

Why older people engage in physical activity: an exploratory study of participants in a community-based walking program

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Abstract. While older people experience substantial physical and mental health benefits from regular physical activity, participation rates among older people are low. There is a need to gather more information about why older people do and do not engage in physical activity. This paper aims to examine the reasons why older men and women chose to engage in a community-based physical activity program. Specific issues that were examined included reasons why older people who had been involved in a community-based program on a regular basis: commenced the program; continued with the program; and recommenced the program after they had dropped out. Ten participants (eight females and two males) aged between 62 and 75 years, who had been participating in a community-based physical activity program for a minimum of 6 months, were individually interviewed. Thematic analysis was used to analyse the data. Three major themes emerged, including 'time to bond: social interaction' with sub-themes '*bona fide* friendships' and 'freedom from being isolated'; 'I want to be healthy: chronic disease management'; and 'new lease on life'. Two of the primary reasons why older people both commenced and recommenced the program were the promise of social interaction and to be able to better manage their chronic conditions.

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Introduction

It is well documented that regular physical activity (PA) has a substantial impact on health and wellbeing in older adults. Further, the World Health Organization (2009) has identified that physical inactivity is now a leading risk factor for global mortality and is responsible for more deaths per year (6%) than overweight and obesity (5%). Despite the impact of PA on health and wellbeing, older people are not sufficiently active (ABS 2009). Thus, it is important to develop an understanding of PA in older adults.

While there is a large literature base concerning barriers to PA in older adults, such as general health problems and musculoskeletal injuries (Lim and Taylor 2005; Allender *et al.* 2006) we know much less about why people initiate PA, particularly in community settings. Additionally, little is known about the processes involving the resumption of activity after a break, the 'relapse' or 'stop–start' syndrome (Biddle and Mutrie 2008). Buman *et al.* (2010) indicated that despite all that is known about barriers and motivators of PA, it is still difficult to adapt this knowledge into useful recommendations for PA interventions for older people. According to Buman and colleagues this is partly due to the complex interaction between PA interventions, PA behaviour, and the ageing process. They argue it is imperative that researchers seek to understand the whole individual, including the source and manifestation of unique beliefs and attitudes, the cultural influences that affect behaviour, and the meanings that they form about their behaviour. A qualitative

research framework is ideally suited to developing our understanding of PA in older people as it provides a clear understanding of the intricacy of PA behaviour through listening to the stories and lived experiences of older people (Carless and Sparkes 2008).

Relatively few studies have utilised qualitative methods to examine the reasons why older adults participate in PA. Indeed, it is only just in the past 2 years that two qualitative studies on this topic have been published (de Souza and Vendruscolo 2010; Stathi *et al.* 2010). Stathi *et al.* (2010), who interviewed 21 older adults (mean age = 75.8 years) from the UK about the reasons why they commenced a PA program, reported that it was only when these older people realised their own health was declining and their reduced physical capacity was beginning to affect their daily lives that they were motivated to respond appropriately to improve their health status. This was consistent with the findings of de Souza and Vendruscolo (2010) who interviewed 10 older adults in Brazil (mean age = 65 years). Given that the studies by de Souza and Vendruscolo (2010) and Stathi *et al.* (2010) were conducted with older women in the UK and Brazil it is not clear if their findings would be applicable to older men and women in an Australian context. Furthermore, these qualitative studies did not examine the important issue of why older adults recommence PA once they have dropped out (Biddle and Mutrie 2008). Given that a large proportion of people intermittently drop out of exercise programs or leisure activities (Biddle and Mutrie 2008) it would be particularly useful to develop our understanding of why people

What is known about the topic?

- Older people in Australia are not sufficiently active and community-based physical activity programs offer a potentially sustainable option for older adults with low incomes and mobility issues.

What does this paper add?

- This was the first study to report that the formation of friendships was the main reason for maintaining and recommencing community-based physical activity programs.

recommence activity. Thus, our study aimed to address these identified gaps by using qualitative methods to examine older adults' involvement in a community-based PA program. There are several reasons for the focus on community-based programs in the present study. For instance, there is strong agreement among researchers that older adults prefer to undertake PA programs that are convenient, low cost and can be done near their home (Steenhuis *et al.* 2009). Thus, community-based programs offer potentially sustainable PA options for older adults with low incomes and mobility issues (Chodzko-Zajko *et al.* 2009). This paper seeks to examine three issues: (1) what are the reasons for older people commencing a community-based PA program; (2) what are their reasons for maintaining their involvement in a community-based PA program; and (3) what are their reasons for recommencing their involvement in a PA program if they had previously dropped out.

Methods*Design*

This research project utilised a qualitative approach to examine older people's perceptions and experiences regarding their involvement in a community-based PA program.

A semi-structured interview method was adopted for this study on the premise that the researcher would provide participants with an opportunity to tell their stories, to share their experiences and perceptions and allow them to set the agenda within the confines of several core areas that related to the research questions (Liamputtong 2009). The core areas of the semi-structured interview were: reasons for commencing the program (e.g. 'What are some of the reasons why you started this community-based physical activity program?'); reasons for continuing the program (e.g. 'What are some of the reasons why you maintain your involvement in this community-based physical activity program?'); and reasons for recommencing involvement in the program (e.g. 'Have you every dropped out of the program? If so why? What were the major factors that lead you to recommence your involvement in the program?').

Research participants

This study was confined to men and women aged between 60 and 85 years who had been actively involved in a community-based structured multiprogram for more than 6 months, involving such activities as walking, chair aerobics and Tai chi. Activities were

Table 1. Demographic characteristics of older people in a community-based walking group
HSC, Higher School Certificate

Characteristic	<i>n</i>
Age	
60–69 years	9
≥70 years	1
Marital status	
Married	8
De-facto	1
Divorced	1
Sex	
Male	2
Female	8
Education	
HSC or equivalent	2
Completed Year 10	6
Completed Year 8	1
Primary school	1
Ethnicity	
Anglo-Saxon	8
Japanese	1
Scottish	1
Volunteering	
Female	2
Male	1

led by an instructor and were undertaken in a group community-based setting. Six months was the minimum time period for involvement based on the Transtheoretical Model 6-month minimum for a behaviour change to be considered in the maintenance stage (Prochaska and DiClemente 1983). There were no specific inclusion criteria based on dropping out of the program or recommencing the program. Participants were recruited through an outer western Melbourne senior citizens centre. Participants were recruited using a triangulated sampling method involving a presentation to participants at the community centre, use of a project flyer on notice boards in the senior community centre and snowballing techniques (Liamputtong 2009). Out of 33 potential participants in the program, 10 people agreed to participate in the study. The sociodemographic characteristics of the participants are presented in Table 1.

As noted in Table 1 the majority of participants were female, of Anglo-Saxon heritage and were educated up to secondary-school level.

Following a presentation of the overview of the research, interested participants contacted the first author via telephone and email at their convenience to arrange an interview time. Data saturation, when little new data can be generated from the interview (Liamputtong 2009), was reached before the 10th participant. Thus, no further recruitment of participants was done after number ten. Participants were given the choice of being interviewed either in their homes (two people) or in a private room at the senior citizens centre (eight people). Interviews lasted between 60 and 90 min.

Thematic analysis was used to analyse the data. Interview data were transcribed and analysed as data were being collected so that unclear and new issues could be explored with later participants. The analytical process involved initial coding and axial coding.

Initial coding was the first run of data analysis where codes were given to data line-by-line. From this initial coding, several themes were developed. Axial coding required the researchers to deconstruct the initial codes into a more comprehensive level. From this axial coding, final themes emerged. After the final themes were developed, they were rechecked by all coauthors.

Ethical clearance from the Faculty of Health Science Human Ethics Committee, La Trobe University was obtained. To ensure the accuracy of the recorded data, the researcher asked the respondents to check their transcripts thoroughly and participants were asked to make any changes to data if it appeared to be incorrectly recorded. Moreover, the researcher used pseudonyms for each respondent to conceal the true identity of each participant.

Results

Three major themes emerged from the data and these are presented in the following sections.

Time to bond: social interaction

Social interaction of some sort was mentioned by all participants as an important reason for their involvement in the PA program. This theme contained two subthemes: *bona fide* friendships and freedom from being isolated. The opportunity for participating in some general positive social interaction was mentioned as a core reason for both commencing and maintaining their involvement in this program.

Bona fide friendships

As a subtheme of social interaction, the majority of participants indicated that a 'real' friendship was one of the main contributing factors for maintaining their involvement in the program. Initially, participants joined these community PA programs with the aim of getting out of the house and interacting with new people. However, participants formed some close and meaningful friendships and it was these friendships, typically involving several people within the larger group, which were a major reason for them maintaining their involvement.

As noted by Victoria:

It is the most important component the social interaction and friendships base for us to continue and maintain these exercise programs. I think sometimes it is more important than exercise. It is the fact that I love interacting with the girls . . . it has expanded my social networks; I have made good friends from these programs.

These friendships were not simply confined to talking while exercising and undertaking activities within the exercise program. People would meet for a coffee with their new-found friends and even go on trips together. This is illustrated in the comments of Janet:

I look forward to exercise because I know that my friends are going to be there and we will probably go for a coffee afterwards and catch up on the latest gossip and eventually plan to go out on outings on senior day out. Actually, four of us are going overseas [destination name removed for ethical reasons] in four weeks.

For most of the participants, social interaction was the vehicle for broadening older people's friendship base. Initially,

participants commenced the PA program with the notion of interacting with new people not knowing that they were going to make long-lasting friends.

It was also interesting that the formation of friendships was not only an important reason for maintaining involvement in the program but was also the main motive for most participants to recommence community-based programs after their relapse phase.

Freedom from being isolated

A second subtheme of the social interaction theme was that some participants emphasised the importance of the social interaction of the group as offering respite from negative states associated with isolation. This is evident in Gemma's comments:

To me personally it means freedom from isolation because before I would be at home depressed and not having any friends to socialise with and I was feeling lonely and had no escape from my condition so it changed my life. I have made many friends and we catch up all the time and it is great to see them and go places together like the theatre or restaurants in various places around Victoria and has enriched my life overall.

I want to be healthy: chronic disease management

Most of the participants reported that they commenced the program on the belief that it would lead to improved health. They stated that they placed significant importance on PA as a means to manage their chronic conditions, reduce their medication, reduce pain and increase the quality of their life. This is illustrated in Cindy's comments:

I found the chair-aerobics is absolutely wonderful . . . you find that is so good for you, I mean your body and mental wellbeing, so good for the back. If I had not being involved in these community exercise programs and doing it I would not be able to walk today.

For some participants, the program provided a way to control pain management and reduce medication. For instance, Cindy remarked that:

I still take medication but I have noticed that I can cut down more on medication if I do more exercises it definitely leads to better medication, pain and back management

New lease on life

Some participants emphasised that these PA programs had given them a new lease on life. When participants were asked to explicitly define this, some reported that this kind of insight was defined as the cumulative effect of factors already outlined under the two preceding themes, such as taking less medication, friendships and social interaction with their peers, happiness, improved mood levels, physiological benefits and wellbeing. In Jack's experience, he reported that being engaged with a PA program played a major role and he was able to procure many health benefits and change his lifestyle, which in turn provided him with a new 'lease on life'. He commented:

I value this community PA program so much, for me I led a sedentary lifestyle most of my life and these PA programs have given me a sense of belonging to the community . . . I am fitter and stronger so you could say it has given a new lease on life and this is extremely important to me and my family.

Discussion

We discuss our findings in accordance with our three research questions, which align with three of the core stages of the exercise process as described by Sallis and Hovell (1990).

Why older people commenced a community-based PA program

A major reason for commencing the community-based PA programs for all participants was social interaction. Whilst for some this provided a potential way of escaping their loneliness and social isolation, for others it was the opportunity to talk to other people in their own age group. This finding is consistent with the relatedness dimension of Self-Determination Theory (Deci and Ryan 1991), which refers to the need for people to feel loved, connected, involved and understood. Engaging in these types of community PA programs that promote and forge strong social ties with peers their own age could be viewed as a way of alleviating loneliness and social isolation for older adults and, most importantly, fulfilling these needs so that they feel loved and connected to others.

Why older people maintained their involvement in a community-based PA program

For the majority of participants, the main reason they gave for continuing their involvement in the program was the *bona fide* friendships they made during the program. For most respondents, this provided the potential to go out on regular social events together outside the structured PA programs (e.g. to dinner or the movies) and to travel with friends. The participants noted that these friendships had a major positive impact on their levels of happiness and overall quality of life. The process of ageing is associated with many constraints that can make the preservation of close bonds quite challenging for older adults. The social compensation model developed by Ferraro and Farmer (1995) is useful to understand friendships for older people, specifically how they rectify these dilemmas by replacing old or lost friendships. This theory thus fits with the motives of many people in the current study who seem to cherish the friendships they developed in the program.

To the best of our knowledge, no qualitative or quantitative study has reported that *bona fide* friendship was a main reason for older people maintaining involvement in PA programs. As a result, these data make a contribution to the existing literature by adding a new dimension to our understanding of how social interaction is important in PA maintenance. One reason why this may have been reported here as distinct from other studies is that this was a pre-existing community-based PA program for older people. That is, the many months and often years of involvement in the group allowed time for friendships to be cultivated and fostered with people living in their own neighbourhoods.

Why older people recommenced their involvement in a PA program if they had previously dropped out

The majority of participants reported that there had been occasions when they had dropped out of the program due to factors such as prolonged long-term illness, illness of a family member or extended holiday periods. Participants indicated that it was the sheer thought of missing their friends in the relapse phase that motivated them to rejoin.

The finding that people missed their friends when they did not attend the program was suggestive in many ways that the type of friendships they had with others in the program, whilst enriching, was dependent on their continued involvement in the community-based program. This finding is of particular interest given there is essentially no extant research on why people recommence activity after dropping out (Biddle and Mutrie 2008). Further, it has particular relevance given that ~50% of individuals drop out of PA programs within 6 months of joining them (Biddle and Mutrie 2008).

The finding that the main reason older adults gave for recommencing PA at a community level was the sheer fact of missing their friends was important, given ageing is associated with many constraints that can make the preservation of close bonds quite challenging for older adults. Hence, findings are suggestive that leaders of community-based exercise programs could benefit from promoting the program as a means of developing and fostering friendships.

Study limitations

Findings need to be interpreted in light of the fact that all data were collected from only one location in outer-western Melbourne and there was not an even gender distribution in the sample. Thus, data may not be applicable to other contexts. Further, it is possible that people had not correctly recalled reasons for commencing and recommencing the program. For instance, given the retrospective nature of the study it is possible that participants, when asked about reasons for joining the program, could have occasionally referred to a benefit they experienced after joining the program rather than a reason for joining the program *per se*. Notwithstanding these potential limitations, there were several strengths of the study. One of the main strengths of this study was that this is the first study to examine three important issues about PA involvement in older adults within the one study.

Conclusion and recommendations for future PA research

The findings of the present study that relate to the importance of social interaction and perceived health benefits provide further support to previous quantitative (Stevens *et al.* 2003; Freitas *et al.* 2007) and qualitative studies (de Souza and Vendruscolo 2010; Stathi *et al.* 2010). Of particular interest was that this was the first study to report that the main reason for older adults maintaining and recommencing PA programs at the community level was the '*bona fide* friendships' they made during the course of their time in the program. Thus, it seems older people place importance on social interaction and friendship across all three stages of the exercise process (i.e. commencement, maintenance and resumption). With some further verification of results with larger groups, data in the present study would suggest that activity rates in older people could be increased if the opportunity for

social interaction and development of friendships were used to promote community-based activity programs. As well, given that community-based programs are well suited for cultivating friendships (due to the group nature of exercise and people living in close proximity to one another), the data offers further support for use of community based-programs to increase activity levels in older people.

Future research would benefit from the exploration of more community-based PA programs like the present program in order to determine the extent to which findings from this study could be applicable to other settings. It would also be worthwhile to examine the key issues of reasons for commencement, maintenance and resumption within the one study as they are occurring, using a longitudinal design.

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