

2020-01-22

# A concept analysis of confidence related to older people living with frailty

Underwood, Frazer

<http://hdl.handle.net/10026.1/15267>

---

10.1002/nop2.446

Nursing Open

Wiley Open Access

---

*All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.*

**SUPPLEMENTARY TABLE 1: Defining Attributes: Confidence in Older**

**People living with frailty**

Recorded alphabetically

Key:

- Primary reference from literature search (n. 21)
- Secondary reference (n. 14)

Reference and study context	Text Quote	Attribute / Interpretation
<p>Barnes and Bennett (1998)</p> <p>A study evaluating a project designed to empower older peoples’ contribution to health and social care developments in their local community.</p>	<p><i>The project was based on a belief in the value of meeting together as a means through which people could develop the <b>confidence</b> to express their views. (Abstract p.102)</i></p> <p><i>Empowerment comprises a growing <b>confidence</b> and ability within the individual, as well as an increase in the objective circumstances enabling the individual to exert influence (Barnes &amp; Walker 1996). (p.110)</i></p>	<ul style="list-style-type: none"> <li>• Meeting together could develop confidence to express views.</li> <li>• A component of empowerment.</li> <li>• Growing confidence linked to words: ability and meeting together.</li> <li>• Confidence link words: Empowerment,</li> </ul>
<p>Beesley et al. (2011)</p> <p>A study that aimed to qualitatively explore the experience of community dwelling stroke survivors’ participation in an arts health group programme and possible health benefits to quality of life (QOL) and wellbeing.</p>	<p><i>Participants experienced improved <b>confidence</b>, self-efficacy, QOL and community participation through involvement in an arts health programme. (Abstract p,2346)</i></p> <p><i>Participation in activities following stroke may be further influenced by reduced <b>confidence</b> and reduced self-efficacy [14--16]. (p. 2346)</i></p> <p><i>Arts health includes the use of interventions such as music, performing arts, literature, and visual arts, to address aspects of wellbeing such as <b>confidence</b> and participation. (p. 2347)</i></p> <p><i>Accompanying feelings of isolation, participants</i></p>	<ul style="list-style-type: none"> <li>• Improved confidence through involvement / participation in arts health programme</li> <li>• Reduced confidence and mood associate with isolation and linked to residual symptoms of stroke</li> <li>• Achievement linked to confidence improvement</li> <li>• Social interaction the activities offered was linked to increased confidence</li> <li>• Personal and rehabilitation benefits experienced from attending an art group and included increased confidence,</li> </ul>

	<p><i>experienced reduced <b>confidence</b> and altered mood following stroke, linked to the experience of ongoing residual symptoms. Participants explained having difficulty with adjusting to life after stroke meant they were less confident to try new experiences or to engage in their community.</i></p> <p><i>'I haven't got the <b>confidence</b> I used to have before I had the stroke ... It's [confidence to do things] a big challenge now. It never used to be but now it is'. (Participant 3, female, age 72)</i></p> <p><i>'[After a stroke] your <b>confidence</b> had been knocked around a fair bit ... there's a lot of things you can't achieve'. (Participant 1, male, age 53, FG) (p. 2350)</i></p> <p><i>Increased <b>confidence</b>. A major benefit of the art group was that participants gained an increased sense of <b>confidence</b>. Most participants had limited art experience and were surprised at the quality of their artworks, which gave them a sense of accomplishment and 'courage to keep going' (Participant 8). (p. 2351)</i></p> <p><i>Participants reported a sense of achievement which contributed to increased <b>confidence</b>. (p. 2351)</i></p> <p><i>'I would encourage someone to do it ... [stroke] knocks your <b>confidence</b> for six, even if it's minor... suddenly you find you can't do things. But if you can come [to the group], with an open mind and allow what happens, the <b>confidence</b> grows in you, it's positive'. (Participant 5, female, age 65, FG) (p. 2351)</i></p> <p><i>Another key factor contributing to increased <b>confidence</b> was the opportunity for participants to interact socially with the other group members. For participants</i></p>	<p>self-awareness and social interaction.</p> <ul style="list-style-type: none"> <li>• Confidence link words: Self-efficacy, QOL, Community participation, altered mood, wellbeing, isolation, courage, achievement</li> </ul>
--	--	--

	<p><i>who had limited social interaction, the art group provided a means 'to get out and talk to other people' (Participant 9). Socialising with the group members increased <b>confidence</b> and self-esteem. (p. 2351)</i></p> <p><i>The group provided an opportunity for social interaction post-stroke, and participants reported experiencing enjoyment, increased <b>confidence</b> and self-esteem. (p. 2353)</i></p> <p><i>While there is limited research into arts interventions after stroke our results echo with findings regarding arts interventions in other chronic disease groups and the benefits of art in distracting thoughts away from the illness experience, improving <b>self-confidence</b>, well-being and social contacts [32,33]. (p. 2353)</i></p> <p><i>An important finding of this study was the personal and rehabilitation benefits experienced from attending an art group and included increased <b>confidence</b>, self-awareness and social interaction. These gains contributed to improved self-efficacy in the participants through undertaking a new task. (p. 2353)</i></p> <p><i>Research has demonstrated that stroke survivors with a positive self-efficacy report higher QOL and fewer depressive symptoms [15]. This study suggests that self-efficacy, <b>confidence</b>, QOL and participation are enhanced by an arts health programme. (p. 2353)</i></p>	
<p>Bensadon (2011)</p> <p>Thesis: This thesis examined aging stereotypes, Memory Self-Efficacy (MSE) and memory performance in older and younger adults.</p>	<p><i>This effect was stronger for older adults. Cumulatively, these results illustrate that memory has increasing personal relevance as people age, and underscore the key roles of memory-specific anxiety and self-<b>confidence</b> (e.g., MSE) in predicting memory performance. (p.10)</i></p>	<ul style="list-style-type: none"> <li>• Memory has an increasing personal relevance as people age and is associated with self-confidence.</li> <li>• Competency and confidence are</li> </ul>

	<p><i>Self-efficacy is one's sense of competence and <b>confidence</b> for a given task in a given domain. (p.29)</i></p> <p><i>Bandura (1997) has highlighted the persuasive influence such messages can exert on one's domain-specific <b>confidence</b> (i.e., self-efficacy), and ultimately, performance. (p.72)</i></p> <p><i>Therefore, it is likely that older adults' pre-existing beliefs in stereotypes, fading <b>confidence</b>, and actual performance differences all influence each other over time. (p.73)</i></p> <p><i>As mentioned, the most parsimonious model included older adults only and showed MSE significantly predicting performance, accounting for nearly 10% of the variance in memory recall scores. Considering that MSE is largely a measure of one's confidence and belief in self, this is not an insignificant number. (p.82)</i></p>	<p>components of self-efficacy.</p> <ul style="list-style-type: none"> <li>• Confidence affects performance.</li> <li>• Pre-existing beliefs in stereotypes, confidence, and performance influence each other.</li> <li>• Self-belief and confidence are related to Memory Self-Efficacy.</li> <li>• Confidence link words: Self-confidence; Competence; Self-efficacy; Performance; Belief; Stereotypes; Self-belief; Memory Self-Efficacy.</li> </ul>
<p>Chandler et al. (1998)</p> <p>Study to determine whether strength gain is associated with improvement in physical performance and disability.</p>	<p><i>Strength gain is also associated with improvement in <b>confidence</b> in mobility. (Abstract p.24)</i></p>	<ul style="list-style-type: none"> <li>• Strength gain improved mobility confidence.</li> <li>• Confidence link words: Mobility, Strength gain.</li> </ul>
<p>Claassens et al. (2014b)</p> <p>The study aims to investigate the concept of health care-related perceived control from the viewpoint of frail older adults.</p>	<p><i>Perceived control reflects the feeling or belief that health care is under control, which is constituted by five, either internal or external, factors: (I) <b>self-confidence</b> in organising professional and/or informal care, (II) <b>self-confidence</b> in health management in the home setting, (III) perceived support from people in the social network, (IV) perceived support from health care professionals and organisations, and (V) perceived support from (health care)</i></p>	<ul style="list-style-type: none"> <li>• Self-confidence is a factor of perceived control.</li> <li>• Confidence in own abilities increases level of perceived control.</li> <li>• Ability to handle own healthcare situation at home (professionals and informal care)</li> <li>• Having a supporting social network, sharing tasks with</li> </ul>

	<p><i>infrastructure and services. (p.159)</i>  <i>Our findings indicated that the level of perceived control was dependent on the factors that constitute it: when all factors were favourable (sufficient support possibilities as well as <b>confidence</b> in own abilities), perceived control was high. (p.167)</i></p> <p><i>In particular, some benefitted from an adequate supporting social network, sharing tasks with significant others, or handing over actual control to compensate for loss of (<b>confidence</b> in) their own functioning. (p.167)</i></p> <p><i>In contrast, some other respondents clearly had a strong <b>confidence</b> in being able to handle their own health care situation. Especially those who lived alone without a supporting network and who were used to fall back on their own skills throughout their lives, strongly emphasised their abilities. (p.167)</i></p> <p><i>Perceived control in health care among frail older people is a subtle and complex concept. It is constituted by the experience that health care is under control and not only based on people's perceptions of their personal control, i.e. their <b>self-confidence</b> on the domains of organising care and managing their health in their home situation. (p.168)</i></p>	<p>significant others, or handing over actual control to others compensated for loss of confidence in own function.</p> <ul style="list-style-type: none"> <li>• Those with strong confidence lived alone without a supporting network and were used to falling back on their own skills throughout their lives.</li> <li>• Self-confidence relates to personal control (internal perceived control, as opposed to external perceived control)</li> <li>• Confidence linked words: Self-confidence, Control, Function, Ability, Health management, Social network, Support.</li> </ul>
<p>Donnelly and MacEntee (2012)</p> <p>A paper drawing on theories of ageing, body image and disfigurement, to explore the potential for relationships between oral health, body image and social interactions between institutionalised older people.</p>	<p><i>A positive body image increases <b>confidence</b> in social interactions, which contributes substantially to health, well-being and quality of life. (Abstract p.e28)</i></p> <p><i>But we have very little empirical information about how it is influenced by impairments and diseases of the mouth.</i></p>	<ul style="list-style-type: none"> <li>• Positive body image increases confidence in social interactions</li> <li>• Confidence in social interactions leads to substantial health, well-being and quality of life</li> <li>• Oral health problems have a negative effect</li> </ul>

	<p><i>Halitosis, tooth loss, and poor dental aesthetics undoubtedly disturb social interactions between people who live and work independently in society, and resolution of these dental problems can improve social <b>confidence</b>.</i> (p.e28)</p> <p><i>Essentially, a positive body image provides <b>confidence</b> to engage in social relations, whilst a negative image decreases the ability and desire to socialise</i> (p.e30)</p> <p><i>Halitosis is not physically disfiguring but can disturb body image and <b>self-confidence</b>.</i> (p.e30)</p>	<p>on social interaction for which resolution can improve social confidence.</p> <ul style="list-style-type: none"> <li>• Positive body image provides confidence in social relations</li> <li>• Confidence linked words: Body Image; Social interaction; Social confidence.</li> </ul>
<p>Doughty et al. (2000)</p> <p>A study designed to develop and evaluate a wearable falls detector.</p>	<p><i>Their [falls] early detection is an important step in providing people with the reassurance and <b>confidence</b> necessary to maintain an active lifestyle.</i> (Abstract p.S1:150)</p> <p><i>Identification of those who are at risk [of falls] and action to reduce those risks must begin with the reliable detection of falls. Only then will individuals have the <b>confidence</b> to regain their mobility and their independence which will, in turn, reduce the likelihood of future falls.</i> (p.S1:151)</p>	<ul style="list-style-type: none"> <li>• Confidence is necessary to maintain an active lifestyle.</li> <li>• Confidence link word: reassurance.</li> <li>• Falls risk identification and action will give individuals confidence to regain their mobility and independence.</li> <li>• Individuals with the confidence to regain their mobility and independence will reduce the change of future falls.</li> <li>• Confidence link words: Lifestyle, Mobility, Independence, Falls.</li> </ul>
<p>Foltyn (2015)</p> <p>Article reporting a series of case studies to illustrate the need for action for older people's oral healthcare within care home settings.</p>	<p><i>Mouth pain can be devastating for the elderly, compound psychosocial problems, frustrated carers and nursing home staff and disruptive family dynamics. As appearance function and comfort suffer, so may a person's self-esteem and <b>confidence</b>.</i> (Abstract p.86)</p>	<ul style="list-style-type: none"> <li>• Oral/dental appearance, function and comfort may affect a person's confidence.</li> <li>• Confidence link words: Self-esteem; Oral health.</li> </ul>
<p>Henderson et al. (1998)</p> <p>Book chapter:</p>	<p><i>In the frail elderly, activity to improve balance and confidence</i></p>	<ul style="list-style-type: none"> <li>• Activity improves balance and</li> </ul>

<p>The role of exercise and falls risk reduction in the prevention of osteoporosis.</p>	<p><i>also may be valuable. (Summary p.380)</i></p>	<p>confidence in the frail elderly.</p> <ul style="list-style-type: none"> <li>• Confidence link words: Balance, Activity.</li> </ul>
<p>Heyneman and Premo (1992)</p>	<p><i>In addition to the psychological benefits of exercise there is mounting evidence that there are significant psychological advantages as well. Subjects participating in regular aerobic training have reported feelings of increased well-being and decreased incidence of stress and depression (9,19). Studies on older aerobics participants consistently describe significant improvements in self-<b>confidence</b>, social life, sleep patterns, and sex life associated with moderate regular activity (14,20,21). Improvements in the cognitive functioning of older adults from exercise also have been shown (22,23) (p. 214)</i></p>	<ul style="list-style-type: none"> <li>• Confidence boosted by exercise programmes.</li> <li>• Confidence link words: Self-confidence, Activity.</li> </ul>
<p>Jancewicz (2001)</p> <p>A literature review exploring evidence as to the potential for Tai Chi in the prevention and treatment of many conditions associated with ageing, amongst them loss of balance and strength (frailty), and cardiorespiratory function, as well as psychological factors associated with the ageing process.</p>	<p><i>This literature review focuses on the increasing evidence of Tai Chi as an exercise activity which can improve fitness, and that with regular application can lead to an increase in functional abilities of coordination and joint mobility, as well as improve self-esteem and <b>confidence</b>. (Abstract p.70)</i></p>	<ul style="list-style-type: none"> <li>• Tai Chi can improve self-esteem and confidence.</li> <li>• Confidence linked words: Self-esteem; Increased functional ability (coordination and joint mobility); Tai Chi.</li> </ul>
<p>Kelly et al. (2016a)</p> <p>Study of how age and aging is represented in popular music lyrics.</p> <p><i>Not directly associated with older people living with frailty</i></p>	<p><i>It is imagined that the negative representations of age and ageing can be dispiriting, <b>confidence</b> and esteem lowering for older people and their potential impact might be considered carefully by artists. (Abstract p.1325)</i></p> <p><i>It is imagined that the negative representations of age and ageing can be dispiriting and</i></p>	<ul style="list-style-type: none"> <li>• Negative representation of age in music texts possibly lowers confidence in older people.</li> <li>• Confidence link words: Dispirited, Low esteem.</li> </ul>



	<p><i>confidence and esteem lowering for older people and that more scrutiny of these texts by censorship boards should be exercised. (p. 1332)</i></p>	
<p>Kutner et al. (1997b)</p> <p>A study reporting older peoples self-reported benefits of</p> <p><i>Sense of confidence measured (not balance confidence)</i></p> <p><i>Less frail cohort of participants</i></p>	<p><i>Specific benefits of the [Tai Chi] TC exercise training that were mentioned included better coordination and balance, increased alertness, <b>confidence</b>, relaxation, better mental outlook, and a sense of achievement. (p.245)</i></p> <p><i>Two major factors contributed to TC and BT subjects' change in <b>confidence</b>, based on the exit interview responses: (1) a perception of having gained a better sense of balance and feeling more secure in their ambulation, and (2) an enhanced generalized sense of well-being. Improved balance was the <b>confidence-boosting</b> factor that was most emphasized by BT subjects (75%); for example, subjects reported feeling "more sure-footed, especially going up hills," or "more conscious of various aspects of balance, especially the role of feet and ankles." The remainder of the BT group (25%) cited an enhanced sense of well-being, e.g., "assisted me in feeling better about myself and sharpening my positive thinking."</i></p> <p><i>TC subjects, however, were almost equally likely to attribute their improved sense of <b>confidence</b> to improved balance (54%) and to an enhanced sense of well-being (46%). Some TC subjects said they felt "less likely to lose balance if disturbed" and felt "more secure in movement."</i></p> <p><i>TC subjects who referred to enhanced well-being as the reason for their changed sense of <b>confidence</b> made comments such as "just generally felt better," "gained a general</i></p>	<ul style="list-style-type: none"> <li>• Confidence improved through gaining a better sense of balance and feeling more secure in walking*.</li> <li>• Confidence improved through a generalised sense of well-being*.</li> <li>• Improved balance was a confidence-boosting factor.</li> <li>• Older people need to feel confident to continue to be mobile.</li> <li>• Feeling of confidence linked to psychological well-being.</li> <li>• Confidence link words: Coordination, Balance, Alertness, Relaxation, Mental outlook, Security Achievement, Confidence-boosting, Psychological well-being, Fear of falling, Motivation.</li> </ul> <p>*both linked to a reduced fear of falling</p>

	<p><i>overall feeling of well-being," and "TC has encouraged me." These perceptions of improved balance and well-being may have contributed to TC participants' significant improvement in fear of falling (Wolf et al., 1996). (p.245)</i></p> <p><i>Older persons need to feel <b>confident</b> to test the limits of their environment and to continue being mobile, which both the TC and the BT interventions seemed to promote. However, experiencing more generalized feelings of <b>confidence</b> and of overall psychological well-being, in the context of an enjoyable activity, may effectively motivate older persons to make exercise an ongoing part of their lives. (p.245-6)</i></p>	
<p>Lelard and Ahmaidi (2015)</p> <p>A review the effects of physical activity on balance performance in the elderly.</p>	<p><i>Training programs offering a combination of several activities have demonstrated beneficial effects on the incidence of falls, and we present and compare the effects of these two types of training activities. It emerges that there are differential effects of programs of activities: while all activities improve participants' <b>confidence</b> in their ability, the "proprioceptive" activities rather improve performance in static tasks, while "strength" activities tend to improve performance in dynamic tasks. (Abstract p.357)</i></p> <p><i>Fear of falling and its correlates in balance <b>confidence</b> can also reflect poorer functional mobility and reduced independence in older adults. (p.358)</i></p> <p><i>It was demonstrated that if balance <b>confidence</b> has decreased with retirement, it could be improved with exercise program. (p.358)</i></p> <p><i>In terms of balance <b>confidence</b>, improvement was shown to be</i></p>	<ul style="list-style-type: none"> <li>• Post-fall training programme activities improve participants' confidence in their abilities.</li> <li>• Fear of falling affects balance confidence.</li> <li>• Poor balance confidence reflects poor functional mobility and reduced independence.</li> <li>• Confidence can be improved with exercise programmes.</li> <li>• Improvement in balance confidence is associated with positive physical ability.</li> <li>• Restoring confidence with the frailest old is effective through balance maintaining exercise programmes.</li> <li>• Confidence link words: Physical ability; Fear of falling; Mobility; Independence; Loss of autonomy; Balance</li> </ul>

	<p><i>associated with changes in physical ability. (p360)</i></p> <p><i>In the frailest older individuals, fear of falling is a pre-dominant characteristic, which seems to be the main factor in determining loss of autonomy. Thus, in this population, with the objective to restore <b>confidence</b> in their capacity to maintain balance, any type of training program could be proposed (balance, gymnastics, strength-training programs or educational program). (p.365)</i></p>	<p>confidence; Exercise programme</p>
<p>Li (2005)</p> <p>The study examines the effects of psychosocial and health factors on the activities of daily living disability trajectory of low-income frail older people living in the community.</p>	<p><i>The analysis shows that major risk factors for a poor activity of daily living (ADL)disability trajectory include being Black, older, living with non-spouse others, and no <b>confidence</b> in functional improvement. (Abstract p. 615)</i></p> <p><i>Self-efficacy, referring to one's <b>confidence</b> in successfully performing intended behaviors (Bandura 1986), has been found to slow down functional decline among older persons with low functioning (Kempen et al. 1999) or experiencing decreasing physical performance (Mendes de Leon et al. 1996). (p. 617)</i></p> <p><i>The major risk factors for a poor ADL disability trajectory found in this study include being Black, older, living with non-spouse others, and no <b>confidence</b> in functional improvement. (p. 634)</i></p> <p><i>some chronic conditions including cancer, dementia, and Parkinson's disease, as well as limitations in vision, bladder, and bowel, are significantly correlated with capability of functional improvement, suggesting that <b>confidence</b> in improvement may have objective health basis. (p. 635)</i></p> <p><i>Given the positive effects of capability of functional</i></p>	<ul style="list-style-type: none"> <li>• Having no confidence in functional improvement is linked to the threat of ADL decline over time</li> <li>• Confidence is linked to lowering down functional decline in disabled older people</li> <li>• Confidence in improvement may have an objective health basis.</li> <li>• Confidence link words: Functional decline, Self-efficacy, health benefit</li> </ul>

	<p><i>improvement on frail elders' ADL disability trajectories, future research that investigates what affects the confidence in functional improvement may help to design strategies to increase such <b>confidence</b> and consequently improve functional ability of frail elderly persons in the community. (p. 635)</i></p>	
<p>McDougall and Balyer (1998)</p> <p>An article examining the effects of aging on memory and the intertwining factors of depression and self-efficacy as treatable antecedents of mental frailty in older adults.</p>	<p><i>Compromised thinking, anxiety, and decreased <b>confidence</b> in memory are symptoms of mental frailty. (Abstract p.220)</i></p> <p><i>Overall, participants whose depression scores were higher, as measured by the Geriatric Depression Scale, had significantly lower memory <b>confidence</b> or self-efficacy scores than did subjects with lower depression scores. Two weeks after the memory improvement course, both depressed and non-depressed participants showed significant improvement in memory <b>confidence</b> and self-efficacy. (p.221)</i></p> <p><i>The concept of self-efficacy may be defined as our <b>confidence</b> in our ability to perform effectively in a given situation. (p.221)</i></p> <p><i>As we lose <b>confidence</b> in memory, our anxiety increases, and our sense of self-efficacy erodes. Individuals who have less <b>confidence</b> may even give up trying because they doubt their ability to achieve their desired performance level. On the other hand, they may be convinced of their abilities but give up trying because of an unresponsive or punishing environment. (p.221)</i></p> <p><i>Repercussions of this lack of <b>confidence</b> in memory ability may include a generalized negative self-concept, the perception that</i></p>	<ul style="list-style-type: none"> <li>• Decreased confidence in memory (along with compromised thinking, anxiety) are symptoms of mental frailty.</li> <li>• Depression is associated with lower memory confidence.</li> <li>• Improving depression improves memory confidence and self-efficacy.</li> <li>• Self-efficacy may be defined as our confidence in our ability to perform effectively in a given situation.</li> <li>• Loss of memory confidence is associated with increased anxiety.</li> <li>• Many factors exist in which older people with less memory confidence may give up trying. Because they doubt their ability to achieve; perform at a desired level; unresponsive environment; punishing environment.</li> <li>• Lack of memory confidence promotes a negative self-concept.</li> <li>• Lack of memory confidence may be associated with fear of</li> </ul>

	<p><i>others have a better memory than they, and a fear of impending senility or dementia. (p221)</i></p> <p><i>Activities beyond their abilities will result in agitation, anxiety, withdrawal, refusal to attempt even manageable challenges, decreased <b>confidence</b>, and further progression of memory problems. (p.223)</i></p> <p><i>In addition to training in specific memory strategies, elderly people often need help developing <b>confidence</b> in their skills and memory performance ability. Such <b>confidence</b> can be expected to increase their feelings of self-efficacy and belief in personal control, resulting in reduced depression and anxiety and stabilized mental frailty. (p.223)</i></p>	<p>impending senility or dementia.</p> <ul style="list-style-type: none"> <li>• Memory confidence activities that go beyond older peoples' abilities decrease confidence.</li> <li>• Memory confidence development can be expected to increase self-efficacy and belief in personal control.</li> <li>• Confidence link words: Self-efficacy; Memory; Memory Confidence; Anxiety; Mental frailty; Depression, Dementia; Ability (to perform); Self-concept; Withdrawal; Refusal to attempt; training strategies; Skill development; personal control.</li> </ul>
<p>McNamara et al. (2016)</p> <p>A study to evaluate a healthy ageing intervention (physical and social activity) for frail older people living in the community.</p>	<p><i>Program participants reported better health, social function and mental well-being; greater engagement in household and leisure activities; and increased enjoyment and <b>confidence</b> through participating in the program. Some participants could not attend the whole program due to poor health or difficulties securing transport. (abstract p.30)</i></p> <p><i>Although the program focused on physical activities, the participants clearly thought the benefits extended beyond feeling physically fitter. These benefits included a sense of <b>confidence</b>, motivation and elevated mood. (p.33)</i></p> <p><i>Improvement in physical health was demonstrated over the post-evaluation period with comments such as 'I was able to walk a bit straighter', 'felt freer in movement' and 'I had better balance'. One participant commented, 'It is the case of</i></p>	<ul style="list-style-type: none"> <li>• Confidence grew through participation in the programme of physical and social activity.</li> <li>• Confidence is a non-physical effect – linked words: motivation and mood.</li> <li>• Older person uses the words 'it's a case of getting confidence to do something' relating to their physical health improvement.</li> <li>• Confidence grows and friendships develop.</li> <li>• Health and confidence were evaluated as better because of the programme.</li> <li>• Confidence grew as physically they improved and their mood and concentration improved.</li> </ul>

	<p><i>getting <b>confidence</b> to do something'. (p.33)</i></p> <p><i>They felt that the participants' <b>confidence</b> grew and friendships developed as the program progressed: 'I've seen all sorts of interactions and relationships created within that environment, which is a really positive thing.' (p.34)</i></p> <p><i>The qualitative results indicated that participants perceived their health to be better and their <b>confidence</b> to be greater. (p.34)</i></p> <p><i>Many of the participants reported that their <b>confidence</b> grew, they felt better physically, their mood improved and they had better concentration. The program appeared to improve general resilience and connectedness to others in the community. Many of the participants stated their satisfaction in being able to get out of their home to join in activities with other people like themselves. (p.34)</i></p>	<ul style="list-style-type: none"> <li>• Confidence link words: Leisure activities, Social function, Mental well-being, Engagement, Motivation, Mood, Resilience, Health, Concentration, Friendships, Relationships, Community, Connectedness, Activities.</li> </ul>
<p>Menzies and Hanger (2011)</p> <p>The study describes the type and level of support provided by a facilitated discharge team to frail older patients discharging from an elderly rehabilitation hospital and the outcomes achieved.</p>	<p><i>Patients with the highest number of contacts were those referred with patient <b>anxiety/low confidence</b> (7.4), and family concern (8.4). (Abstract p.29)</i></p> <p><i>Poor mobility or falls risk and poor cognition were the most common single reasons for referral to the FD service. Patient anxiety / <b>low confidence</b>, and family concern referral reasons had a trend to needing more resources than the average (14% and 29% higher respectively). However, poor mobility or falls risk had a trend to using fewer resources than the average (17% lower). (p.35)</i></p>	<ul style="list-style-type: none"> <li>• The word anxiety is used as a work to mean equally low confidence [ / = or ]</li> <li>• Low confidence and family concerns resulted in higher resource use in this facilitated discharge service</li> <li>• Confidence link words: Low confidence; Anxiety; Concerns; Mobility; Falls risk; Resources.</li> </ul>
<p>Oliver (2007)</p>	<p><i>There is plenty that clinicians can do to reduce the chance of further falls and injuries, to</i></p>	<ul style="list-style-type: none"> <li>• Confidence linked to falls.</li> </ul>

<p>An article setting out the key practice points for community nurses and the key sources of evidence for practice development to initially assess, intervene and monitor older people presenting with a fall.</p>	<p><i>optimize patients' <b>confidence</b> and ability to cope and to use falls as a 'case-finding' trigger to address a host of other, often unrecognized problems. (Abstract p.500)</i></p> <p><i>Falls may also result in a distressing 'long lie' where victims are unable to get up—and this in turn may lead to pressure damage, dehydration or hypothermia. Falls also lead to anxiety, fear of falling or loss of <b>confidence</b> (Scott V et al, 2007) and worry for relatives and carers—all of which can lead to progressive loss of function, constriction of life-space and increasing dependency. (p.500)</i></p> <p><i>...as well as how the falls are impacting on the person's <b>confidence</b>, mood and quality of life and their own attitude to risk-taking or taking professional advice on safety. (p.504-505)</i></p> <p><i>There is a real danger that an over-custodial and risk-averse approach will lead to that person feeling their autonomy has been overridden and to a further loss of <b>confidence</b>. (p.506)</i></p>	<ul style="list-style-type: none"> <li>• Falls can lead to anxiety, fear of falling and loss of confidence- which can lead to loss of function, constrictions in life space and increased dependency.</li> <li>• Confidence associated with mood, quality of life risk taking behaviours and taking professional advice.</li> <li>• Care providers being too risk averse can lead to further confidence loss through loss of autonomy.</li> <li>• Confidence link words: Coping; Falls; Fear of falling; Ability; Loss of function; Mood; Quality of life; Increased dependency; Autonomy.</li> </ul>
<p>Parry et al. (2016)</p> <p>Health Technology Appraisal. Two phase study: 1) develop a Cognitive Behaviour Therapy intervention (CBTi) delivered by health-care assistants (HCAs) and 2) through a Randomised Controlled Trial to measure the impact of the intervention, its acceptability and cost benefits of the intervention.</p>	<p><i>Falls cause fear, anxiety and loss of <b>confidence</b>, resulting in activity avoidance, social isolation and increasing frailty. (Abstract p.vii)</i></p> <p><i>Many older individuals, both fallers and non-fallers, suffer from a variety of adverse psychosocial difficulties related to falling including fear, anxiety, loss of <b>confidence</b> and impaired self-efficacy (in this context the self-perception of ability to walk safely without falling) resulting in activity avoidance, social isolation and increasing frailty. (p.xxix and p.1)</i></p> <p><i>About one-third of the interviewees conformed to the prevailing picture of fear of falling in the</i></p>	<ul style="list-style-type: none"> <li>• Falls cause fear, anxiety and loss of confidence</li> <li>• Loss of confidence, resulting in activity avoidance, social isolation and increasing frailty</li> <li>• Loss of confidence is a psychosocial difficulty related falling</li> <li>• Fear often associated with a fall leads to loss of confidence.</li> <li>• Stakeholders chose the word confidence in preference to a 'psych' type work.</li> </ul>

	<p><i>medical literature whereby fear, often but not always occasioned by a fall, is maintained by avoidance of activity, leading to loss of <b>confidence</b>, physical weakening and more fear of falling. (p.7)</i></p> <p><i>All stakeholder groups participating in qualitative interviews were asked for advice and suggestions. It was seen as essential to ensure that the title was positive: avoid the word 'falling' (as well as any words beginning with 'psych') and to consider including terms such as '<b>confidence</b>', to which people would be able to relate. In addition to being non- threatening, we wanted the name to convey a sense of the purpose and focus of the intervention so that it would not be mistaken for an exercise class. Following discussions, we agreed on STRIDE as the brief study title (Strategies for increasing independence, <b>confidence</b> and energy).(p.15)</i></p> <p><i>"I mean I've used it a lot with working with older people and it's not actually called CBT but it's what you do with them from the point of view you've gradually got to build their <b>confidence</b> up through very simple increasing their activities and things and the way you talk to them and the way you encourage them and things like that as well, so yes I think it would be very, very helpful actually." P5, briefing meeting for clinic staff, 17 February 2012 (p.16)</i></p> <p><i>The functional reach test is a good indicator of <b>confidence</b> in balance and increased risk of having a fall [78,79] (p.26)</i></p> <p><i>STRIDE therapists and clients agreed that the CBTi was most effective after any medical issues had been resolved, as it enabled</i></p>	<ul style="list-style-type: none"> <li>• Confidence can be built up by simple increases in activity.</li> <li>• The functional reach test is a good indicator of confidence in balance and increased risk of having a fall.</li> <li>• Confidence comes back as physical strength comes back.</li> <li>• By knowing what to do when you fall you can gain confidence.</li> <li>• Confidence increased by being told you could do it.</li> <li>• Overcoming embarrassment and shame associated with a fall improved self-acceptance and confidence.</li> <li>• Confidence is linked to slippery floor surfaces (e.g. ice)</li> <li>• The intervention was associated with improvements in confidence, independence, mood, activity levels, walking/balance, self-acceptance, and motivation, and reductions in anxiety.</li> <li>• Confidence associated with high level of fitness and running.</li> <li>• Fall associated with low confidence and high anxiety levels.</li> <li>• Reducing fear increased confidence.</li> <li>• Confidence link words: Fear; Fear of falling; Anxiety; Activity avoidance; Social isolation; Frailty; Self-efficacy; Self-perception; Independence; Psych; Activity; Balance; Falls risk; Knowledge;</li> </ul>
--	--	---



	<p><i>clients to maximise the benefits of their improved health by tackling any residual loss of confidence and encouraging them to try new activities:</i></p> <p><i>“If you work on that physical strength, definitely the <b>confidence</b> comes back. But [ . . . ] the variety of applications of that <b>confidence</b> is quicker because you’re getting different ideas of how to apply it.” C5969 interview, 29 January 2014</i></p> <p>...</p> <p>...</p> <p><i>“Well I’m still worried about it [falling] because I’ve got Parkinson’s and I shake a lot but I was like given a lot of <b>confidence</b> when I actually did fall just by what she said ‘well just sit there and take some deep breaths and then try to get up and make sure you’re all right’ and that sort of thing. I’m still <b>confident</b> with that.” C4465, interview, 26 June 2014 (p.82)</i></p> <p><i>[Domain] Increased <b>confidence</b>:</i>  <i>[Example] “She just told us I could do it. I just, I felt I would never be able to do anything again. And when ST2 told us to try, I went and said, ‘Maybe I can do it’” C4458 interview, ST2, 2 July 2014 “Certainly I’m very much more <b>confident</b> than I was before it started” C5377 interview, ST1, 30 June 2014 (p.95)</i></p> <p><i>[Domain] Increased self-acceptance</i>  <i>[Example] “I’ve got over the feeling that it [falling] is totally embarrassing and it’s not right to fall, it’s not shame to fall flat or whatever, you know. And now I think if I fell I would be all right. Yes, I would have the <b>confidence</b> to say, ‘Well you either help me or you don’t’” C5969 interview, ST3, 29 January 2014 (p.95)</i></p>	<p>Self-acceptance;  Mood; Motivation;</p>
--	---	--

*“If it’s just snowing I’m fine. But once it starts getting a little bit slippery, I just refuse to go out, you know? I just haven’t got that **confidence** for that yet, you know?” C3514 interview, ST3, 10 June 2013 (p.96)*

*Client engagement with and understandings of the CBTi varied. Nevertheless, clients valued their interactions with the HCAs and perceived a range of benefits from the CBTi including improvements in **confidence**, independence, mood, activity levels, walking/balance, self-acceptance, and motivation, and reductions in anxiety. (p.107)*

*Client engagement with, and understandings of, the CBTi varied. Nevertheless, clients who persisted with the CBTi valued their interactions with the HCAs and perceived a range of benefits from the intervention, including self-reported improvements in **confidence** and independence. (p.134)*

*“On the sixth session he had reported a nasty fall, which gave the opportunity to discuss relapse prevention. This went very well with him getting back on his feet much faster than the last time he fell. His **confidence** had not suffered and it made him more determined to soldier on.” (p.199)*

*“This gentleman had experienced a very fitness-orientated lifestyle; he had been an active competitive runner and a lot of his **confidence** had had come from that.” (p.202)*

*“This resulted in a number of falls, lack of **confidence** and increased anxiety levels.” (p.203)*

*“Her **confidence** and independence had both increased and she was no longer afraid to*

	<p><i>put weight on her knee and felt less frightened.” (p.204)</i></p>	
<p>Parry et al. (2014)</p> <p>A study protocol for a randomised controlled trial - The STRIDE (Strategies to Increase confidence, InDependence and Energy) study: A cognitive behavioural therapy-based intervention to reduce fear of falling in older fallers living in the community.</p>	<p><i>Many older individuals suffer from a variety of adverse psychosocial difficulties related to falling including fear, anxiety, loss of <b>confidence</b> and subsequent increasing activity avoidance, social isolation and frailty. Such ‘fear of falling’ is common and disabling, but definitive studies examining the effective management of the syndrome are lacking. (Abstract p.1)</i></p> <p><i>Many older individuals, both fallers and non-fallers, experience a variety of adverse psychosocial difficulties related to falling [5-15] including fear, anxiety, loss of <b>confidence</b>, and impaired self-efficacy (the self-perception of ability to perform within a particular domain of activities) [9,12] resulting in activity avoidance, social isolation and increasing frailty. (p.2)</i></p> <p><i>On the basis of current knowledge [16-19], we would expect anxious cognitions to be maintaining activity avoidance; physical tension and anxious cognitions to be interfering with walking; underactivity to be maintaining physical weakness and loss of <b>confidence</b> and/or competence. (p.5)</i></p> <p><i>[The Falls Efficacy Scale was developed] to explore different aspects of falls and balance confidence in individual patients through the medium of self-efficacy evaluation. (p.6)</i></p> <p><i>The main anticipated issue centres on the potential for patients to gain confidence and lose their fear of falling in a way that is inconsistent with their</i></p>	<ul style="list-style-type: none"> <li>• Psychosocial sequela of falling include loss of confidence.</li> <li>• Psychosocial factors associated with loss of confidence following a fall include fear, anxiety, impaired self-efficacy, activity avoidance, social isolation and frailty.</li> <li>• The behaviour repose to falling can include loss of confidence and/or competence.</li> <li>• The Falls Efficacy Scale (FSE) was developed to explore different aspects of falls and balance confidence through self-efficacy evaluation.</li> <li>• Intervention hoped to allow gain of confidence and loss of fear of falling with or without physical improvement.</li> <li>• Functional reach is a good indicator of confidence in balance</li> <li>• Confidence linked words: Fear; Anxiety; Activity avoidance; Social isolation; Frailty; Disabling; self-efficacy; Competence; Balance.</li> </ul>

	<p><i>improvement (or lack there of) in physical function. (p.6)</i></p> <p><i>Functional reach is a good indicator of confidence in balance and increased risk of having a fall. (p.8)</i></p>	
<p>Parry et al. (2001)</p> <p>This paper evaluated test-retest reliability of the modified scales FES-UK and ABC-UK – two British variations on the North American Falls Efficacy Scale (FES) and the Activities-specific Balance Confidence scale (ABC).</p>	<p><i>Falls are common in older subjects and result in loss of <b>confidence</b> and independence. (Abstract p.103)</i></p> <p><i>While the physical and socioeconomic consequences of falls are relatively easily measured, the ensuing psychological morbidity and effects on <b>confidence</b> and independence are more insidious and less easily quantifiable (p.103)</i></p> <p><i>The terms “post-fall syndrome”<sup>13</sup> falling”[5 10 14–16] or “fear of have been used to describe a loss of <b>confidence</b> and voluntary restriction on activity after a fall that is dramatically out of proportion to the physical injuries sustained.[5 14–16] (p.103)</i></p> <p><i>The ABC-UK is a 16 item scale which asks subjects to rate <b>confidence</b> regarding their balance and ability to remain steady when performing various tasks, from 0% (no confidence) to 100% (completely confident) in multiples of 10%. (p.104)</i></p> <p><i>The FES also asks individuals to rate <b>confidence</b> in performing daily activities by circling numbers from 1 (extremely confident) to 10 (no confidence at all) for 10 questions. (p.104)</i></p> <p><i>[ABC-UK Wording] For each of the following activities, please indicate your level of self-<b>confidence</b> by choosing a corresponding number from the rating scale 0% to 100%, with 0% meaning you have no confidence</i></p>	<ul style="list-style-type: none"> <li>• Falls result in loss of confidence and independence.</li> <li>• The psychological effect of a fall on confidence and independence is less easy to quantify than physical and socioeconomic factors.</li> <li>• Post-fall syndrome and fear of falling have been used to describe loss of confidence.</li> <li>• Rating confidence in relation to balance (ABC).</li> <li>• Rating confidence in relation to performing daily activities (FES).</li> <li>• Rating self-confidence (ABC-UK).</li> <li>• Falls are common in older people and frequently result in loss of confidence and self-efficacy</li> <li>• Confidence link words: Loss, Independence, Physical, Socioeconomic, Post-fall Syndrome, fear of falling, Activity restriction, Balance, Rating, Activities of daily living, Self-confidence, Self-efficacy.</li> </ul>

	<p><i>and 100% meaning you feel completely confidence. (p.105)</i></p> <p><i>The falls literature offers several examples of randomised controlled trials where the number of falls and injuries and other physical descriptors are the main outcome measures,[26–31] with <b>confidence</b> and fear of falling playing a minor part in assessment. (p.107)</i></p> <p><i>[Article Learning Point]</i></p> <ul style="list-style-type: none"> <li><i>Falls are common in older subjects and frequently result in loss of <b>confidence</b> and self-efficacy, the “cognitive mechanism by which the ability to control situations reduces stress”.</i></li> </ul> <p><i>[and]</i></p> <ul style="list-style-type: none"> <li><i>Both modified scales were found to be reliable, valid, acceptable measures of falls related <b>confidence</b> and self-efficacy in older British subjects. (p.107)</i></li> </ul>	
<p>Peduzzi et al. (2007b)</p> <p>A study designed to evaluate the mechanisms of action in multicomponent physical conditioning programmes (driving assessments – PREHAB and DRIVER) for overall improvement in physical ability and/or self-confidence</p>	<p><i>In PREHAB, a measure of ADL self-efficacy was assessed at baseline and 7 months based on a modified version of the Falls Efficacy Scale [13]. Participants were asked how confident or sure they were about doing the following 10 activities: cleaning the house, getting dressed or undressed, preparing simple meals, taking a bath or shower, doing simple shopping, getting in and out of chair, going up and down stairs, walking around the neighbourhood, reaching into cabinets or closets, and hurrying to answer the telephone. (p.96)</i></p> <p><i>The findings that the PREHAB intervention operated through both improvements in physical ability and <b>self-confidence</b> confirmed the original secondary hypothesis of the trial. The justification for this hypothesis was based</i></p>	<ul style="list-style-type: none"> <li>• Confidence is in the context of self-confidence</li> <li>• Confidence was measured on a falls self-efficacy scale.</li> <li>• Confidence was measuring how sure participants were about doing activity of daily living tasks</li> <li>• Self-confidence improvement related to physical ability improvement.</li> <li>• Self-confidence is linked to self-efficacy – high self-confidence and high self-efficacy.</li> <li>• Enhanced self-confidence about physical ability or speed of movement could decrease anxiety</li> </ul>

	<p><i>on a study by Mendes et al. [19] who examined whether high self-efficacy was protective against a decline in ADL functioning in community-living elderly persons. (p.100)</i></p> <p><i>Furthermore, to the extent that a perceived sense of frailty or physical slowness may increase anxiety while driving, an enhanced <b>self-confidence</b> about physical ability or speed of movement could decrease anxiety or increase focus on the task at hand. (p.100)</i></p>	<p>or increase focus on a task.</p> <ul style="list-style-type: none"> <li>• Confidence linked to words Self-confidence, ADLs, Self-efficacy, Function, Anxiety, Ability, Focus.</li> </ul>
<p>Peel et al. (2000)</p> <p>A randomised trial of home safety assessment was examined as part of a of falls prevention intervention among older people living in the community.</p>	<p><i>While the effect on falls incidence of a home safety intervention on its own could not be demonstrated, other benefits, including improved <b>confidence</b> attributable to awareness of such falls prevention measures, were recorded. (Abstract p.536)</i></p> <p><i>While not demonstrating that home safety assessments and modifications significantly reduced falls and injuries in the population studied, other benefits such as improved <b>confidence</b> attributable to awareness of such falls prevention measures were recorded. Importantly, falls incidence rates were sustained, even lowered, a year after program interventions had ceased. (p.538)</i></p>	<ul style="list-style-type: none"> <li>• Improved confidence through awareness of falls prevention measures</li> <li>• Confidence linked to words: Falls, Awareness.</li> </ul>
<p>Resnick (2002)</p> <p>A qualitative study exploring the influence of efficacy beliefs and motivation within a rehabilitation setting.</p>	<p><i>Specific outcome expectations were described as a belief that performing a certain activity would result in an expected outcome (i.e. participation in a rehabilitation will improve functional performance). This belief motivated individuals to participate in rehabilitation program.</i></p> <p><i>...it [the therapy] was just something that I believed I had to do. I didn't think about whether I could do it or not. I just knew that</i></p>	<ul style="list-style-type: none"> <li>• Confidence connected to seeing benefits.</li> <li>• Confidence linked to words: Motivation.</li> </ul>

	<p><i>I needed to if I wanted to handle myself at home.</i></p> <p><i>...I am <b>confident</b> the therapy is going to help if I wasn't <b>confident</b>, I would not go to therapy, I would leave.</i></p> <p><i>... I was sure therapy would help, but I didn't think that I could do it. I gave it a try and I learned that I could do it. You can do a lot if you just try. (p. 154)</i></p>	
<p>Sandberg et al. (2014b)</p> <p>A qualitative study exploring barriers and facilitators to understand complex case management interventions from the perspectives of older people and of case managers.</p>	<p><i>The CM also experienced that different factors were important to gain this trust, such as time, continuity and personal chemistry. The <b>confidence</b> – often expressed as mutual <b>confidence</b> – was something that the CM valued highly and was seen as an important part of the intervention. (p.7)</i></p> <p><i>When the participants got the help and information they needed they felt <b>confident</b> in the CM intervention. This <b>confidence</b> could contribute to a strong relationship between the CM and the participant. (p.9)</i></p> <p><i>It was obvious that trust and <b>confidence</b> were crucial facilitators for performing the intervention and they permeated various categories. It is known that trust and <b>confidence</b> are important factors for building and maintaining a solid relationship between patients and caregivers [23-25] and are particularly important for older people with repeated health care contacts. (p.10)</i></p> <p><i>Mutual <b>confidence</b> and the participants experiencing trust, continuity and security were important elements and an important prerequisite for the case manager to perform the intervention and make a difference. (p.11)</i></p>	<ul style="list-style-type: none"> <li>• Confidence was often expressed as mutual confidence</li> <li>• Participants felt confident when they received help and information</li> <li>• Trust and confidence are important to build relationships between the older person and the caregiver</li> <li>• Confidence link words: Trust, Relationships, Information.</li> </ul>

Skymne et al. (2012)

The study aimed to learn how frail elderly people experienced becoming assistive device users and how assistive devices affected their independence in daily activities.

*Two themes emerged: **Confidence in knowledge and experience and getting used to assistive devices in daily activities. Confidence in knowledge and experience was formed by two categories of experiences from the prescription procedure: trust the expert and trust yourself, and to have confidence in having the right information about assistive devices. (Abstract p.194)***

*The two themes confidence in knowledge and experience and getting used to assistive devices in daily activities that emerged can be seen as parts of a pendulum (Figure 1). The base of the pendulum is illustrated as Confidence in knowledge and experience formed by the categories trust the expert and trust yourself, and have confidence in having the right information. The base symbolizes that confidence in knowledge and experience is a prerequisite for starting to get used to assistive devices.*

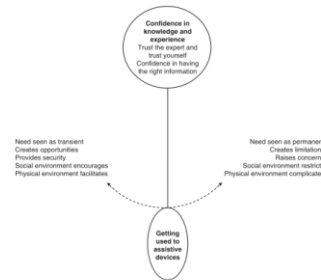


Figure 1. Confidence in knowledge and experience (illustrated as the base) and Getting used to assistive device as the bob of the pendulum.

(p.196-197)

*The theme **confidence in knowledge and experience** meant trusting the expert and themselves in matters concerning the need for assistive devices and having the appropriate one. It also meant **confidence in having correct information on regulations and services surrounding assistive devices. (p.197)***

- Successful use of an assistive device was conditional on confidence in knowledge about the device and its use and practically using the device in daily activities.
- Confidence in knowledge is informed by trusting yourself; trusting the expert and having confidence in having the right information.
- Knowing your body can give confidence in challenging the experts to get the right assistive device.
- Confidence link words: Knowledge; Experience; Information; Trust;



	<p><i>To trust yourself also meant it was important to trust one's own personal knowledge of one's body. This knowledge did not always match the expert's view. Thus, it was important to counter the experts with this and gain <b>confidence</b> in getting the assistive devices needed. (p.197)</i></p> <p><i><b>Confidence</b> in having the right information implies the need for confidence in getting the necessary assistive devices without having to question the prescription. (p.198)</i></p> <p><i>To experience a prescribed assistive device as a means to independence in daily activities requires getting used to them. This is connected with <b>confidence</b>, in both the expert's and the participant's knowledge and experience. (p.200)</i></p>	
<p>Tavakolan et al. (2011)</p> <p>A preliminary study investigation the viability of using surface electromyography hand control devices with older people.</p>	<p><i>Fear of frailty is a main concern for seniors. Surface electromyography (sEMG) controlled assistive devices for the upper extremities could potentially be used to augment seniors' force while training their muscles and reduce their fear of frailty. In fact, these devices could both improve self <b>confidence</b> and facilitate independent leaving in domestic environments. (Abstract p.1)</i></p>	<ul style="list-style-type: none"> <li>• Assistive upper limb devices could improve self confidence in relation to independent living</li> <li>• Confidence link words: Self-confidence, Independence, Frailty.</li> </ul>
<p>Tung et al. (2013)</p> <p>A qualitative study exploring how older people maintain and improve their self-efficacy and adherence to rehabilitation exercise programmes following orthopaedic surgery at home.</p>	<p><i>Successful postoperative orthopaedic rehabilitation for older people depends on building their <b>confidence</b> about adherence to exercise programmes designed to improve their functional performance. (Abstract p. 1217)</i></p> <p><i>Findings emphasise the importance of social support from family, friends and community to nurture self-efficacy. Accessing personal beliefs and attitudes,</i></p>	<ul style="list-style-type: none"> <li>• Confidence building through exercise adherence, self-efficacy similarity, social network connected, goal connected, walking aids, being taught, independence giving.</li> <li>• Confidence link words: Motivation, self-efficacy, social networks, goals,</li> </ul>

	<p><i>adaptive strategies and goal setting were all sources and ways participants rebuilt their <b>confidence</b> and motivation in regard to adhering to a rehabilitation programme. (Abstract p. 1217)</i></p> <p><i>There is often a reduced level of <b>confidence</b> and motivation in patients following discharge from orthopaedic surgery. (p, 1218)</i></p> <p><i>Three major themes emerged from the data: (1) nurturing self-efficacy through working with others, (2) strengthening self-efficacy through accessing personal values and beliefs and (3) improving self-efficacy through adaptive strategies and goal setting. These themes illuminate the important resources and strategies older people use to sustain personal efficacy beliefs and to preserve higher <b>confidence</b> levels to maintain daily activities and manage home rehabilitation. (p.1220)</i></p> <p><i>As a result, all participants accepted nurturing support from their social network or sought assistance from community services to gain more <b>confidence</b> in dealing with their situations. (p. 1220)</i></p> <p><i>Participants were able to improve their self-efficacy in relation to their rehabilitation programme at home through adaptations and modifications made to daily activities and by setting goals to continue their normal lives and activities. These consequently increased their overall <b>confidence</b> in managing challenging situations within the rehabilitation process enabling them to gain success in their home rehabilitation goals. (p.1221)</i></p>	<p>education, independence.</p>
--	--	-------------------------------------

	<p><i>Participants used various walking aids and facilities, depending on individual capability, to improve <b>confidence</b> with situations and environments. They thought that this allowed them to continue with their independent living, improve their self-efficacy towards adhering to their rehabilitation programme and improve their quality of life: ... (p.1222)</i></p> <p><i>“Well, when I first came home and I had a walker, you know and I walked around here and I hated it. But it gave me great <b>confidence</b>. It really did give me <b>confidence</b> ...” (Diana) (Quote p. 1222)</i></p> <p><i>Although all participants had reached a satisfactory level of independence in functional performance, they continued to experience various challenges and felt low in <b>confidence</b> in continuing a home rehabilitation programme. They expressed feelings of frustration, fear, nervousness and being impatient with their progress. (p. 1222)</i></p> <p><i>These support networks enabled participants to gain <b>confidence</b> in their capabilities that nurtured their self-efficacy to adhere to the rehabilitation programme. (p. 1223)</i></p>	
<p>Underwood et al. (2015c)</p> <p>A systematic review study protocol of qualitative research aiming to discover the meaning and understanding of confidence as experience by frail older adults.</p>	<p><i>Connecting to and clearly understanding the notion of <b>confidence</b> related to maintaining mental well-being and physical health as experienced by this older population who are living with frailty is important. (p.63)</i></p> <p><i>The impact of an individual losing their “<b>confidence</b>” results in additional health and care staff contact time and resources to meet a deficit between a person’s “loss” and their actual or perceived need. (p.63)</i></p>	<ul style="list-style-type: none"> <li>• There is an important need to relate confidence to maintaining wellbeing for older people living with frailty.</li> <li>• Losing confidence is associate with additional health and care resources.</li> <li>• Confidence is commonly spoken about in practice.</li> <li>• Understanding in practice of what</li> </ul>

	<p>Consequently, “<b>confidence</b>” is commonly spoken about in our care settings when in contact with older people, but as a notion, it is not clearly understood. (p.63)</p> <p>An individual’s “<b>confidence</b>” is often made reference to in practice; similarly, it is quite commonly commented on in the healthcare literature. (p.63)</p> <p><b>Confidence</b> and self-efficacy are often used interchangeably or they merge in explanations. (p.63)</p> <p>Wallston describes his concept of “perceived competence”, a generalized theoretical perspective of self-efficacy, as “self-efficacy reflecting one’s <b>confidence</b> in performing goal-oriented behaviors across situations.”[9(p149)] (p.63)</p> <p>It becomes important to interpret what <b>confidence</b> really means to an individual and what specifically can be done by health and care staff, or by the systems they work within, to maintain and grow this “<b>confidence</b>”, or “self-efficacy”, as we see a significantly growing number of older people living with frailty and dependency in the world. (p.63)</p> <p>No systematic reviews exploring <b>confidence</b>, frailty and mental well-being and physical health were located. (p.63)</p> <p>They importantly identified “loss of <b>confidence</b>” as a recurrent phase being used in the context of an individual’s dealings with the impact of their physical health deterioration over time on their psychological and social well-being. (p.63)</p> <p>Viljanen et al.[11] report the impact of “sensory loss” and how</p>	<p>confidence means is not clear.</p> <ul style="list-style-type: none"> <li>• Confidence is commonly mentioned in healthcare literature.</li> <li>• Confidence and self-efficacy are often used interchangeably.</li> <li>• Self-efficacy reflects one’s confidence in performing goal-orientated behaviours.</li> <li>• It is important to interpreting what confidence means for older people.</li> <li>• Maintain and growing confidence in the frail older population is important as the world’s population grow older.</li> <li>• Loss of confidence is associated with dealing with the impact of physical deterioration over time on their psychosocial well-being.</li> <li>• Fear of falling (associated with sight loss) jeopardises confidence.</li> <li>• Confidence loss is associate with loss of social contact, Loneliness and social isolation.</li> <li>• Technology can be confidence boosting.</li> <li>• Confidence impacts on mental health: associated with anxiety, stress, depression.</li> <li>• Loss of confidence is associated with Loss of independence and Loss of balance confidence.</li> <li>• Time post fall spent of the floor unable to get</li> </ul>
--	--	---

	<p><i>the fear of falling jeopardizes an individual's <b>confidence</b>; whilst "loss of social contact"/"social isolation"/"loneliness" is reported by a number of authors.[5,12-16] (p.63)</i></p> <p><i>"Technology's" influence in boosting <b>confidence</b> is reported in papers. (p.64)</i></p> <p><i>Other literature identifies <b>confidence</b> as being impacted on by "mental health concerns" such as: "anxiety"[24,25,] "anxiety and depression"[26] and "stress".[27,28] (p.64)</i></p> <p><i>"Loss of <b>confidence</b>" is also a term prominent within falls literature, and is found alongside "loss of independence". It is connected to "fear of falling" and "loss of balance <b>confidence</b>".[29-31] (p.64)</i></p> <p><i>It is recognized that periods spent on the floor, when the person is unable to get up following a fall or waiting for help, are particularly undermining to an individual's <b>confidence</b>. (p,64)</i></p> <p><i>Psychologist Albert Bandura comments that "<b>confidence</b>" is a colloquial term: a catchword rather than a construct embedded in a theoretical system. (p.64)</i></p> <p><i>Bandura goes on to dismiss "<b>confidence</b>" as a nondescript term that refers to strength of belief, not specifically about the certainty about the belief. (p.64)</i></p> <p><i>Walker, in describing a new theory of control, associates perceived control to a person's <b>confidence</b> and optimism. (p.64)</i></p> <p><i>Given the growing numbers of this population world-wide, a systematic review on this topic is urgently needed since evidence-</i></p>	<p>up has an undermining effect on confidence.</p> <ul style="list-style-type: none"> <li>• confidence" is described as a nondescript term that refers to strength of belief.</li> <li>• One theory associates perceived control to a person's confidence and optimism.</li> <li>• Maintenance of confidence is crucial for well-being.</li> <li>• Confidence link words: Fear of falling; Sensory loss; Social isolation; social contact; Self-efficacy; Loneliness; Maintenance; Grow; Mental health, Anxiety, Stress, Depression, independence, Balance, Perceived control; Optimism; Technology; Frailty; Mental well-being; Physical health; Perceived need; Performance; Goals;</li> </ul>
--	---	--

	<p><i>based guidance, which can be used to inform practice based support to older people who have lost confidence, or for whom it is recognized that the maintenance of <b>confidence</b> is crucial for their well-being, is currently limited. (p.64)</i></p>	
<p>Underwood et al. (2017b)</p> <p>A qualitative systematic review exploring the meaning of confidence for older people living with frailty.</p>	<p><i>Within healthcare literature “loss of <b>confidence</b>” is occasionally connected to older people living with frailty, but ambiguously described. Understanding the concept of <b>confidence</b> within the context of frailty could inform interventions to meet this growing challenge. (Abstract p. 1316)</i></p> <p><i>The objective of this systematic review was to explore the meaning of <b>confidence</b> from the perspective of older people living with frailty through synthesis of qualitative evidence to inform healthcare practice, research and policy. ( Abstract p. 1316)</i></p> <p><u><i>Phenomena of interest</i></u>  <i>The concept of “<b>confidence</b>” and its impact on the physical health and mental well-being of older people living with frailty. (Abstract p. 1316)</i></p> <p><u><i>Context</i></u>  <i>Studies that reported on the older person’s descriptions, understanding and meaning of <b>confidence</b> in relation to their frailty or recent healthcare experiences. (Abstract p. 1316)</i></p> <p><u><i>Conclusions</i></u>  <i>Assertions that an understanding of the concept <b>confidence</b> has been reached cannot be made. The review data offer limited insight into the concept of confidence being described by the cohort of older people living with frailty. (Abstract p. 1316)</i></p>	<ul style="list-style-type: none"> <li>• Confidence loss is occasional connect to older people living with frailty,</li> <li>• Connected to health decline over time and psychosocial well-being,</li> <li>• Connected with fear of falling, loss of social contact / social isolation / loneliness,</li> <li>• Technology can boost confidence,</li> <li>• Linked to new skill development,</li> <li>• Mental well-being connections exist,</li> <li>• It is connected to self-belief, independence and social connectedness,</li> <li>• It is fundamentally connected to vulnerability</li> </ul> <ul style="list-style-type: none"> <li>• Confidence linked words: Loss, Health, Psychological, Social, Well-being Fear of falling, Loss of social contact, Social isolation, Loneliness, Balance, Technology, Skills, Self-efficacy, Anxiety, Depression, Vulnerability, Belief, Self-belief, Social connectedness, Independence, Frailty.</li> </ul>

*The effect of physical well-being is more clearly understood than that of mental well-being at this time. Based on the concept of **confidence**, this population of older people living with frailty, particularly in the context of acute hospitalization and post-acute care, is becoming a high priority for service providers and policy makers. However, within healthcare literature, the concept of **confidence** in this context is hard to unearth and seems ambiguous, and when found is mostly researcher/author-centric in the descriptions. (p. 1318)*

*No systematic reviews exploring **confidence**, frailty and mental well-being or physical health were identified. (p. 1318)*

*An individual's **confidence** is observed in the healthcare literature in one of only a few ways: relating to a concrete or conceptual loss; in falls literature linked to a person's fear of falling; or connected to one or two mental health and wellbeing concerns. (p. 1318)*

*Nicholson et al.,<sup>20</sup> exploring the experiences of older people living with frailty, identified 'loss of **confidence**' as a recurrent phase being used in the context of an individual dealing with the impact of their physical health deterioration over time and on their psychological and social well-being. (p. 1318)*

*By far, the literature relating to confidence and loss sits outside qualitative research paradigms but may give contextual insights to aid future search strategies. (p. 1318)*

*These include Viljanen et al.'s<sup>21</sup> report on the impact of sensory loss and how the fear of falling jeopardizes an individual's*

**confidence**, whilst loss of social contact / social isolation / loneliness has been reported by a number of researchers.<sup>22-27</sup> (p. 1318)

However, this is discussed predominantly in the literature about skill development, promoting **confidence**.<sup>29-31</sup> Technology's influence in boosting **confidence** has also been reported.<sup>22,32-34</sup> (p. 1319)

What comes over strongly is the impact of an individual losing their **confidence** resulting in additional healthcare staff contact time and resources to meet the deficit between a person's loss and their actual or perceived need. (p. 1319)

This loss of **confidence** is also prominent within the falls literature and is found alongside loss of independence. It is connected to the fear of falling and loss **confidence** in balancing.<sup>35-37</sup> Such psychological and social consequences of a fall are seen as the start of a vicious cycle that leads to reduced activity, physical functioning and further increased risk of falling.<sup>38</sup> It is recognized that periods spent on the floor, when the person is unable to get up following a fall or is waiting for help, are particularly under- mining to an individual's **confidence**.<sup>39</sup> (p. 1319)

Psychological and mental well-being aspects of **confidence** are reflected in other academic work, often connected to falls studies.<sup>40-44</sup> These articulate connections to the concept of **confidence** that are either unexplored or used interchangeably with the established concept of self-efficacy,<sup>45</sup> for example, anxiety



and depression relating to balance **confidence**<sup>40</sup> or perceived behavior control being referred to as **confidence**, when looking at psychosocial factors that could be developed to support older peoples' participation in physical activity programs.<sup>44</sup> (p. 1319)

Finally, it cannot be over emphasized that the preliminary searches that informed the systematic review's protocol development<sup>46</sup> found no narrative to inform the meaning of **confidence** from the perspective of an older person living with frailty. (p. 1319)

The nature of the research found identified that the term confidence was referenced more often in quantitative literature relating to assessment of falls **confidence**, for example, than it was in qualitatively grounded research. It therefore appears that there is minimal evidence on the meaning of **confidence** as a term that is commonly used in clinical practice. (p. 1319)

It helps if we have clues on how to interpret what **confidence** really means to an individual and what specifically can be done by healthcare teams and communities to maintain and grow this **confidence**, especially in the light of significant growth in the number of older people living with frailty and dependency across the world. (p. 1319)

This review was required to inform evidence-based guidance which can be used to develop clinical practice interventions with older people who have lost **confidence**, or for whom it is recognized that the maintenance of their **confidence** is crucial to well-being and healthy living. (p. 1319)

Seven studies cited “**confidence**” in their abstract, directly attributable to an expressed older person’s viewpoint.<sup>34,51-56</sup> Seven additional studies were assessed to have a high probability of documenting an older person’s voice expressing a meaningful description of **confidence** as they deployed methodological approaches where quotes of research participants would be expected to be expressed.<sup>57-63</sup> (p. 1319)

Beesley’s study<sup>66(p2350)</sup> “...your **confidence** has been knocked around a fair bit...” and Research Participant <sup>566(p2351)</sup> “...[stroke] knocks your **confidence** for six...” These two direct quotes have a negative preposition of what confidence means. (p.1327)

“It really helped build up your **confidence** (to the point that I) can get up.”<sup>65(p.154)</sup> This can clearly be seen to relate back to the categories – independence and belief as it informs the synthesized finding of Vulnerability. (p.1328)

Describing her transition back home, she said: “I had my daughter come and do the work for the first week, look after me, stay with me ... she did everything. She was a great help. ... you know that was what I needed to have someone here with me for the first week and then I said you can go home because I was more **confident** and you didn’t need to be here.”<sup>31(p1220)</sup> An initial vulnerability, where **confidence** was low, was overcome through physical and practical assistance given by her daughter. A growth of physical and psychological well-being brought about a **confidence** to no longer ask for such help.

*The social connectedness finding is obvious. (p.1328)*

*When exploring additional validity, a comparison of the contextual definition, as illustrated above, it is useful to consider it against a dictionary definition: ‘Vulnerability – able to be easily physically, emotionally, or mentally hurt, influenced, or attacked’’.<sup>69</sup> This reflects a negative impact and does not mention any social paradigm. Noticeably, from the four studies, two very directly identified wider social associations linked to **confidence**.<sup>31,66</sup> (p.1328)*

*A biopsychosocial<sup>71</sup> connection to health and wellbeing is reflected in the review’s three emergent categories from study findings that aggregated the final finding – Vulnerability (Table 4). The category ‘Belief’ recognizes the emotional/psychological desire to achieve a goal; in the category ‘Independence’, the connection of **confidence** to (bio)physical/functional as well as emotional constructs was evident in participants’ narratives (these were often referred to as self-efficacy), and finally the category ‘Social connectedness’ acknowledges how the social domain interplayed on **confidence** and the other categories. (p.1328)*

*This review recognizes that the topic of **confidence** is referred to across a wide range of literature connected to older people, many living with frailty. However, the meaning and understanding of **confidence** remains contextually unexplored in the literature. Without truly knowing what the concept*

*means, much goes misinterpreted and misunderstood. This opens an opportunity for an integrative research program to address the paucity in literature that this review highlights, including the concept of **confidence**, that is, one drawn from older people living with frailty. This concept needs developing as it would allow detailed exploration of the relationship between **confidence** and frailty. In-depth understanding will lead to insights into new frailty prevention and intervention strategies. (p.1328)*

*Furthermore, the question – could a restoration of lost **confidence** reverse frailty or stall its progress? – presents an area for further academic enquiry, as developing measures of **confidence** in this frail population could assist health care professionals and services to make a positive impact on interventional work across frailty pathways of care. (p.1328)*

*As discussed earlier, the review did not identify voices of the frail older people that could provide meaning and understanding of the concept of **confidence**. The synthesized findings of this review were drawn from just four research studies that met the inclusion criteria. Therefore, claims that an understanding of the concept **confidence** has been reached cannot be made. The review data offered limited insights into the concept of **confidence** as described by the cohort of older people living with frailty. Identifying frailty amongst research participants was more difficult to determine than expected, even with very clear definitions. (p.1328)*

Wallin et al. (2007)

Qualitative research study exploring the meaning older people give to their rehabilitation experience

*Semi-structured interviews were analysed using a qualitative method, which identified three categories of meaning. In the category 'sense of **confidence** with everyday life ' (Abstract p. 147)*

*Three categories of the meaning of rehabilitation were inductively formed from the analysis of the interviews: sense of **confidence** with everyday life, sense of vacation and sense of disappointment in the rehabilitation programme. Each participant's account was allocated to one of the three categories, which are here illustrated with verbatim excerpts. (p. 151)*

*This category 'sense of **confidence** with everyday life ' included the participants' expressions of the various benefits that they perceived from the rehabilitation. Many of these were framed in a coherent story that described incidents in their lives that were challenging or had caused problems. They felt that the rehabilitation intervention would help them cope at home. The perceived benefits were interwoven with senses of being able to take care of oneself, of coping with everyday life, with improving physical abilities, and with experiencing encouraging interactions with the staff. The participants said that they had gained **confidence** in their own abilities and resources, which reinforced their capability to cope with everyday life at home. Moreover, they reported a new boldness to participate in activities, and revived enthusiasm to try harder and not give in. (p. 152)*

*Furthermore, the improved physical ability carried over to independent living at home. For*

- A sense of confidence with everyday life, connected to rehabilitation process, own abilities and resources, able to cope better, Physical ability, ability to live independently, confidence with others.
- Confidence link words: Ability, Cope, Boldness, Independence

example, in the following quote the participant describes his improved **self-confidence** to live alone without home-health services.

Prior to the rehabilitation, a health visitor came twice a day, but after the rehabilitation he felt that he no longer needed regular nursing attendance:

*Q: If you consider the meaning of this spell in rehabilitation in terms of how you can manage at home, what in your opinion have been the benefits?*

*A: Well it's been pretty good, it's given me a lot of **confidence**. You began to feel you can cope on your own...without help. Like these nurses no longer have to come round twice a day, not even once. So it's given (me) the **confidence** to cope without help at home. (p. 151-152)*

*Reciprocal interaction with the professionals in the rehabilitation centre seemed to improve the participants' **confidence** in their ability to cope at home. They described having conversations with the doctor and physiotherapists, who listened to them, encouraged them and helped them find new solutions. The following exchange exemplifies a constructive interaction between the participant and the physiotherapist:*

*Q: Whose idea was this that you practised these kinds of things? A: Well it was getting out of a chair, this was what they were teaching us. We used a higher chair and then next a lower one...and then I said that I'll fall over and I won't be able to get up. And then we started talking, and they asked me, 'Should we practise this?' and I said 'absolutely'. And then we tried it, several times, and every day it went better and better. It really helped build up your **confidence***

	<p><i>(to the point that I) can get up. (p.154)</i></p> <p><i>In these cases, the participants expressed <b>confidence</b> with their therapists' expertise to detect their unique needs and to modify the exercises accordingly. (p. 154)</i></p> <p><i>The category 'sense of <b>confidence</b> with everyday life' exemplified the route to successful goal attainment, as perceived by the participants. Three interwoven aspects of a beneficial rehabilitation experience were described: increased <b>confidence</b> in one's capability to cope at home, improved physical ability, and positive reciprocal interactions with the staff. (p. 159)</i></p> <p><i>Furthermore, the finding that the interactions with staff gave some participants enhanced <b>confidence</b> that they could cope at home also corroborates previous evidence, for it has been shown that positive partnerships and a sense of control in health-care encounters enhance chronically-ill adults' wellbeing (Kettunen, Poskiparta and Liimatainen 2001; Sullivan, Weinert and Cudney 2003). (p. 159)</i></p>	
<p>Williams and Ho (2004)</p> <p>Book Chapter: Balance and Postural Control across the Lifespan</p>	<p><i>Frail elderly fall even more frequently and suffer serious injuries and hospitalisation as a result. For all ages, lack of appropriate control of balance and posture can have a negative effect on both mental and physical health: these effects are manifested in a variety of ways and include loss of <b>confidence</b> in ability to perform physical tasks, loss of independence, withdrawal from social activities and diminished self-image and self-esteem. (p.211)</i></p>	<ul style="list-style-type: none"> <li>• Lack of appropriate control of balance and posture can have a negative effect on confidence in ability to perform physical tasks.</li> <li>• Confidence link words: Physical tasks; independence; social activity; self-image; self-esteem.</li> </ul>
<p>Yardley et al. (2007)</p>	<p><i>[Table 2 Recommendations for promoting uptake of falls-related interventions]</i></p>	<ul style="list-style-type: none"> <li>• Older people value falls related</li> </ul>

This study set out to develop recommendations to promote the uptake of and adherence to falls-prevention interventions among older people.

2. *When offering or publicising interventions, promote immediate benefits that fit with a positive self-identity. (Examples of benefits that are highly valued by older people include increased independence, **confidence** in functional capabilities and proactive self-management of health.) (p.232)*

*[Evidence for the above recommendation]  
The reasons older people give for undertaking strength-training and balance-training focus on the many immediate benefits compatible with a positive identity (eg interest, enjoyment, increased **confidence**, maintaining general health, mobility and independence) rather than reducing the risk of a possible fall sometime in the future.[6,10,20] (p.232)*

*[Table 3 Recommendations for promoting uptake and adherence to falls-related interventions]  
5. Encourage **confidence** in self-management rather than dependence on professionals, by giving older people an active role.(p,233)*

*[Evidence for the above recommendation]  
Giving the individual an active role in selecting activities and setting goals increases motivation and self-efficacy (ie, **confidence** in the ability to carry out a behaviour), which in turn promotes adherence.[21,27] (p.233)*

*[Table 3 Recommendations for promoting uptake and adherence to falls-related interventions]  
6. Draw on validated methods for promoting and assessing the processes that maintain adherence, especially in the longer term. (These could include encouraging realistic positive*

interventions for their ability to increase confidence in functional capabilities.

- One reason older people give for undertaking strength-training and balance-training programmes is that they increase their confidence.
- Selecting activities in falls related interventions and setting goals increases confidence in the ability to carry out a behaviour and promotes adherence.
- Building self-confidence helps maintain adherence to falls related interventions.
- Confidence to carry out an intervention is connected to adherence in falls related interventions and are influenced by the therapist..
- Confidence link words: Self-identity, Independence, functional capabilities, Self-management, Mobility, General Health, Motivation, Self-efficacy, Self-confidence, Beliefs, Behaviours, Attitudes,



	<p><i>beliefs, assisting with planning and implementation of new behaviours, building self-confidence, and providing practical support.) (p.233)</i></p> <p><i>[Evidence for the above recommendation]</i></p> <p><i>Findings from research (mainly qualitative) on attitudes to falls prevention interventions suggest that uptake and adherence are indeed influenced by factors identified as important to adherence to other therapies,[1] such as practical support, encouragement from therapists, the belief that the intervention is necessary and effective, and <b>confidence</b> in being able to carry it out.[6.11] (p.233)</i></p>	
<p>Yardley et al. (2006)</p> <p>The aim of this study was to gain an understanding of older people’s perceptions of falls prevention advice, and how best to design communications that will encourage older people to take action to prevent falls.</p>	<p><i>Research has shown that older people fear falling and restrict their activity not simply to avoid physical consequences such as injury and loss of independence, but because they are concerned about the social consequences of falling for self-image and self-confidence—for example, the embarrassment of being seen to lose control [6]. (p.509)</i></p> <p><i>[Research participant quote]</i>  <i>I think it would give me more <b>confidence</b> of building up your balance if I read this [leaflet about improving balance] now. I think it would give me more confidence when I’m out. (p.511)</i></p> <p><i>[Research participant quote]</i>  <i>At my age the last thing I want to do is, every time I want—I’ve got to be careful, I mustn’t step there’. I’m sorry, you know, you just don’t want to be thinking all the time. I mean I’m finding now that because I’ve just had a fall, it takes your <b>confidence</b> away, there’s nothing worse than that ... The last thing you want as you get older is to be told that you’ve got to be</i></p>	<ul style="list-style-type: none"> <li>• The social consequence of falling affects self-image and self-confidence.</li> <li>• Information can give confidence.</li> <li>• A fall can take your confidence away.</li> <li>• Advice given to ask for assistance was seen to take away a person’s confidence.</li> <li>• Emphasising balance improvement rather than hazard reduction would likely increase confidence in balance.</li> <li>• Falls intervention programmes titles could change from: ‘falls prevention in later life’ to ‘increasing freedom and confidence in movement’.</li> <li>• Confidence link words: Fear of falling, Self-confidence, Self-image, Independence, Loss of control,</li> </ul>

	<p><i>conscious every time you go out and might fall, you don't want that, otherwise your life's gone. (p.514)</i></p> <p><i>Advice to ask for assistance rather than undertake risky activities was also seen by some participants as an unacceptable loss of independence and self-<b>confidence</b>. For example, one female participant aged 82 years, who said that her husband would not allow her to stand on a stool to clean the windows, simply did this when her husband was away, because: I've got a horror of having to reach the day when I've got to rely on someone else. (p.514)</i></p> <p><i>This emphasis on balance improvement rather than hazard reduction would be likely to increase <b>confidence</b> in balance rather than provoke anxiety about risk, with potentially beneficial consequences for activity levels [32], which in turn may have a positive effect on physical functioning and falls risk [33]. (p.515)</i></p> <p><i>Messages about how balance and mobility could be improved were usually regarded as useful and relevant by our participants, and so a lifespan approach to 'improving posture and balance' or 'increasing freedom and <b>confidence</b> in movement' may prove a more attractive goal than 'falls prevention in later life'. (p.515)</i></p>	<p>Information, Balance, Freedom, Movement,</p>
--	--	---