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Facilitators and Barriers: Older Adults' Fitness Engagement at an Independent Living Community

Abstract

In order for a growing aging population to preserve autonomy, older adults need to maintain mobility levels through participating in physical activity (Costello, Kafchinski, Vrazel, & Sullivan, 2011). The importance of physical activity in older adult life is widely recognized, yet older adults are the least active age group in the United States (Bethancourt, Rosenburg, Beatty, & Arterburn, 2014). This qualitative study focused on physical activity through individual interviews with older men and women ($N=10$) residing in an independent living community. Understanding more about what contributes to engagement may help to improve wellness programs in independent living communities.

Keywords

Older Adults, Physical Activity, Independent Living

Facilitators and Barriers: Older Adults' Fitness Engagement at an Independent Living Community

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In order for a growing aging population to preserve autonomy, older adults need to maintain mobility levels through participating in physical activity (Costello, Kafchinski, Vrazel, & Sullivan, 2011). The importance of physical activity in older adult life is widely recognized, yet older adults are the least active age group in the United States (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014). This qualitative study focused on physical activity through individual interviews with older men and women ($N=10$) residing in an independent living community. Understanding more about what contributes to engagement may help to improve wellness programs in independent living communities.

Keywords: Older Adults, Physical Activity, Independent Living

Introduction

To preserve independence in later years, older adults need to maintain their mobility levels largely through engaging in physical activity (Costello, Kafchinski, Vrazel, & Sullivan, 2011). Physical activity is widely recognized as important, yet older adults are the least active age group in the United States (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014). This qualitative study focused on the facilitators and barriers regarding physical activity through individual interviews with older adults residing in an independent living community. Understanding more about what contributes to engagement in physical activities will help to inform how wellness programs can be structured among older adults within this type of residential community.

Understanding Barriers and Facilitators to Physical Exercise among Older Adults

Older adults typically view physical limitations as the main barrier to participating in physical activity (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014). Specifically, chronic pain or ongoing injuries tend to be the top challenges that prevent older adults from attending fitness classes or engaging in individual fitness activities (Bethancourt et al., 2014; Burton et al., 2017; Haber, 2010; Petursdottir, Arnadottir, & Halldorsdottir, 2010). Fatigue also has been described by older adults as a major barrier to exercise (Petursdottir, Arnadottir, & Halldorsdottir, 2010). According to Bethancourt et al. (2014), older adults become more aware of their physical limitations as they age, which leads to reduced self-confidence, and in turn less physical activity. Fear of

falling or injury while exercising are commonly cited as barriers to exercise in research studies focusing on older adults and physical engagement (Aldwin, Igarashi, Fox, & Levenson, 2018; Burton et al., 2017; Costello, Kafchinski, Vrazel, & Sullivan, 2011; Simmonds, Hannam, Fox, & Tobias, 2015). More specifically, older adults find potential joint injury as a concern for higher intensity exercise, such as running (Costello, Kafchinski, Vrazel, & Sullivan, 2011). In a study by Bethancourt et al. (2014), older adults who had physical limitations felt that they were more likely to have a fall and take longer to recover from a fall. Some older adults highlight lack of time as a barrier that prevents them from participating in exercise programs, noting that they are busy with commitments such as volunteering, social events, or community activities (Costello, Kafchinski, Vrazel, & Sullivan, 2011).

Despite barriers in place, older adults have noted some of the reasons that they stay engaged in physical activities. For instance, older adults use physical activity as a way to manage chronic conditions (Bethancourt, et al., 2014; Haber, 2010; Hardy & Grogan, 2009; Nelson et al., 2007). Older adults with osteoarthritis felt that physical activity was a part of the treatment for their chronic condition, which motivated them to exercise (Bethancourt et al., 2014). While older adults admit fear of falling is a barrier to engaging in physical activity, older adults also find that regular exercise may be a way to prevent falls (Aldwin, Igarashi, Fox, & Levenson, 2018; Barnett, Smith, Lord, Williams, & Baumand, 2003; Bherer, Erickson, & Liu-Ambrose, 2013; Burton et al., 2017; Costello, Kafchinski, Vrazel, & Sullivan, 2011; Haber, 2010). Older adults cite that they feel better physically when exercising and are motivated to participate in exercise activities in order to maintain their overall health

(Bethancourt et al., 2014; Burton et al., 2017; Hardy & Grogan, 2009; Ip et al., 2013). Social support has been identified by older adults as one of the top motivations to participate in physical activity (Costello, Kafchinski, Vrazel, & Sullivan, 2011; Hardy & Grogan, 2009; Shin, 2016). Costello et al. (2011) found that older adults were motivated to exercise when they were with a spouse or in a group, and they felt social fitness groups were also support groups due to companionship. Also noted in related research studies, proximity and accessibility of the exercise equipment and exercise classes facilitate physical activity in retirement communities (Petursdottir, Arnadottir, & Halldorsdottir, 2010).

Method

This qualitative study was created by an undergraduate gerontology student employed as the Wellness Leader where the present study took place, along with a faculty mentor, to understand how older adults in independent living communities make choices and engage in physical activities. After Institutional Review Board (IRB) approval was received, data were collected in an independent living community within a larger non-profit, faith-based long-term care facility located in the Willamette Valley of Oregon. Criteria for this study included: (a) an older man or woman with a minimum age of 55 years; (b) current residence in an independent living community; (c) willingness to participate; and (d) availability for in-person interviews.

Sample

Participants in this study ($N = 10$) averaged 78.7 years of age ($SD = 10.45$). Of the 10 participants (female = 7), five were widowed, three were married, one was divorced, and one was single. All participants received a high school diploma, and seven participants completed college coursework. Participants rated their overall physical health on a scale of 1 (very poor) to 5 (very good) with ratings reported as moderate ($n = 2$), good ($n = 6$), and very good ($n = 2$). Participants identified walking ($n = 9$), exercise classes ($n = 8$), exercise equipment ($n = 6$) and other activities such as gardening and table tennis as their preferred types of exercise. Half the sample engaged in some form of daily exercise ($n = 5$) with others indicating that they exercised five times/week ($n = 2$), three times/week ($n = 2$), and one time/week ($n = 1$).

Procedure

After approval was secured from the Executive Director of the long-term care community, participants were recruited through telephone calls or face-to-face communication. Interviews were conducted either in the participants' homes or an office located within the community. After gathering basic demographic information, a semi-structured protocol was used for the interviews focusing on participants' perceived importance of physical activity, self-rating of overall physical health, frequency and forms of physical activity, barriers and facilitators to participating in physical activity, and evaluation of current physical activity opportunities offered within their community. Participants were not monetarily compensated for their time, but they were given time to ask questions related to physical activity and the exercise options available at their community. Each interview was audiotaped and transcribed verbatim. Pseudonyms have been used in the presentation of the data.

Data Analysis and Coding

After data collection was complete, recordings and transcriptions were assessed to confirm accuracy. With multiple readings and discussion, a broad coding structure was developed as outlined by Berg (2011). In the first phase of data analysis, six major codes were identified including: a) barriers to participating in physical activity; b) facilitators to participating in physical activity; c) importance of physical activity; d) exercising alone or with others; e) excuses; and f) knowledge of available fitness opportunities.

In the second phase of data analysis, subcodes were determined resulting in 27 codes in total. For instance, barriers to participating in physical activity included subcodes such as: a) fear of falling; b) fear of injury; c) time conflicts; d) physical limitations; e) laziness; f) age-related mobility decline; g) lack of interest; h) lack of information or knowledge about the exercise options available, and i) location of exercise classes. Facilitators to participating in physical activity subcodes included: a) social support and accountability; b) continuation of early life experiences; c) proximity to equipment; d) tending to a garden; e) having pets; f) being an inspiration to others; g) maintaining health and mobility; h) enjoyment; i) losing or maintaining weight; j) maintaining flexibility and becoming limber; k) feeling of an addictive aspect; and l) managing chronic conditions. Excuses included: a) lack of motivation; b) busy schedules; c) beliefs that

exercising/coming to an exercise class was all or nothing; d) lack of knowledge of their abilities and the exercise classes; and e) misconceptions that age alone was a barrier to participating in physical activity.

Results

Participants offered rich descriptions of their daily engagement with physical activities. Four key themes emerged from their participation in interviews. The first theme, *attitudes towards exercise*, focused on participants' descriptions of the importance of physical activity and their thoughts on why it was beneficial to them. The second theme, *social support*, included participants' feelings on accountability and finding exercise more enjoyable in a group setting. The third theme, *physical limitations*, focused on participants' own limitations but was also described as the top barrier to others in their community participating in physical activity. The fourth theme, *views on physical activity opportunities in their community*, included participants' thoughts about current exercise classes and other physical activity opportunities available, as well as hopes for the future of the wellness program in their community.

“To Me, It’s Like Brushing Teeth”: Attitudes Toward Exercise

Participants felt that engaging in physical activity was a continuation of early life experiences from both parental guidance to the routines they held when they were younger. Janet, an 87-year-old participant who walks every day, commented: “I think it’s just a way of life. Growing up, we all walked because that’s just how you got someplace.” When describing the reasons for continuing to exercise throughout her life, Susan, a 77-year-old retired teacher, noted, “My mother ran exercise studios, so we grew up with that mentality.” As said by a participant who recently moved into the independent living community: “I was raised in the country, and us kids were always out doing something. Mom didn’t want us in the house, so I had to keep busy” (Patricia, age 76).

Maintaining health and mobility were also reasons participants felt that exercise was important. As Aggie, a 90-year-old participant, explained: “I don’t have a cane, I don’t have a wheelchair or anything like that. I want to keep that up.” Even more critical for some participants was exercising to manage their chronic conditions. Art, an 89-year-old participant living with Parkinson’s Disease, admitted, “I think I’d be in a basket if I wasn’t

staying active,” and on dealing with his Parkinson’s symptoms: “I just feel better, exercising. Staying active is the trick. If you don’t use it, you lose it.”

While participants did feel that exercise was important, they mentioned their own excuses for not participating in physical activity and the reasons they felt that others were not participating. When asked why she thought others in the community did not participate in the exercise classes, a participant who comes to a group exercise class three times a week felt that: “People use excuses. When I first came here, I was a little bit like, I don’t know if I can do what they’re doing. But then you get there, and you do what you can do” (Sandy, age 82). Participants also noted that they believed other residents were not as active in the exercise classes because they discounted their ability to participate. Only two participants admitted that laziness was their excuse to not exercising. As said by Betty, an 87-year-old participant who exercises once a week: “But there again, I’ve got that laziness. It’s easy if you just say, I’ll do it tomorrow.” Many participants felt that laziness was the reason why group exercise class participation rate was low. When asked what she thought kept others from coming to class, Patricia commented: “Pure laziness. Some people just want to stay in their room and do nothing. Not me.”

“I’d Rather Be With a Group”: Social Support and Accountability

Some participants did feel that engaging in a group exercise class made them more likely to exercise because of the accountability they felt. When asked about the group exercise classes, Art thought: “That’s why the classes are really excellent. Because you think, they’re waiting for me, they’re expecting me. I better go there.” Two participants were previously involved in local weight loss groups, Curves and TOPS (Take Off Pounds Sensibly), and felt those were positive influences on their physical activity levels. With a laugh, Janet noted: “I enjoy the fellowship of the classes. It’s fun to come to class.” As said by Joan, a 71-year-old widow who is legally blind: “I like to be around people, that’s why I prefer the group exercise. If I do it on my own, I’m not going to do it.” Overall, participants described the social aspect of physical activity as “motivational,” “more fun,” and “inspirational.”

“I Do Have a Sore Knee, and It’s Hard to Keep Up”: Physical Limitations and Barriers

Participants believed that physical limitations were the top barrier that prevented themselves and others from engaging in physical activity. Some participants faced chronic symptoms: “Sometimes the Parkinson’s is a challenge. It depends. Sometimes I feel it and sometimes I don’t” (Roy, age 56). Janet commented, “Up until getting cancer, I was doing everything that I wanted to do”. Others faced long term injury barriers, such as Sandy, who noted, “I have a bad knee, and a torn rotator cuff, so there are some challenges.”

Another barrier was fear of falling and balance issues. Susan described her experience with walking outdoors: “I used to walk outside all the time. But last year, I started tripping on the uneven sidewalks. You can’t enjoy the scenery when you’re always having to look to make sure you aren’t going to fall.” Janet added: “Balance is one of my problems right now. I hang onto the chair (during exercise class).” When considering past exercise trials, Joan said: “Like when we did the yoga, it was just too difficult to do. I’m not as limber or agile as I used to be, I don’t have the balance.”

Yet another barrier mentioned was conflicting schedules and activities, or a lack of time. Roy thought: “For me, the reason I don’t do more exercise things, it’s just a matter of time. I can’t seem to get everything done.” Aggie also commented: “I hate to miss class. Once in a while I have to because of doctor’s appointments. Or when my daughter wants to go out, I go when she can.” Specifically related to the activities offered at their community, Charles, (age 70) revealed that: “I’ve heard other people comment on the fact that we’ve got so many things, you can’t do them all. You have to pick and choose.”

“Of Course, We’re Hoping for More”: Evaluating Physical Activity Opportunities

Many participants appreciated the variety of classes offered at their community. As said by Roy, who was recently diagnosed with Parkinson’s Disease: “There’s a lot of classes that I don’t think would benefit me. But then again, in a couple of years, I may need that.” Joan felt, “I think they do a pretty good job, they’re always trying new things.” Patricia, who attends a variety of classes, thought, “I don’t know why more people don’t come, because it’s fun, it’s interesting, I love it.” Participants also enjoyed other forms of physical activity

that are available to them, such as gardening in raised beds, table tennis, and Wii Bowling.

When asked how they would rate the opportunities to engage in physical activity at their facility, participants had positive responses. Art explained: “I think they’re excellent. There’s all sorts of classes.” Joan, a regular exerciser, commented: “It’s a good deal. I don’t know what else I would add.” Aggie, the oldest participant said: “I enjoy my garden, because it gets me up and about. Everything, I think is outstanding. I feel like I have been blessed.” However, offering more aerobic options for those with higher mobility levels was suggested.

When asked about their hopes for the future wellness plans for the facility, participants had many suggestions. These thoughts included: “Badminton and pickleball courts, and a pool;” “I’m looking forward to maybe a better equipment room, and a therapy pool;” “You need your own space, you need a gym. Because quite frankly, pickleball, racquetball, I’m sure some of that could happen.” While they were satisfied with the current opportunities available in their residential community, participants hoped that their thoughts would be considered when decisions are made for the future plans of the wellness program.

Discussion

This study revealed that participants felt that engaging in physical activity was highly important, and they believed that more residents could be participating in physical activity. However, they described some of their own barriers and excuses regarding exercise and could give multiple reasons as to why others may not exercise. Being in a group was a large motivator for participants to engage in exercise. Physical limitations were frequently mentioned as barriers, as well as conflicting activities. Participants were able to evaluate the current opportunities offered at their independent living community for physical activity and also gave suggestions as to what they would like to see in the future additions to the facility.

Participants had similar attitudes about exercise, especially that it was important to maintain their health and mobility and help manage their chronic conditions. They also found that their current exercise routine was a continuation of what they had done in early life. This specific finding supports the Continuity Theory of Aging, which states that older adults usually maintain the same activities as they did in earlier years of their lives (Atchley, 1989). Bethancourt et al. (2014) found similar results in a

focus group interview in which participants saw physical activity as a method to deal with their conditions. Petursdottir, Arnadottir, and Halldorsdottir (2010) also found that hoping for less pain or at least having bearable pain because of exercise was a facilitator for older adults with chronic conditions. However, the finding from this study that a facilitator to participating in exercise was a continuation of early life experiences was not a major finding in the aforementioned studies.

Accountability and social support were frequently mentioned by participants in this study as motivators to exercise. Social support has been commonly found in the research as a motivator for older adults to engage in regular physical activity (Costello, Kafchinski, Vrazel, & Sullivan, 2011; Hardy & Grogan, 2009; Shin, 2016). While participants in this study credited accountability as one of the motivators to exercise, it does not fit with the findings of existing literature.

While a number of barriers to participating in physical activity were mentioned in this study, physical limitations was one of the top barriers. This theme has often been found in relevant research studies (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014; Burton et al., 2017; Haber, 2010; Petursdottir, Arnadottir, & Halldorsdottir, 2010). Fear of falling was another barrier found in this study that also fits with the existing literature (Aldwin, Igarashi, Fox, & Levenson, 2018; Costello, Kafchinski, Vrazel, & Sullivan, 2011; Simmonds, Hannam, Fox, & Tobias, 2015). Although specifically mentioned in this study due to the nature of the facility, lack of time and scheduling conflicts are not as commonly found in existing literature (Costello, Kafchinski, Vrazel, & Sullivan, 2011).

Implications

This study provided insight into the thoughts of independent living residents on physical activity and the opportunities offered in their facility. These findings will help change the structure of the current wellness program within this specific facility and influence future wellness additions. Discovering what participants found to be facilitators and barriers to participating in exercise will provide greater knowledge and understanding to the wellness program staff when considering future physical activity opportunities for this independent living community. The results of this study have been shared with the Executive Director of this independent living community. The Wellness Leader plans to collaborate with the Executive Director to utilize these findings and

provide a variety of additions to the wellness program at the residential community.

The main limitation of this study was the physical activity routines of the participants. Most participants exercised at least three days a week, meaning that this sample did not provide as much insight from those who exercised less frequently. The researcher may have influenced participant involvement in the study due to the fact that she is currently employed as the Wellness Leader. Residents may not have been completely honest with their answers in order to avoid hurting the researcher's feelings or saying something that they would not want a staff member to know. Future research should consider increasing the variability of the sample in order to get more data that includes a variety of participants to ensure that those who exercise less frequently are involved, and possibly conducting the interviews by someone other than an employee of the facility.

Conclusion

While older adults may understand the importance of physical activity, many are not engaging in regular exercise. The results of this study contribute to the overall understanding of how to improve exercise classes and opportunities for physical activity in retirement communities. Understanding how to improve and expand exercise classes and opportunities for physical activity in retirement communities may help increase the number of residents who participate. Future research on this topic will provide for greater insight into the thoughts of older adults regarding motivators and barriers to participating in physical activity, allowing for more appropriate and higher quality opportunities.

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