

*Collecting critical situations at home from a focus group*

J. POUJAUD, A.S. RIGAUD, J.E. LUNDY, N. NOURY. **Collecting critical situations at home from a focus group.** *Gerontechnology* 2014;13(2):271; doi:10.4017/gt.2014.13.02.302.00 **Purpose** In a recent study of INED<sup>1</sup>, it was shown that a majority of accidents and injury among seniors were related to the activities of daily living (86% for women, 70% men), followed by physical aggressions, traffic accidents and suicides. A 2006 study in France, on 13,950 cases of deaths due to accidents of daily life<sup>2</sup>, revealed that women are most affected, because more numerous lesions are primarily localized to the hip (24%) and head (21%). Half of the deaths occurred at the hospital, a quarter at the home and another quarter in retirement homes. Finally, the main cause of death was a fall, followed by suffocation, poisoning and fire injuries. More and more quantitative surveys have concluded that falling is the major threat at home, but few have reported on the feelings of end users about the critical situations at home. We therefore used the techniques of the 'focus group'<sup>3</sup> to collect qualitative information, such as experiences and emotions of older persons and their caregivers, to know what their feelings about critical situations encountered at home are. **Method** We conducted two 'focus groups' in an institution for elderly people (Foyer Notre-Dame, CCAS Grenoble) with a first group of 12 elderly people living independently, and a second group of 5 caregivers (healthcare professionals and living assistants). We addressed 3 themes: 'The person and her disability, relations with age', 'Independence of the person, current and future limits', and 'New technologies, opportunities and threats'. A moderator was animating the discussions while respecting and promoting the right to speak of each. **Results & Discussion** When sharing their own experiences, the group of caregivers identified the following situations as likely to be experienced by the elderly: falling (17 citations), cognitive problems (5), ergonomic mismatch (2), domestic accidents (2), wrong medication (2), and suffocation (1). On the theme 'Habitat', the kitchen and the bathroom are considered the most dangerous places for inadequate ergonomics or cognitive reasons. For the 'Independence' issue, identified limit is mainly cognitive (fugues, poisoning) which frequently leads to placement in an institution. The theme 'New technologies' aroused concern among caregivers who fear losing their jobs or their professional freedom. However, they stressed the importance of devices of type 'social alarm' and the need for automatic fall detectors. The group of seniors verbalized the following risk situations: fall (7), physical aggressions (4), anxiety with disability (2), domestic accidents (2), and inadequate ergonomics (2). As the first group, they confirmed the dangerousness of the kitchen and the bathroom, and added their fear of aggression at the entrance. Unlike their caregivers, the elderly believe that their autonomy is not reduced by their cognitive abilities but by their reduced mobility (in particular in the practice of leisure). They particularly fear surgical suites and loss of financial independence. Regarding the 'new technologies', the elderly are not tormented by the replacement of human aids, but by the costs induced by these technologies. They admit that assistive technologies could simplify their daily life, in particular ergonomic improvements, but also cognitive aids (memory recall). They are seeking remote assistance services, but admit they are lacking information on new technologies.

**References**

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