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Reliability and validity of the Falls Efficacy Scale-International after hip fracture in patients aged ≥ 65 years.

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Abstract

PURPOSE: To assess the measurement properties of the **Falls Efficacy Scale-International (FES-I)** in patients after a hip fracture aged ≥ 65 years.

METHODS: In a sample of 100 patients, we examined the structural validity, internal consistency and construct validity. For the structural validity a confirmatory factor analysis was carried out. For construct validity predetermined hypotheses were tested. In a second sample of 21 older patients the inter-rater reliability was evaluated.

RESULTS: The factor analysis yielded strong evidence that the FES-I is uni-dimensional in patients with a hip fracture; the Cronbach's alpha was 0.94. When testing the reliability, the intra-class correlation coefficient was 0.72, while the Standard Error of Measurement was 6.4 and the Smallest Detectable Change was 17.7 (on a scale from 16 to 64). The Spearman correlation of the FES-I with the one-item **fear of falling** instrument was high ($r = 0.68$). The correlation was moderate with instruments measuring functional performance constructs and low with instruments measuring psychological constructs.

CONCLUSIONS: Reliability and structural validity of the FES-I in patients after a hip fracture are good. The construct validity appears more closely related to functional performance constructs than to psychological constructs, suggesting that the concept measured by the FES-I may not capture all aspects of **fear of falling**.

IMPLICATIONS FOR REHABILITATION: The **Falls Efficacy Scale-International (FES-I)**, which is commonly used to measure **fear of falling** in community-dwelling older persons, can also be used to assess **fear of falling** in patients after a hip fracture. The reliability and the structural validity of the FES-I for these hip patients are good, whereas the construct validity of the FES-I is not optimal. The FES-I may not capture all aspects of **fear of falling** and may be more closely related to functional performance than to psychological concepts such as anxiety.

KEYWORDS: Falls Efficacy Scale-International; **fear of falling**; hip fractures; measurement properties

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