun, or did it always involve work-related activities?
- What, if any, type of physical activity did you engage in after marriage, after having children and after the children were gone?
- What, if any, type of physical activity do you participate in at the nursing home?

### 4. Brainstorm and Dream Session

- What would be the ideal conditions that would draw you to physical activity?
- What would be the ideal conditions that would help in gaining back some of your autonomy?
- If you could dream about an ideal life before your fall and now. How is your life different today?
- How did you feel once the trauma of the fall and the pain of the fall was gone?
- Was there somebody you shared your feelings with regarding your fall experience?
- If you were out of your wheelchair, what more would you do right now?

**APPENDIX B**



# Université d'Ottawa • University of Ottawa

Faculté des sciences de la santé  
Cabinet de la doyenne

Faculty of Health Sciences  
Office of the Dean

March 8<sup>th</sup>, 1999

Student Nancy Davis  
Professor Geneviève Rail  
School of Human Kinetics  
Montpetit Hall  
INTRA

**Subject:** Your project entitled: *"Elderly women's narratives of falling, fear of falling and their impact of autonomy and quality of Life"*

---

Dear Professor and Student,

It is my pleasure to inform you that the Faculty of Health Sciences, Human Research Ethics Committee, after study of the documentation provided, concluded that your project met the appropriate standards of ethical acceptability and falls within [REDACTED].

I hereby attach a copy of the certificate of clearance granted by the University Human Research Ethics Committee.

This certificate is valid for a period of one year from the time of issuance. I would also like to remind you that, in accordance with the policies of the UHREC, it is your responsibility to notify the Committee of any major changes in this project.

On behalf of the Committee, I wish you success in your project.

Sincerely,

J. Roger Proulx, Ph.D.  
Chair, Human Research Ethics Committee

**APPENDIX C**



# Université d'Ottawa • University of Ottawa

École des sciences de l'activité physique      School of Human Kinetics

Nancy Davis  
1872 Arizona Ave.

Ottawa, Ontario

K1H 6Z6

(613) 562-2486



Sister Mona Martin, Director

St. Patrick's Nursing Home of Ottawa

2865 Riverside Drive

Ottawa, Ontario

K1V 8N5

November 19, 1998

Dear Sister Martin:

Further to our meeting today, I am sending you this letter to explain the purpose and the methodology of my study.

The present study represents an exploration of the issues of falling and fear of falling in relation to elderly women. How are older women experiencing a fall? How are they interpreting and describing their fall or their fear of falling? How is their fear of falling or falling itself impacting on their perceived autonomy? How is their fear of falling or falling itself impacting on their perceived quality of life? How are older women interpreting their experiences of physical activity (current or previous) and their link to falling or fear of falling? How are they envisaging the possibility of engaging in physical activities and what are the ideal conditions that could motivate them to do so? The present project represents an attempt to answer the above questions through a qualitative study of the narratives of older women with respect to fear of falling and falling, as well as their impact on autonomy and quality of life.

A qualitative research protocol will be used for this study. Individual interviews will be conducted with the women with prior consent by the nursing staff and the women themselves. The individual interview is effective when the goal of the study is an in-depth understanding of an unexplored area of research. The interviews will be recorded on audiotape and issues of confidentiality and anonymity will be maintained.

Thank you very much for meeting with me today and I look forward to seeing you again soon.

Sincerely,

Nancy M. Davis

125, rue Université, C.P. 450, Succ. A,  
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**APPENDIX D**



# Université d'Ottawa • University of Ottawa

École des sciences de l'activité physique      School of Human Kinetics



## **Information and Consent Form**

### **ELDERLY WOMEN'S NARRATIVES OF FALLING, FEAR OF FALLING AND THEIR IMPACT ON AUTONOMY AND QUALITY OF LIFE**

#### **The Research Project**

The study will explore the issues of falling and fear of falling in relation to elderly women and the effect of the fear of falling on elderly women's autonomy and quality of life. The research will be conducted by Nancy Davis of the University of Ottawa's School of Human Kinetics.

#### **The Procedure**

The procedure for the respondent is to participate in an individual interview conducted by the investigator, for the duration of approximately one hour. During the interview, the respondent will be invited to discuss and describe their experience with falling, fear of falling and quality of life. The interviews will be conducted in confidence, at a time and place satisfactory to the interviewees. All interviews will be recorded on audiotape.

#### **Risks and Expected Benefits**

This study is part of a Master's thesis and involves low to moderate legal, physical, psychological or social risks for the participating subjects. The reported results will pose low risk for the subjects, who will be guaranteed strict anonymity and confidentiality. The researcher will make it understood that questions do not need to be answered if they cause any level of discomfort. A self-chosen pseudonym will be used in order to maintain anonymity. All information leading to identification of the subjects will be deleted from the quotes to be used in the results. Confidentiality of the subjects will be assured as all documents, transcriptions and tapes will be put in a locked filing cabinet at the University of Ottawa. Access to the information will be restricted only to the principal investigator. Subjects, however, may benefit from the study in that they will be given the opportunity to discuss falling and fear of falling, to examine how this has affected their autonomy and quality of life, and receive a summary of the results.

#### **Consent**

I acknowledge that the nature and purpose of my participation in the study have been fully explained to me and that Nancy Davis has offered to answer any questions which I may ask about the procedures to be followed. I have been made fully aware that I may report any incidences that violated my welfare to the University of Ottawa Ethics Committee. I understand that I may withdraw this permission at any time and that any recordings of my participation will be erased at once upon my request. I also understand that all materials collected as a result of my participation will be used only for research purposes, that they will be available only to responsible professionals, and that my anonymity and confidentiality will be protected at all times. I freely and voluntarily consent to take part in this research project.

If I have any questions, comments or concerns I can contact Nancy Davis, Dr. Geneviève Rail or Dr. Roger Proulx, the chair of the Human Research Ethics Committee of the University of Ottawa at the addresses listed below.

Signature of subject  
Nancy Davis, Bsc  
Geneviève Rail, Ph.D.  
University of Ottawa  
Ottawa, Ontario, K1N 6N5  
Tel: (613) 564-9122

Date  
Dr. J. Roger Proulx  
Chair,  
Faculty of Health Sciences  
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**APPENDIX E**



**ST. PATRICK'S HOME OF OTTAWA INC.**

2865 RIVERSIDE DRIVE,  
OTTAWA, ON K1V 8N5  
TEL: (613) 731-4660  
FAX: (613) 731-4056  
E-MAIL: here@stpats.ca

March 11, 1999

**TO WHOM IT MAY CONCERN:**

For some two years, Nancy Davis has been indirectly involved in the creation of a SAFE Committee (Staff Against Falls Everywhere) which works to establish procedures and methods for staff awareness education to help reduce the number of falls in the facility.

Nancy has my approval to conduct interviews with elderly women about falling, in order to complete her studies.

*Sister Mona Martin*

**Sister Mona Martin  
Executive Director**