Older people's views in relation to risk of falling and need for intervention: a meta-ethnography
McInnes E, Seers K, Tutton L

CRD summary
This clearly reported review concluded that acceptance of falls risk and need for intervention involves processes of self-appraisal, coping and adapting to the implications of risk status. Health professionals should be aware of preferences for self-management and negotiate risk management. These conclusions are likely to be reliable.

 Authors' objectives
To analyse and describe the views and experience of older people with respect to falls risk and falls prevention interventions, and to understand the factors that facilitate or impede acceptance of risk status and intervention need.

 Searching
Seven databases including MEDLINE, EMBASE and CINAHL were searched from January 1995 to May 2009. Reference lists and bibliographies were also checked. Search terms were reported and only publications in English were considered for inclusion. Both published and unpublished studies were included.

 Study selection
Qualitative studies using any methodology that reported on older peoples (over 60 years) views and experiences with respect to falls risk and needs for falls prevention were eligible. Studies could include individuals from urban or rural locations, those who had or had not experienced a fall, and a range of settings (own home, residential care, hospitalised as result of a fall). Studies of falls-prevention programmes focused on those who fell while hospital in-patients were excluded.

The included studies explored: views, experiences and perspectives of older people on the need for falls prevention strategies; perceptions of being designated at risk; and views on acceptance of falls prevention recommendations. Most participants were recruited from community samples, while some came from elderly or acute care hospital wards, and one study drew participants from sheltered accommodation and the community. Both rural and urban locations were included and participant ages ranged from 61 to 90 years.

 It was unclear how many reviewers performed study selection.

 Assessment of study quality
Seven key criteria were assessed for methodological quality and judged to be met (yes), not met (no) or unclear. The domains included: author's position; sampling strategy; description of data collection; procedures for analysis/interpretation; respondent validation; participant voice represented; findings discussed in relation to the literature.

 It was unclear how many reviewers performed quality assessment.

 Data extraction
Study characteristics, themes, concepts, keywords and participant quotes were extracted into a standardised template.

 It was unclear how many reviewers extracted data.

 Methods of synthesis
Meta-ethnography was used to synthesise the primary studies. Similarities and differences across individual studies were noted using reciprocal and refutational analysis within a matrix. Key concepts were identified that reflected both unique and commonly occurring findings. The final stage of analysis involves integrating the key concepts to develop a "line of argument". Reliability checks were undertaken by two reviewers.
Results of the review
A total of 11 studies were included in the review (403 participants). Six out of 11 provided information on the philosophical underpinnings of the selected methodology, most studies met the other quality criteria including describing sample selection and analysis, and providing supportive verbatim quotes. Overall the quality of the included studies was judged to be reasonable.

Six key concepts were identified: beyond personal control; rationalizing; salience; life-change and identity; taking control and self-management. A line of argument synthesis using these concepts was developed around: self-appraisal of risk and intervention need (risk of falling was seen as beyond personal control and rationalised away, older people did not necessarily agree there were at risk of falling); and coping and adapting to falls risk and intervention need (participants were more concerned with threats to their identity and loss of control rather than physical risk).

Authors' conclusions
The acceptance of falls risk and need for intervention involves processes of self-appraisal, coping and adapting to the implications of risk status. Preferences for self-management could stem from a need to minimize the perceived associations of falls risk with encroaching frailty and disruption to life-style. Awareness of these factors by health professionals could inform the process of negotiating risk management options.

CRD commentary
The review addressed a clear question with appropriate inclusion criteria and relatively comprehensive searches. Publication status was not restricted, but only studies in English were included. The review processes were only partially described in terms of how many people performed study selection and quality assessment. The included studies were described in some detail within tables including the methodology and quality assessment results. The meta-ethnographic approach appears appropriate and the synthesis was presented transparently through narrative and matrices showing how each study contributed to the key concepts. Sufficient supportive quotations were given to illustrate the line of argument, and the authors considered the generalisability of their findings. Overall this was a well reported review based on reasonable quality primary studies and the conclusions are likely to be reliable.

Implications of the review for practice and research
**Practice:** The authors stated that healthcare professionals should recognise that there is a process of adjustment to risk status and that recommended interventions to reduce risk may not initially be accepted. Options for falls prevention should be negotiated, taking into account the multifaceted beliefs and emotions associated with being labelled as "at-risk" and individual preferences for self-management.

**Research:** The authors stated that future research could examine effective strategies for involving older people in decision-making about falls prevention and information provision.

Funding
None.

Bibliographic details

PubMedID
21627679

DOI
10.1111/j.1365-2648.2011.05707.x

Original Paper URL

Indexing Status
Subject indexing assigned by NLM
MeSH
Accidental Falls /prevention & control /statistics & numerical data; Accidents, Home /prevention & control /psychology /statistics & numerical data; Adaptation, Psychological; Aged; Aged, 80 and over; Anthropology, Cultural; Attitude to Health; Decision Making; Diagnostic Self Evaluation; Female; Health Services Needs and Demand; Humans; Middle Aged; Qualitative Research; Risk Factors; Self Care

AccessionNumber
12012000479

Date bibliographic record published
07/11/2012

Date abstract record published
04/06/2012

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.