

Attitudes and beliefs about the uptake and adherence of exercise and physical activity in 60 – 70 year olds in relation to fall prevention.

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Key messages.

Older people are not generally motivated to perform exercise and physical activity on a regular basis purely to help prevent falls.

Social support and the social element of exercise and physical activity appear to be key motivators to their uptake and for getting through the exercise and physical activity programme.

Enjoyment, increased self-confidence and maintaining social networks appear to be important motivators in terms of adherence.

Health appears to be a secondary motivator in terms of adherence.

Background:

Falls and fractures are an important public health issue and a major cause of morbidity and mortality in older people (DOH 2001). Most fractures in older people are caused by falling. Some, 30-40% of community dwellers over 65 years of age fall each year (Skelton et al. 2004). Although the benefits of exercise in older adults are well documented, little is known about the factors associated with uptake and adherence of exercise (Brassington et al. 2002).

Aim:

The primary aim of this research study was to investigate the salient attitudes and beliefs of community dwelling 60-70 year olds towards uptake and adherence of exercise and physical activity relating to fall prevention.

Methods:

An Ethnographic approach (Hammersley & Atkinson 1995) using 9 focus group discussions (n = 58; mean age = 65.41 yrs) and 23 semi-structured interviews (mean age = 64.83 yrs) was used to elicit the salient attitudes and beliefs of 60-70yr old people. Framework analysis (Ritchie & Spencer 1994) was used for data classification.

Initial Findings:

Analyses of transcripts revealed five thematic areas:

1. Perceptions of exercise and physical activity: Some participants were clear about the differences between exercise and physical activity whereas others could not distinguish the difference between the two. Some participants felt that they were doing enough 'exercise' at home but in reality they did not meet DH classification of regular activity (DOH 1996; 2004). Most exercise activities were considered appropriate for people aged 60-70yrs old provided that people worked within their abilities & enjoyed doing it:

'I tailor my exercise to my ability not to my age' (H3: male 66 yrs: Active).

2. Reasons for undertaking exercise and physical activity: Health, socialisation and the maintenance of independence were key triggers for people undertaking exercise – not fall prevention.

'... there were certain days of the week, if your not careful, when you have the cat for company, and that is the unfortunate thing. You have got to get out and mix and get a bit of social activity going' (H4: male 60 yrs. Active).

'...its essential to keep yourself moving – you want to be as independent as you can for as long as you can, and I've always liked outdoor activity so I want to try and pursue that as long as I can' (G4: male 65 yrs. Active).

3. Motivation to do exercise and physical activity: Having social support appeared to be a key motivator to the uptake of exercise and physical activity.

'It's easy to say I will exercise at home, but I've just got this to do today. But if you have to go out and meet somebody it's much easier' (H5: female 67yrs. Less active).

The social element of exercise groups was often cited as a good motivator for:

coming to exercise groups through extending social networks and becoming socially inclusive and

getting through the exercise regimens.

a way of re-establishing identity and 'normality' after retirement.

'I like coming here because it's a lot of people and we have made friends and there are all sorts of other things going on. And I think in particular, I don't live on my own but people who do live on there own, it must be a real boost to come and be able to do this, so it's not just the exercise is it? It's the social aspects as well' (D1: female 61 yrs, Active).

'I hated every second on the bike doing that. I found that boring. But when it's incorporated into the social aspect of line dancing and you go swimming and get talking to people at either end, whatever you do, walking you meet people, then it's incorporated with a bit of social activity and then I can handle that' (D3: female 66 yrs. Less active).

Other motivators included enjoyment, weight reduction, the need to maintain youth and vitality, expression and personal development and general health.

4. Barriers to the uptake and adherence of exercise and physical activity: These included general health, lack of confidence/motivation, no support or encouragement & carer issues. Transport and financial obstacles were cited to a lesser degree.

'I mean my brother-in-law has had a heart attack and he gets a concession down here to come. He hates coming, he likes the social side but he doesn't like the exercise. But, really there is an anomaly here isn't there, there is no encouragement for the people who haven't got a problem to not have a problem' (H7: male 67 yrs. Active).

'I can't come if I've have my grandchildren. If they're off school or anything I can't come. So, I'm stopped from doing everything...' (S3: female 70 yrs. Active).

5. Beliefs about exercise and physical activity in relation to fall prevention: There was some general awareness that exercise could help in fall prevention. Others found the idea too depressing. Although some participants expressed that they would exercise to help prevent falls most participants were generally not motivated to perform exercise and physical activity purely to help prevent falls.

'That's been a bit depressing, you know. You've got to, you know, think of the lighter side. You don't really want to depress yourself with thinking I'm going to fall- I'm in my sixties now. I'm going to fall and break my wrist and no that's a bit too depressing. We're still more or less young in our outlook we're not looking in the future' (F1: female 62 yrs. Active).

Conclusions:

Older people are not generally motivated to perform exercise and physical activity on a regular basis purely to help prevent falls. Their main reason for taking up exercise or physical activity is largely for social contact, enjoyment, expression and self development and to maintain or improve general health; the health aspect appears to be a secondary motivator in terms of adherence. Future work using the theory of planned behaviour will investigate the relative strength of these different components.

References:

- Department of Health (1996). Strategy statement on physical activity. London: Department of Health.
- Department of Health (2001) National Service Framework for Older People: Modern Standards and Service Models. London: Her Majesty's Stationary Office.
- Department of Health (2004). At least five a week. London: Department of Health.
- Brassington G.S. (2002). Intervention-Related Cognitive Versus Social Mediators of Exercise Adherence in the Elderly. *Am J Prev Med*, 23(25): 80-86.
- Hammersley M. & Atkinson P. (1995). *Ethnography: Principles in Practice* (2nd Ed). London: Tavistock.
- Ritchie J. & Spencer E. (1994) Qualitative data analysis for applied policy research. In: Bryman A. & Burgess R.G. (eds) *Analyzing Qualitative Data*. London: Routledge.
- Skelton D. & Todd C. (2004) What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? How should interventions to prevent falls be implemented?. Denmark: World Health Organisation HEN.

