

SOCIAL REPRESENTATIONS OF FEAR OF FALLING AMONG OLDER ADULTS WITH CHRONIC PAIN AND THEIR REPERCUSSIONS ON QUALITY OF LIFE

REPRESENTACIONES SOCIALES DEL MIEDO A CAERSE EN PERSONAS MAYORES CON DOLOR CRÓNICO Y SUS REPERCUSIONES EN LA CALIDAD DE VIDA

REPRESENTAÇÕES SOCIAIS DO MEDO DE CAIR ENTRE PESSOAS IDOSAS COM DOR CRÔNICA E SUAS REPERCUSSÕES NA QUALIDADE DE VIDA

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ABSTRACT

Objective: To explore the social representations of fear of falling and their repercussions on quality of life among older adults with chronic pain. **Material and Method:** Qualitative study grounded in the Theory of Social Representations, conducted between March and June 2024 in the Rheumatology and Physiotherapy outpatient clinics of a university hospital in Northeastern Brazil. Fifty older adults with chronic pain participated, selected by convenience sampling after clinical and cognitive screening. Semi-structured interviews were conducted, transcribed, and processed using Iramuteq® software through descending hierarchical classification, correspondence factor analysis, and thematic content analysis. **Results:** Participants were predominantly women, with a mean age of 67.9 years. Corpus analysis, with 78.20% utilization, revealed five representational classes: risk factors, preventive attitudes, negative dimensions of fear, existential meanings, and perceptions of quality of life. Social representations revealed that fear of falling was associated with bodily fragility, loss of autonomy, functional dependence, and social restriction. Chronic pain emerged as a central element in the construction of perceptions of vulnerability and functional limitation. **Conclusion:** Fear of falling, associated with chronic pain, negatively affects autonomy and quality of life

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among older adults, highlighting the need for interdisciplinary educational and care strategies aimed at promoting autonomy, safety, and healthy aging.

RESUMEN

Objetivo: Explorar las representaciones sociales del miedo a caerse y sus repercusiones en la calidad de vida de personas mayores con dolor crónica. **Material y Método:** Estudio cualitativo fundamentado en la Teoría de las Representaciones Sociales, realizado entre marzo y junio de 2024 en los ambulatorios de Reumatología y Fisioterapia de un hospital universitario del Nordeste de Brasil. Participaron 50 personas mayores con dolor crónico, seleccionadas por conveniencia tras evaluación clínica y cognitiva. Se realizaron entrevistas semiestructuradas, posteriormente transcritas y procesadas en el *software Iramuteq®* mediante clasificación jerárquica descendente, análisis factorial de correspondencia y análisis de contenido temático. **Resultados:** Predominaron mujeres, con edad media de 67,9 años. El análisis del corpus, con un aprovechamiento del 78,20%, reveló cinco clases representacionales: factores de riesgo, actitudes preventivas, dimensiones negativas del miedo, significados existenciales y percepciones sobre la calidad de vida. Las representaciones sociales revelaron que el miedo a caerse está asociado con fragilidad corporal, pérdida de autonomía, dependencia funcional y restricción social. El dolor crónico se configuró como elemento central en la construcción de percepciones de vulnerabilidad y limitación funcional. **Conclusión:** El miedo a caerse, asociado al dolor crónico, repercute negativamente en la autonomía y la calidad de vida de las personas mayores, evidenciando la necesidad de estrategias educativas y asistenciales interdisciplinarias dirigidas a promover la autonomía, la seguridad y el envejecimiento saludable.

RESUMO

Objetivo: Explorar as representações sociais do medo de cair e suas repercussões na qualidade de vida entre pessoas idosas com dor crônica. **Material e Métodos:** Estudo qualitativo fundamentado na Teoria das Representações Sociais, realizado entre março e junho de 2024, nos ambulatorios de Reumatologia e Fisioterapia de um hospital universitário do Nordeste do Brasil. Participaram 50 pessoas idosas com dor crônica, selecionadas por conveniência após triagem clínica e cognitiva. Foram realizadas entrevistas semiestruturadas, posteriormente transcritas e processadas no *software Iramuteq®*, utilizando-se Classificação Hierárquica Descendente, Análise Fatorial de Correspondência e análise de conteúdo temática. **Resultados:** Predominaram mulheres, com média de idade de 67,9 anos. A análise do *corpus*, com aproveitamento de 78,20%, revelou cinco classes representacionais: fatores de risco, atitudes preventivas, dimensões negativas do medo, significados existenciais e percepções sobre qualidade de vida. As representações sociais revelaram que o medo de cair está associado à fragilidade corporal, perda da autonomia, dependência funcional e restrição social. A dor crônica configurou-se como elemento central na construção das percepções de vulnerabilidade e limitação funcional. **Conclusão:** O medo de cair, associado à dor crônica, repercute negativamente na autonomia e na qualidade de vida das pessoas idosas, evidenciando a necessidade de estratégias educativas e assistenciais interdisciplinares voltadas à promoção da autonomia, segurança e envelhecimento saudável.

INTRODUCTION

Population aging is a consolidated global phenomenon marked by the accelerated growth in the number of older adults, especially those aged 80 years or over, who are considered more vulnerable to chronic conditions and functional decline^(1, 2). In Latin American countries, aging also occurs in contexts marked by social inequalities, structural fragilities, and limited access to health services, factors that directly influence illness experiences, functionality, and

autonomy among older adults^(3, 4). In Brazil, this process has intensified demands on public policies and health services, particularly within the Unified Health System^(1, 5).

Among the main conditions affecting older adults are chronic noncommunicable diseases, such as osteoarthritis, osteoporosis, peripheral vascular diseases, neurodegenerative and musculoskeletal conditions, and rheumatoid arthritis, which contribute to persistent pain, loss of autonomy, and an increased risk of falls^(6, 7).

Chronic pain negatively affects mobility, social participation, autonomy, and quality of life, while also influencing how older adults perceive their bodies and the aging process⁽⁸⁻¹¹⁾.

Falls represent a multifactorial phenomenon of high incidence. It is estimated that approximately 30% of Brazilian older adults experience at least one fall per year, a percentage that exceeds 40% among the oldest-old, resulting in fractures, hospitalizations, and increased mortality⁽¹²⁾. In developing countries, the lack of adaptation of household and urban environments aggravates vulnerability^(13, 14). In this context, beyond physical consequences, falls threaten independence, social participation, and everyday activities^(11, 15).

Fear of falling, often associated with chronic pain and previous falls, is a multidimensional phenomenon involving physical, psychological, social, and environmental factors^(15, 16). It may lead to restriction of daily activities, impairment of functional of independence, social isolation, and reduced quality of life, even among older adults without a recurrent history of falls^(13, 17). National studies demonstrate that these representations and experiences related to fear of falling are associated with female sex, advanced age, bodily frailty, persistent pain, polypharmacy, and unsafe environments^(8, 12).

From this perspective, the Theory of Social Representations (TSR) provides an appropriate framework for understanding how experiences related to pain, falls, and functional limitations are socially constructed and shared, influencing perceptions, behaviors, and coping strategies among older adults⁽¹⁸⁾. Concepts such as anchoring and objectification help explain how these experiences become incorporated into everyday life and shape self-care practices and representations of aging.

In this context, nursing and other health disciplines play a fundamental role in identifying vulnerabilities and promoting preventive and self-care strategies aimed at maintaining autonomy and quality of life among older adults. Thus, this study aimed to explore the social representations of the fear of falling and their repercussions on quality of life among older adults with chronic pain.

MATERIAL AND METHOD

Approach and Design: This was a qualitative study grounded in the Theory of Social Representations (TSR), which values the meanings and symbolic constructions attributed by participants to their lived experiences⁽¹⁸⁾.

Context: The study was conducted between March and June 2024 in the Rheumatology and Physiotherapy outpatient clinics of a university hospital located in Northeastern Brazil. In the Brazilian context, these services provide follow-up care for older adults with chronic musculoskeletal conditions and functional limitations associated with persistent pain.

Participants: Participants were selected by convenience sampling from scheduled outpatient appointments. Inclusion criteria were: age 60 or over, this threshold follows Brazilian legislation that defines older adults from age 60 and is also recommended by the World Health Organization for developing countries^(19, 20); both sexes; minimum of three years of schooling; preserved cognitive functions assessed by the Mini-Mental State Examination (MMSE) according to education-adjusted cutoffs⁽²¹⁾; and chronic pain lasting at least three months.

Exclusion criteria were severe uncorrected sensory deficits (visual or auditory); neurological or psychiatric disorders, decompensated metabolic diseases, vestibulopathies, daily use of central nervous system depressants, or refusal to participate in audio recording.

A total of 62 older adults were approached, of whom 12 were excluded due to hearing deficits, low educational level, or insufficient MMSE scores. There were no refusals, resulting in a final sample of 50 participants.

Data Collection: Data was collected through individual semi-structured interviews conducted in a private room by a trained researcher with no previous relationship with participants. The interview script, was previously evaluated by specialists in geriatrics, rheumatology, and nursing, included sociodemographic and clinical information, as well as open-ended questions developed according to the study objectives and

the TSR framework: 1) What could you tell me about falling?; 2) How do you prevent yourself from falling?; 3) How do you assess your quality of life?; 4) If a friend of yours falls, do you think their quality of life is affected?; and 5) Do you believe it is possible to prevent falls? Please explain.

Procedures and Fieldwork: Eligible participants received detailed information about the study objectives and procedures and signed the informed consent form prior to participation. Interviews lasted approximately 30 to 40 minutes, were audio-recorded with authorization, and fully transcribed by two independent researchers. Transcripts were not returned to participants for validation.

Data Analysis: The textual material was organized into a corpus and processed using the software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (Iramuteq®), version 0.7 alpha. Descending Hierarchical Classification (DHC) was used to identify thematic classes based on lexical similarity and lexical co-occurrence patterns⁽²²⁾.

Complementarily, thematic content analysis proposed by Bardin⁽²³⁾ was performed to deepen interpretation of the findings in light of the TSR. Data analysis was independently conducted by two researchers, followed by consensus meetings. Interpretation considered the dimensions of information, representational field, and attitudes, as well as the processes of anchoring and objectification proposed by TSR⁽¹⁸⁾.

Quality and Rigor Criteria: Methodological rigor was ensured through prior training of the researcher responsible for interviews, use of a previously evaluated semi-structured script, independent analysis by two researchers, and adoption of theoretical saturation as the criterion for sample closure. The study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist⁽²⁴⁾.

Ethical Aspects: All procedures complied with Resolution 466/2012 of the Brazilian National Health Council and were approved by the institutional Research Ethics Committee (CAAE n° 66900423.3.0000.5183). All participants signed informed consent forms prior to participation.

RESULTS

Sociodemographic and Clinical Characterization: Fifty older adults with chronic pain participated in the study, most of them women (92%), aged between 60 and 80 years (mean 67.96 ± 5.99). More participants reported a monthly income equivalent to one minimum wage (52%) and predominantly lived with their family members (28%). Rheumatic diseases (84%) and systemic arterial hypertension (76%) were the most frequently reported conditions. Mean pain intensity was $3.9 (\pm 2.88)$, while insomnia (68%) and interrupted sleep (32%) were the most common sleep alterations.

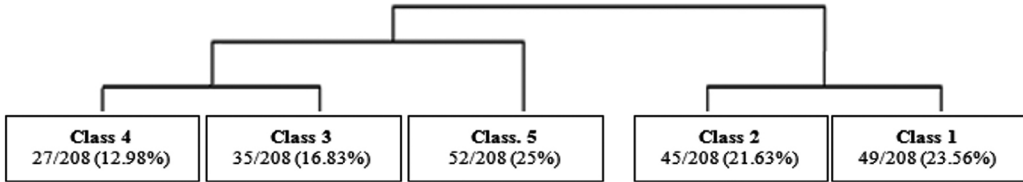
Social Representations of Fear of Falling and Quality of Life: The textual corpus consisted of 266 text segments (TS), with 9,164 lexical occurrences and 78.20% utilization in the Iramuteq® software. Descending Hierarchical Classification grouped 208 analyzable TS into five lexical classes organized into three major branches: the first generated Class 5; the second comprised Classes 4 and 3; and the third encompassed Classes 2 and 1 (Figure 1).

The social representations identified in the interviews revealed that fear of falling among older adults with chronic pain was strongly associated with bodily fragility, functional dependence, and threats to autonomy and quality of life. Chronic pain emerged as an important element in the perception of vulnerability, influencing preventive behaviors, emotional experiences, and coping strategies related to falls:

Class 1: Knowledge of fall-predisposing factors: represented 23.56% of the retained segments and included mainly women aged 70-79 years. The discourses emphasized environmental adaptations and behavioral changes aimed at preventing falls, especially within the domestic environment. These measures reflected socially shared practices of safety and self-protection incorporated into everyday life. From the TSR perspective, this class belongs to the peripheral system, translating socially shared values into concrete practices. The objectification process can be observed in the excerpts:

"I no longer have rugs in the bathroom or living room; I saw on the news that rugs can facilitate falls" (Participant_02); "I renovated my house, replaced the tiles with non-slip flooring in the bathroom and laundry, and also installed a grab

bar in the bathroom" (Participant_07); and "I have a bedside lamp [...] I had a grab bar installed in the bathroom and a ramp at the entrance of the house" (Participant_10).



Class 4 27/208 (12.98%)		Class 3 35/208 (16.83%)		Class 5 52/208 (25%)		Class 2 45/208 (21.63%)		Class 1 49/208 (23.56%)	
Words	X ² (p<0.0001)†	Words	X ² (p<0.0001)†	Words	X ² (p<0.0001)†	Words	X ² (p<0.0001)†	Words	X ² (p<0.0001)†
God	33.92	Happen	31.98	Friend	71.31	Climb	34.07	Bathroom	107.65
Need	26.17	Even	25.84	Quality		Look	30.53	Put	61.97
Know	21.91	After	24.56	of life	62.04	Descend	22.38	Non-slip	
Cause	21.03	More	22.03	Case	54.23	Floor	22.34	floor	45.00
Free	20.41	Again	20.16	Feel	33.50	Hold	21.39	Safety bar	39.35
Physical	20.41	Health	17.25	Fall	31.52	Staircase	21.11	Use	29.18
Brother	20.37	Chance	14.61	Pain	27.39	Try	21.11	Get up	21.89
Old age	20.37	Life	11.96	Alone	24.47	Step	20.26	Room	20.05
Fear of		Bad	11.55	Good	21.30	Walk slowly	13.87	Prevent	
fall	17.27	Age	8.41	Independent	14.24	Wait	11.03	falls	17.41
Older adult	15.60	Hard	6.82	Bedridden	13.19	Street	10.50	Foot	16.62
Family	15.10	Difficult	6.82	Grandson	11.21	Attention	7.39	Avoid	15.60
Dangerous	14.30	Problem	5.40	Break bone	8.67	House	7.31	Kitchen	15.54
Sick	13.89	Committed	5.40	Household		Slip	6.85	Rug	14.63
Dependent	11.86			activities	5.72	Handrail	6.85	Laundry	13.23
Fall	10.39					Ramp	3.95	Wash	13.23
Fracture	10.09							Important	12.26
Complication	7.77							Light on	9.88
Suffering	6.40							Wet floor	9.71
Pay								Cuidado	7.21
attention	4.95							Toilet	5.99
Imbalance	4.95							Sandals	4.54
								Cane	3.92

*X²: chi-square value of word-class association; †significance level for word-class.

Figure 1. Dendrogram of the Descending Hierarchical Classification of social representations about fear of falling in older adults with chronic pain. João Pessoa, PB, Brazil, 2025.

Class 2: Positioning toward fall prevention: comprised 17.6% of the analyzed material and was predominantly associated from men aged 60-69 years. Participants described coping strategies and attentive behaviors adopted in public and domestic spaces. Fear of falling was transformed into preventive attitudes incorporated into daily routines, especially among those who associated chronic pain with instability and mobility difficulties.

From the TSR perspective, this class also

integrates the peripheral system, in which fear is objectified through concrete self-care and protection practices. This is reflected in reports such as:

"I am especially careful when I am in unfamiliar streets or on staircases with many steps [...] after that, I pay attention to all floors" (Participant_02); "I don't wear high-heeled shoes or very loose sandals [...] I wait for the bus to stop so I can get on and off holding tightly to the handrails" (Participant_06); and "I think some attitudes can

be taken to avoid falling [...] looking at the ground when walking on the street, not moving forward when seeing a wet floor" (Participant_15).

Class 3: Negative dimensions of fear of falling: represented 16.83% of the retained segments and included mainly women aged 60-69 years. The discourses revealed falls as symbolic markers of aging associated with sadness, bodily fragility, fear, and loss of autonomy. Chronic pain intensified perceptions of vulnerability and functional limitation, reinforcing concerns about dependence after falls.

From the TSR perspective, this class demonstrates the anchoring of the fall in biographical experience, transforming the abstract notion of frailty into concrete lived experiences:

"After I suffered the first fall, I realized I was getting old; sadness hit me" (Participant_02); *"Quality of life becomes very poor after a fall, especially because one becomes afraid of falling again"* (Participant_05); and *"A fall changes one's health and life a lot, because when you fall, you realize you have aged"* (Participant_45).

Thus, fall appears as a critical event, capable of reorganizing not only the body but also how older adults perceive themselves and their social position.

Class 4: Existential, emotional, and social dimension of the fall: represented 12.98% of the retained TS and was predominantly composed of women aged over 80 years. The discourses were permeated by religious beliefs, family values, and existential meanings related to aging, dependence, and fear of death. Falls were represented as events threatening autonomy and continuity of life.

From the TSR perspective, these contents constitute the central core of the representation, expressing culturally shared beliefs and values: *"I am afraid of falling [...] a person can even die because of a fall"* (Participant_01); *"The fall is a complication of old age [...] my sister even fractured her arm when she fell in the bathroom at night"* (Participant_05); and *"Falls happen frequently among older adults [...] I know people who fell and suffered fractures [...] God helps the most"* (Participant_39).

Such examples show how the fall is anchored in transcendent values (faith, family) and objectified as a symbolic marker of the frailty of old age.

Class 5: Meanings associated with quality of life in older adults: accounted for 25.0% of retained segments and included mainly women aged 70-79 years. The discourses articulated positive and negative perceptions of quality of life, especially regarding autonomy, chronic pain, mobility, and dependence. Quality of life was frequently represented according to the ability to remain independent despite chronic pain and fear of falling. The possibility of fractures, bedridden conditions, and functional dependence emerged as symbolic threats to aging with autonomy.

Preventive and self-care practices, such as walking, physical exercise, and cane use, were represented as strategies for maintaining functionality and independence. From the TSR perspective, fall appeared as events threatening identity and autonomy (central core), while prevention was anchored in adaptive and protective practices (peripheral system). This duality is expressed in excerpts such as:

"My quality of life is good, I go almost everywhere alone, I do household chores every day [...] when older adults fall, they can break bones, and this can generate much physical dependence" (Participant_16); *"I use a cane when I leave home. Quality of life is poor; I depend on others for household chores [...] when we depend on others, quality of life is affected"* (Participant_30); and *"I walk daily and do weight training three times a week [...] my quality of life is good because I walk well, I've never fallen. If a friend falls, this can be bad, cause dependence, and make them bedridden"* (Participant_36).

These reports demonstrate that quality of life is objectified through everyday signs such as independence, mobility, and pain control, while being continuously re-anchored in self-care and adaptive practices.

The Correspondence Factor Analysis explained 64.4% of the total variability, distributed between the horizontal axis (38.6%) and vertical axis (25.8%) (Figure 2).

impact functionality, autonomy, and quality of life^(6, 10). Current evidence also highlights that chronic pain involves biological, emotional, and functional mechanisms that intensify vulnerability and compromise autonomy during aging^(16, 26, 27). In the present study, most participants were women, which is consistent with the higher prevalence of chronic pain and musculoskeletal conditions among older women reported in the literature, influenced by hormonal, psychosocial, and functional factors^(6, 28, 29).

Classes 1 and 2 emphasized preventive and adaptive dimensions of fear of falling. Participants described environmental adaptations and self-care practices incorporated into everyday life, reflecting socially shared strategies for preserving safety and autonomy. Similar findings have been reported in studies identifying environmental hazards, impaired mobility, and functional decline as important factors associated with falls among older adults^(27, 30, 31). Fear of falling was represented not only as a source of concern, but also as a motivator for behavioral adaptation and increased vigilance in domestic and public environments⁽¹¹⁾.

In contrast, Classes 3 and 4 revealed emotional, existential, and symbolic dimensions associated with chronic pain, fear of falling, and aging. Fear of falling emerged as a symbolic marker of bodily fragility, dependence, and progressive loss of autonomy. Chronic pain intensified perceptions of vulnerability and functional limitation, reinforcing feelings of insecurity, sadness, and dependence. These findings aligns with studies demonstrating that fear of falling extends beyond physical risk and involves psychosocial dimensions capable of reorganizing identity, self-perception, and social participation among older adults^(15, 32, 33). Furthermore, persistent pain may alter body perception, mobility, emotional regulation, and functional performance, directly influencing quality of life and experiences of aging⁽⁷⁾.

Religious beliefs, spirituality, and family support also appeared as important coping resources. Falls were represented not merely as accidental events, but as threats to autonomy, continuity of life, and social participation⁽¹⁵⁾. Fear, dependence, and the possibility of fractures or death emerged as symbolic representations

of bodily fragility and human finitude. Similar studies indicate that fear of falling is associated with anxiety, emotional suffering, loss of self-confidence, and social isolation among older adults^(11, 15). At the same time, spirituality and social support networks may contribute to resilience and adaptation in situations of chronic vulnerability and functional decline⁽³⁴⁾.

In Class 5, quality of life was anchored in sociocultural related to autonomy, independence, and participation in daily activities, even in the presence of chronic pain. Participants represented quality of life according to their ability to remain active and independent despite physical limitations and fear of falling. Fractures, bedridden conditions, and functional dependence emerged as symbolic threats to aging with autonomy. Recent studies reinforce that quality of life in old age depends not only on physical health, but also on resilience, coping capacity, and maintenance of social support networks^(10, 29). The present study reinforces this perspective by showing that chronic pain does not necessarily prevent perceptions of well-being when compensated by adaptive strategies, self-care practices, and family support.

Collectively, the findings demonstrate that chronic pain acts not only as a physical symptom, but also as a symbolic element that intensifies perceptions of bodily fragility, dependence, and fear of functional decline. In this context, fear of falling emerges as a socially shared representation capable of influencing mobility, autonomy, emotional experiences, and quality of life among older adults. These results reinforce the multidimensional nature of falls and highlight the importance of integrating physical, emotional, and sociocultural dimensions into gerontological care⁽¹⁸⁾.

From the perspective of the Theory of Social Representations, these meanings are dynamically constructed through processes of anchoring and objectification, associating aging with vulnerability, dependence, and the constant need for adaptive and protective practices⁽¹⁸⁾. Similar findings have been identified in studies describing musculoskeletal, neuromotor, and somatosensory changes as factors compromising balance and increasing vulnerability to falls among older adults^(7, 26, 30). These meanings are

anchored in everyday experiences of weakness, fear, pain, and dependence already described in international literature^(7, 33).

Complementarily, the factorial representation derived from the Descending Hierarchical Classification contributed to integrated qualitative analysis by highlighting semantic approximations and oppositions among lexical classes. The factorial configuration demonstrated coexistence between representational dimensions centered on preventive and adaptive practices and dimensions associated with emotional suffering, dependence, and existential perceptions of aging. This organization reinforces how chronic pain and fear of falling are interconnected within the symbolic construction of vulnerability in old age.

Regarding the limitations of the study, the convenience sample, predominantly composed of women, may have influenced the findings, considering the higher prevalence of chronic pain among women worldwide and may be associated with distinct emotional, social, and functional experiences related to fear of falling and aging. Participants were recruited from a single university hospital, limiting transferability of findings to other sociocultural and healthcare contexts. Furthermore, the absence of transcript return to participants may also have limited validation of the interpretations. Although the findings cannot be statistically generalized, the identified representations may be transferable to contexts involving older adults with chronic pain and vulnerability to falls, particularly in Latin American settings marked by social inequalities and functional limitations.

The findings highlight the importance of interdisciplinary educational and care strategies addressing chronic pain, fear of falling, environmental adaptation, and preservation of autonomy among older adults. Nursing professionals play a strategic role in identifying vulnerabilities, promoting self-care, and developing preventive interventions sensitive to the sociocultural context of aging. Future studies should evaluate interventions aimed at reducing fear of falling and improving quality of life among older adults with chronic pain, including comparative investigations across different sociocultural contexts.

CONCLUSION

This study analyzed the perceptions of older adults with chronic pain regarding fear of falling and quality of life, revealing social representations anchored in personal and collective experiences that articulate self-care, environmental adaptations, vulnerability, and social determinants of health. These representations shape coping strategies toward the limitations imposed by aging and chronic pain. The findings highlight that fear of falling and chronic pain should be understood not only as clinical phenomena, but also as social and cultural constructs closely interconnected with autonomy, functional independence, emotional experiences, and social participation in old age. The study reinforces the need for interdisciplinary and educational interventions that consider sociocultural, family, and individual dimensions to promote healthy and autonomous aging.

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Author Contributions

José Artur De Paiva Veloso: Study conception and design, data analysis and interpretation, manuscript writing, and approval of the final version.

Adriana Meira Tiburtino Nepomuceno: Data collection, data analysis and interpretation, manuscript writing, and approval of the final version.

Olívia Galvão Lucena Ferreira: Study supervision, critical revision of the manuscript, and approval of the final version.

Laura De Sousa Gomes Veloso: Data analysis and interpretation, critical revision of the manuscript, and approval of the final version.

Antônia Lêda Oliveira Silva: Methodological support, critical revision of the manuscript, and approval of the final version.

Maria Adelaide Silva Paredes Moreira: Study supervision, critical revision of the manuscript, and approval of the final version.

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REFERENCES

1. Silva ADS, Fassarella BPA, Faria BDS, Nabbout TGME, Nabbout HGME, d'Ávila JDC, et al. Envelhecimento populacional: realidade atual e desafios. *Glob Acad Nurs* [Internet]. 2021 [cited 2025 aug 17]; 2(sup. 3): e188. Available from: <https://doi.org/10.5935/2675-5602.20200188>
2. Dumith SC, Feter N. Demographic shifts and health dynamics: Exploring the impact of aging rates on health outcomes in Brazilian capitals. *Arch Gerontol Geriatr Plus* [Internet]. 2024 [cited 2025 aug 20]; 1(3): 100044. Available from: <https://doi.org/10.1016/j.aggp.2024.100044>
3. García CRE, Casasola EBA, Gutiérrez RLM. Disparities in functional dependence and population aging in Latin America. *Rev Panam Salud Publica* [Internet]. 2025 [cited 2026 mai 7]; 49: 1. Available from: <https://doi.org/10.26633/RPSP.2025.108>
4. Roberti J, Leslie HH, Doubova SV, Medina Ranilla J, Mazzone A, Espinoza L, et al. Inequalities in health system coverage and quality: a cross-sectional survey of four Latin American countries. *Lancet Glob Health* [Internet]. 2024 [cited 2026 mai 7]; 12(1): e145-e155. Available from: [https://doi.org/10.1016/S2214-109X\(23\)00488-6](https://doi.org/10.1016/S2214-109X(23)00488-6)
5. Torres KRBDO, Campos MR, Luiza VL, Caldas CP. Evolution of public policies for the health of the elderly within the Brazilian Unified Health System. *Physis* [Internet]. 2020 [cited 2025 aug 20]; 30(1): e300113. Available from: <https://doi.org/10.1590/S0103-73312020300113>
6. Montero-Odasso M, van der Velde N, Martin FC, Martin FC, Petrovic M, Tan MP, Ryg J. World guidelines for falls prevention and management for older adults: a global initiative. *Age Ageing* [Internet]. 2022 [cited 2025 oct 5]; 51(9): afac205. <https://doi.org/10.1093/ageing/afac205>
7. Dagnino APA, Campos MM. Chronic pain in the elderly: mechanisms and perspectives. *Front Hum Neurosci* [Internet]. 2022 [cited 2026 mai 7]; 16: 736688. Available from: <https://doi.org/10.3389/fnhum.2022.736688>
8. Santiago BVM, Oliveira ABGD, Silva GMRD, Silva MF, Bergamo PE, Parise M, et al. Prevalence of chronic pain in Brazil: a systematic review and meta-analysis. *Clinics* [Internet]. 2023 [cited 2025 oct 5]; 78: 100209. Available from: <https://doi.org/10.1016/j.clinsp.2023.100209>
9. Ekram ARMS, Woods RL, Ryan J, Espinoza SE, Gilmartin-Thomas JFM, Shah RC, et al. The association between polypharmacy, frailty and disability-free survival in community-dwelling healthy older individuals. *Arch Gerontol Geriatr* [Internet]. 2022 [cited 2025 nov 15]; 101: 104694. Available from: <https://doi.org/10.1016/j.archger.2022.104694>
10. Kujawska A, Androsiuk J, Perkowski R, Kujawski S, Simon CB, Bhatt RR, et al. A network analysis of changing pain cooccurrence in older adults: findings from the second wave of the COPERNICUS study. *Sci Rep* [Internet]. 2025 [cited 2025 oct 30]; 15(1): 12369. Available from: <https://doi.org/10.1038/s41598-025-96664-6>
11. Lee D, Tak SH. A concept analysis of fear of falling in older adults: insights from qualitative research studies. *BMC Geriatr* [Internet]. 2023 [cited 2025 nov 15]; 23(1): 651. Available from: <https://doi.org/10.1186/s12877-023-04364-5>
12. Dourado FW, Moreira ACA, Salles DL, Silva MAMD. Interventions to prevent falls in older adults in primary care: a systematic review. *Acta Paul Enferm* [Internet]. 2022 [cited 2025 nov 15]; 35: eAPE02256. Available from: <https://doi.org/10.37689/acta-ape/2022AR022566>
13. Vo MTH, Thonglor R, Moncatar TJR, Han TDT, Tejavataddhana P, Nakamura K, et al. Fear of falling and associated factors among older adults in Southeast Asia: a systematic review. *Public Health* [Internet]. 2023 [cited 2025 aug 20]; 222: 215-228. Available from: <https://doi.org/10.1016/j.puhe.2022.08.012>
14. Sousa ILPDS, Oliveira FMRLD, Barbosa KTF, Guimarães KSDL, Leal NPDR, Madruga KMDA, et al. Falls, fear of falling and functional capacity: overview of elderly people enrolled in a family health unit. *REME Rev Min Enferm* [Internet]. 2022 [cited 2025 aug 20]; 26: 1-8. Available from: <https://doi.org/10.35699/2316-9389.2022.38542>
15. Jesgarz L, Gehring M, Schäfer SK, Wurm S. Longitudinal associations of psychosocial factors and fear of falling in older adults: a systematic review. *BMC Geriatr* [Internet]. 2026 [cited 2026 mai 8]; 26(1): 610. Available from: <https://doi.org/10.1186/s12877-026-07463-1>
16. Malatyali A, Xie R, Ojo EO, Lopez J, Diniz BS, Kim D, et al. Physical activity, health symptoms, and falls in older adults with different cognition levels: evidence from the Health and Retirement Study.

- BMC Geriatr [Internet]. 2026 [cited 2026 mai 8]; 26(1): 369. Available from: <https://doi.org/10.1186/s12877-026-07127-0>
17. Bandeira ACL, Porto JM, Freire JRC, Abreu DCC. Self-perception of health, balance, and fear of falling as predictors of gait speed decline among community-dwelling older women: a longitudinal study. *Rev Bras Geriatr Gerontol* [Internet]. 2025 [cited 2025 nov 15]; 28: e240210. Available from: <https://doi.org/10.1590/1981-22562025028.240210.en>
 18. Moscovici S. Representações sociais: investigações em psicologia social. 11th ed. Petrópolis: Vozes; 2015.
 19. Brasil. Lei no 14.423, de 22 de julho de 2022. Altera a Lei no 10.741, de 1o de outubro de 2003 (Estatuto da Pessoa Idosa) [Internet]. Brasília: Presidência da República; 2022 [cited 2025 aug 5]. Available from: https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2022/lei/L14423.htm
 20. World Health Organization. Ageing and health [Internet]. Geneva: WHO; 2024 [cited 2025 aug 30]. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
 21. Brucki SMD, Nitrini R, Caramelli P, Bertolucci PHF, Okamoto IH. Suggestions for utilization of the mini-mental state examination in Brazil. *Arq Neuropsiquiatr* [Internet]. 2003 [cited 2025 aug 20]; 61(3B): 777-781. Available from: <https://doi.org/10.1590/S0004-282X2003000500014>
 22. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. *Temas Psicol* [Internet]. 2013 [cited 2025 aug 20]; 21(2): 513-518. Available from: <https://doi.org/10.9788/TP2013.2-16>
 23. Bardin L. Análise de conteúdo. 1st ed. Lisboa: Edições 70; 2015.
 24. Souza VRDS, Marziale MHP, Silva GTR, Nascimento PL. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. *Acta Paul Enferm* [Internet]. 2021 [cited 2025 aug 22]; 34. Available from: <https://doi.org/10.37689/acta-ape/2021ao02631>
 25. Aguiar DP, Souza CPDQ, Barbosa WJM, Santos-Júnior FFU, Oliveira ASD. Prevalence of chronic pain in Brazil: systematic review. *Br J Pain* [Internet]. 2021 [cited 2025 aug 17]. Available from: <https://doi.org/10.5935/2595-0118.20210041>
 26. García-Domínguez M. Chronic pain in the elderly: Exploring cellular and molecular mechanisms and therapeutic perspectives. *Front Aging* [Internet]. 2024 [cited 2026 mai 7]; 5: 1477017. Available from: <https://doi.org/10.3389/fragi.2024.1477017>
 27. Li Y, Hou L, Zhao H, Xie R, Yi Y, Ding X. Risk factors for falls among community-dwelling older adults: a systematic review and meta-analysis. *Front Med*. 2023 [cited 2026 mai 7]; 9: 1019094. Available from: <https://doi.org/10.3389/fmed.2022.1019094>
 28. Haque R, Alam K, Gow J, Neville C, Keramat SA. Age and gender differences in the relationship between chronic pain and dementia among older Australians. *Value Health* [Internet]. 2025 [cited 2025 oct 10]; 28(4): 562-570. Available from: <https://doi.org/10.1016/j.jval.2024.07.022>
 29. Patterson M, McDonough MH, Hewson J, Culos-Reed SN, Bennett E. Social support and body image in group physical activity programs for older women. *J Sport Exerc Psychol* [Internet]. 2022 [cited 2025 oct 10]; 44(5): 335-343. Available from: <https://doi.org/10.1123/jsep.2021-0237>
 30. Fernandes S, Sales W, Tavares D, Pereira D, Nóbrega P, Holanda C, et al. Relationship between pain, fear of falling and physical performance in older people residents in long-stay institutions: a cross-sectional study. *Int J Environ Res Public Health* [Internet]. 2022 [cited 2025 oct 20]; 19(19): 12014. Available from: <https://doi.org/10.3390/ijerph191912014>
 31. Yoshikawa A, Ramirez G, Smith ML, Lee S, Ory MG. Systematic review and meta-analysis of fear of falling and fall-related efficacy in a widely disseminated community-based fall prevention program. *Arch Gerontol Geriatr* [Internet]. 2020 [cited 2025 oct 20]; 91: 104235. Available from: <https://doi.org/10.1016/j.archger.2020.104235>
 32. Demircioglu-Karagoz A, Sahin UK, Dag O, Sari IF. Fear of falling is a top issue for older adults with a history of falling: multidimensional perspective. *Psychogeriatrics* [Internet]. 2025 [cited 2025 nov 10]; 25(3): e70029. Available from: <https://doi.org/10.1111/psyg.70029>
 33. Rodríguez-Martínez A, De-la-Fuente-Robles YM, Martín-Cano MDC, Jiménez-Delgado JJ. Quality of life and well-being of older adults in nursing homes: systematic review. *Soc Sci* [Internet]. 2023 [cited 2025 nov 15]; 12(7): 418. Available from: <https://doi.org/10.3390/socsci12070418>
 34. Alinejad N, Khosromanesh F, Bijani M, Taghinezhad A, Khiyali Z, Dehghan A. Spiritual well-being, resilience, and health-promoting lifestyle among older adult hypertensive patients: a cross-sectional study. *BMC Geriatr* [Internet]. 2025 [cited 2025 nov 10]; 25(1): 265. Available from: <https://doi.org/10.1186/s12877-025-05877-x>

