OLDER ADULTS MOTIVATING FACTORS FOR EXERCISE

Cathrine de Groot, MSc, Physioterapist, Telemark Hospital, Norway
&
Lisbeth Fagerström, RN, MNSc, PhD, Professor
Buskerud University College, Norway

Trondheim, 29.06.12
Background

- Joint project;
  - Telemark Hospital and 3 municipalities

- 3 months exercise in the hospital
- 3 months exercise in the municipalities

- 43 patients included from 01.11.06 to 31.10.07
- 8 patients exercised for 6 months
- 76 % dropout
Aim

• Primary aim:
  - to describe motivating factors and barriers for older adults to adhere in group exercise in the local community aiming to prevent falls

• Secondary aim:
  - explore means of how health professionals can stimulate adherence
Design and method

- Qualitative study
- Semi-structured interviews, February 16th - April 2nd 2009
- Descriptive content method (Malterud, 2003)

- Purposeful sampling of participants:
  - Equal representation of both sexes and a variation in age
  - Equal representation of people who were afraid of falling and those who were not
  - A variation in traveling distance from their homes to the premises of exercise group activities
Included participants

• 10 included participants:
  - 5 men and 5 women
  - Age 71 to 91 (mean age was 83)
  - All 10 had exercised 3 months in the hospital
  - 5 had continued exercising in the municipality
  - 5 were afraid of falling and 5 were not
  - 5 lived close to the gym (0.4 to 3.2 km)
  - 5 lived far from the gym (7.6 to 13.8 km)
Results
Motivation and Barriers

• Motivation factors:
  - Functional independency
  - Maintain health
  - Improve balance and gait

• Barriers:
  - Reduced health status
  - Lacked the possibility to exercise within the same group
  - Environmental factors such as snow and ice
Group exercise

• 10/10 preferred to exercise in a group
  - Social network

• “I must say I do believe in groups....that is where we learn from each other really” (man)

• “You see...well...it’s easier to exercise when you’re in a group” (man)
“Equals and like-minded”

• “It is so nice to be here because it is something wrong with all of us my husband said. And that is how life is for all of us. Because...we seek someone equal to ourselves...” (woman)
Comparative levels of physical functioning

• 8/10 were critical of various physical functioning in the group
  - Inefficient to wait for the others
  - Not fun to be poorly

• “Isn't it a difference between those who can walk and those who....You know when you have to be considerate towards someone sitting in a wheelchair and someone who is walking. Then it is not easy for the physical therapist either” (man)
Implication for health professionals

• Similar levels of physical abilities

• “Push”
  - “Well it is....alpha omega, if I can put it that way that health professionals talk about it (exercise). Certainly to get the little push that is needed” (woman)

• Encourage the elderly to participate -> you should attend!
Implication continues..

• “The doctor said I can give you medicine, but it will not make you any better. That is my heart would be better, but...I had to exercise. And that was....almost heavenly! Then I just organised my days. I went for a walk every day if I could, and usually walked my usual round.” (Woman)

• 34% -50% of US adults report exercise counselling at their last medical visit.
  - (Lobleo et al, 2008 & Mcdermott et al, 2006)
The social network

• Stimulated participants to continue the exercise

• "It was the whole atmosphere. Nice people and the exercise was just right. I felt well really!" (man)

• "I must say I became, I became more...positive. I felt well. Because I was out talking to people...I felt different. I really did! (woman)

Thank you