

# breaking down the barriers

## STRATEGIES TO MOTIVATE THE OLDER CLIENT TO BEGIN AND SUSTAIN EXERCISE PARTICIPATION

REPORT: BOB LAVENTURE AND DAWN SKELTON

The impact of sedentary behaviour on an ever-broadening variety of health problems is clear.<sup>1</sup> Regular, appropriate exercise training has been shown to improve the functional abilities and psychological well-being of both healthy older people<sup>2</sup> and patients with disabling symptoms common in old age.<sup>3</sup> Unfortunately, in the UK, four out of 10 adults over the age of 50 are completely inactive and two-thirds of these believe they are doing enough activity to keep fit.<sup>4</sup> Both older people, and professionals working with them, need to know how much activity is enough to maintain health and mobility. Ideally, all adults should aim to take part in physical activity of at least moderate intensity (that makes them slightly warmer and more breathless than usual), on five or more days of the week.<sup>5</sup> Improving and maintaining strength and flexibility have also been identified as key components of exercise programmes for older people.<sup>6</sup> This includes activities such as brisk walking, cycling and heavy gardening as well as sports or planned exercise. For the over 75s, taking part in structured exercise and/or home exercise on three occasions a week helps maintain independence.<sup>1,2</sup> Significant improvements in depression, mood, urinary urgency, postural hypotension and vestibular function can be seen, at any age, with specific tailored exercise regimes.<sup>3</sup> The National Service Framework for Older People<sup>7</sup> acknowledges the evidence base relating to the role of physical activity and exercise in four of the eight Standards (8 “The promotion of health and active life in older age”, 3 “Intermediate Care”, 5 “Stroke” and 6 “Falls”). Despite all this evidence, many older people do not appreciate the need for exercise and face many barriers to taking up exercise.

### what makes older people take up or adhere to an exercise programme?

No single factor will predict whether or not an older person will start and continue with an exercise programme. Participation in exercise is determined and regulated by a range of factors which will be unique to each individual. It is as important to understand the psychological factors that increase or decrease older people’s likelihood of adopting and maintaining an exercise programme as it is to understand their health, fitness and functional status. Such factors have been grouped into

three categories<sup>8</sup> and described as *personal characteristics, programme characteristics and environmental characteristics*.

*Personal characteristics*, often called intrinsic barriers, include individual perceptions and beliefs about exercise (often influenced by ageist stereotypes or negative images and myths about ageing); previous activity history and experiences (both positive and negative); current health status and fear of pain or discomfort.<sup>8,9</sup> Exercise self-efficacy, or confidence in one’s ability to undertake regular exercise successfully, (even when faced with difficulties) is a strong predictor of exercise adoption among older people.<sup>10</sup>

*Programme factors* are associated with the design and delivery of the exercise programme including mode (eg, t’ai chi, dance, walking), intensity (where moderate exercise is more favoured by older participants), and the interpersonal skills of the instructor (eg, providing individual attention and an empathetic teaching style). While social support from peers is frequently cited as a motivating factor among older people taking part in group activities, there is also evidence that large numbers of older people prefer activities that can be undertaken outside a formal class or group setting.<sup>11</sup> Home exercise programming may be a good place to start or a good adjunct to group exercise to ensure benefits are reaped as early as possible.

*Environmental (or extrinsic) factors* also strongly influence participation and these include the influence of significant others (eg, positive support from peers, family, carer or health professional, particularly important among older women<sup>12</sup>); ease of access (the provision of transport and timetabling, proximity of parks for walking and jogging); safe neighbourhoods (well-designed pavements and adequate street lighting) and perceptions of personal safety.<sup>13</sup>

A better understanding of these factors by the exercise instructor and how they relate to the potential participant will assist the instructor to select strategies to improve motivation and support exercise adoption and maintenance among older people.

### opportunities to intervene

#### exercise adoption – making a start

Critical to working with older people attempting to adopt



exercise behaviour is an understanding of their readiness to change.<sup>10</sup> Those older people with the poorest health are most likely to visit their GP and possibly be referred to an exercise programme, but may be most resistant to change. This group, often with no previous positive experiences of activity, have perhaps the most to gain from undertaking an exercise programme, but present the greatest challenge in relation to motivation. It has been suggested that interventions might be more effectively aimed at semi-active older people who seem more positively disposed to participating but need help to get started or to stay involved.<sup>14</sup>

### **the induction process**

The induction process provides an ideal opportunity to assess readiness to change and self-efficacy at the very start of a programme. This should be included in a holistic approach to client assessment alongside health and functional assessment. This readiness to change may often be significantly influenced by a referral from a health professional, often following the diagnosis of a chronic disease or following a significant life event – eg, a fall or heart attack – or by the individual recognising for themselves the tell-tale signs that they are losing function (eg, having difficulty using the stairs or getting in and out of the bath).

The next step is to explore the older person's individual expectations about exercise and their objectives and to use this information to guide the choice of activities and programme goals.

Instructors should assist and encourage older people to set their own realistic and achievable short-term goals that are linked to both exercise behaviour (eg, establishing the exercise habit) as well as specific and measurable outcome goals (eg, improved strength, flexibility) and ensure that these goals are tailored to the individual needs, preferences and interests of the older client.

### **promoting long-term adherence – employing support strategies**

Long-term maintenance or adherence to an exercise programme is critical for lifestyle change and improved health and function. While lapses (eg, missing sessions) should be seen as a normal part of behaviour change, relapse prevention strategies which will prevent an older person returning to sedentary behaviour (eg, anticipating high-risk situations such as changes in health and loss of family members) should be built into programme planning. To achieve this, additional support strategies are required (eg, social support from family and peers and other exercisers or buddies from within a group.)<sup>15,16</sup> At the same time, professional support – including regular review of programme goals – to renew interest and establish new targets for the individual will assist in maintaining participation.<sup>8</sup> Regular telephone and email contact to monitor progress are also known to be effective strategies in maintaining participation.<sup>17</sup>

Many leaflets, videos and resources are available to help support the older adult wanting to increase their physical activity

or take part in supervised exercise. There is an urgent need to appreciate the value of enthusiasm, positive images and sound advice rather than the unhelpful “what do you expect at your age?” A great deal of disability associated with old age is a result of disuse, not disease, symptoms could be ameliorated, and it is vital leisure and health professionals working with older people give positive information about the benefits of regular activity and exercise. But the best source of information on the barriers faced by older people is older people themselves. Consulting with and talking to individuals and groups of older people concerning their own beliefs and attitudes, and the specific barriers they face, will help in the planning of programmes. Older people will also be able to suggest solutions for overcoming these barriers. Working with older people to explore their barriers, and motivators, to physical activity should be a two-way process that allows education, self-efficacy and a true understanding of the role physical activity has to improve quality of life and maintain fun and independence in daily life. **fp**

### **references**

For a list of resources and references visit [www.fitpro.com/fitpro/references](http://www.fitpro.com/fitpro/references)

Bob Laventure and Dawn Skelton are directors of Later Life Training Ltd, who deliver training to health and leisure professionals working with frailer older people. For more information, including courses on Motivation and older people, please visit [www.laterlifetraining.co.uk](http://www.laterlifetraining.co.uk)