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Falls prevention seen from a social-analytic perspective

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Background
The modernization of the health care system is investigated using the social-analytic contemporary diagnosis to explain new tendencies in the health care system such as empowerment and self-care. This development in the Danish health care system is seen in this optic as a consequence of a broader tendency, the so-called radical individuality.

Methodology: Social analysis
Data were generated during field studies and analyzed using social analytic cartography (Fig. 1). The map was not seen as a theoretical model, but rather as a practical map that allowed us to navigate in the field observing the world from various perspectives. Each place represented one perspective of perceiving the world. Conflict structures were placed “under a microscope” and discussed as different forms of conflicts used in social analytic theory.

Discussion
With the modernization of the health care system, knowledge was managed in a rational way. Based on evidence only the most suitable and motivated individuals were selected for specific interventions. From one perspective, the chosen elderly were a homogeneous group willing to make life style changes in order to prevent future falls. The question is whether the health care system is prepared for the consequences of radical individualization, or whether this will result in excluding the most needy elderly people?

Conclusion
The impact of radical individualization in a falls clinic with its focus on theoretical knowledge seemed to privilege people who were already able to take care of themselves and motivated for life-style changes, while those who had the greatest need for help were rejected or referred to other services. The least motivated persons seemed to be the most helpless in the health care system. One way of dealing with the downsides of modernization and radical individuality would be to include the patient experience and practical knowledge in the health care system.

Results
A resolved struggle between the strong biomedical structure at the administrative level and the psychosocial approach at the staff level was found regarding the right of the elderly citizens to participate in the construction of individualized action plans.

An open struggle between the less motivated elderly citizens’ relation to falls prevention, and the administrators’ relation to the organisation and content of the work at the clinic. Two major tendencies were identified; a strong emphasis on motivation and self-care interventions in production of individualized action plans.

Knowledge management in the field of falls prevention across sectors related to the knowledge produced at the falls clinic. Falls as a health problem was reduced to medical issues. The formal individual action plans were important in falls prevention efforts across sector, while informal action plans appeared to have an impact on everyday life for motivated and time-flexible elderly people.