

Help sheet 11:

Barriers to physical activity

There are many reasons why an older person may not want to participate in physical activity. Understanding the barriers to participation can help to identify strategies to address these.

Potential barriers can be classified into three broad groups: individual, social and structural.

Individual

- Medical conditions/frailty. There is often a perception that older people with health problems such as Parkinson's disease, stroke, arthritis or cognitive impairment should not exercise because it might aggravate their health problems. Provided the activity is appropriate, these people can benefit from physical activity.
- Negative beliefs about physical activity and the belief that there is only a health benefit from vigorous activity. Often people do not realise the potential benefits of moderate levels of physical activity and that they can slowly increase and build upon what they are doing.
- A lack of confidence in their own ability to perform physical activity safely.
- Depression – unidentified or untreated.
- Perceptions that physical activity is unpleasant and not enjoyable.
- Not having been active for a long time.
- Fears associated with injury. For example, fear of falling is associated with low levels of physical activity in community dwelling older people (Bruce, 2002).
- Lack of time due to other commitments (such as caring for a spouse).
- Lack of energy. Energy is often seen as a finite resource that should not be squandered on exercise for exercise sake (Stead, 1997). However, doing less actually increases feelings of tiredness. If a person gradually increases their physical activity, they find over time they are less tired after the same activities.
- Inadequate nutrition to support increased levels of physical activity. Refer to Help sheets 3.1–3.8.2 and 5.2–5.9 (Nutrition resource manual) and Help sheet 7 in this Resource Kit, 'Nutrition related activities in group settings'.

Social

- Stereotypical images of ageing – for example, the image that older people should slow down and take things easier.
- Negative attitudes towards physical activity from family, friends or perhaps some health professionals – for example, carers may see physical activity as frightening and risky for an older person, the view of 'not at your age'.
- A lack of appropriate role models – older people may not see other people of their age engaging in physical activity.
- Lack of appropriate physical activity options for older people.

Structural

- Lack of appropriate environment – for example, concerns about the safety of the neighbourhood, uneven paths and hills may limit older people undertaking a walking program.
- Lack of transport or other access difficulties – for example, steps at entry.
- Cost constraints.
- Lack of appropriate opportunities in the community.
- Lack of fitness instructors qualified to take exercise classes for older people.

The Hilary Commission (1998) in New Zealand reported that 56 per cent of people surveyed reported they would like to be more active than their current level, but that there were significant barriers to achieving this.

For each older person, it is important to attempt to identify the specific barriers to increased physical activity. This can then serve as the basis, in conjunction with an understanding of the interests of the person, for the development of a program most likely to achieve a long term improvement in physical activity.

No matter what your age, you can participate in physical activity.

Overcoming barriers

Although some aspects of the environment are difficult to change, it is important to review aspects that are amenable to change. For example:

- For individuals with medical problems or concerns it is important to tailor physical activity programs to their needs. This would ensure the program is safe, effective in benefiting the older person, and also decreases their fears. Health professional (GP, physiotherapist, occupational therapist) referral may be warranted for these individuals (see Help sheet 14 in this Resource Kit).
- Include the GP if the person has concerns about physical activity or has some medical problems (see Help sheet 14 in this Resource Kit). This would give the person reassurance and also guide what type of physical activity may be appropriate for them.
- For those fearful of falling, educate them that being stronger and having better balance can prevent falls. Organising a review by a health professional may overcome this barrier.
- If the person is using a walking aid, it should not stop them being physically active. They should continue to use the aid during their physical activity.
- Include supportive family members or friends in discussions and education sessions to encourage support from these people. Hand out written material as well so others can see the message you are conveying even if they were not present.
- Take into account the person's interests and emphasise the 'fun' and social aspects of physical activity. If organising a group-based physical activity program, include a social component and promote interaction.

- If you are working with older people from a culturally and linguistically diverse (CALD) background and their carers, be sure to conduct culturally appropriate physical activity programs and ensure that promotion of these programs is done through culturally specific avenues (for example, using multicultural radio stations or newspapers).
- If you are working with older people from CALD backgrounds and their carers, be aware of cultural beliefs and attitudes towards physical activity, such as single sex group programs.
- For culturally specific physical activity programs, use multicultural staff and role models to assist with the program.
- Promote realistic role models, for example, guest speakers at a group, or provide examples of other older people you have encountered who have become more physically active and benefited from the experience.
- Educate about the benefits of physical activity, for example, performing regular physical activity will increase the amount of energy felt rather than use it all up.
- If the local environment is a concern, consider suggesting involvement in groups such as a walking group or consider more home-based physical activity programs.
- If transport is a concern, consider programs with a car-pooling system, activities that are close to public transport or a home-based physical activity program.
- If the home environment is a concern (for example, cannot leave house due to unsafe stairs), consider an occupational therapy referral. Other services, such as home-based rehabilitation, may also be useful.

Remember, older people who have not been physically active for a long time may not be ready to undertake changes to their physical activity levels when it is first suggested to them. Guidelines on self-management of chronic conditions for nurses and allied health professionals have been developed by the Royal Australian College of General Practitioners and contain very practical information on theories of health behaviour change, including the Stages of Change model (Commonwealth Department of Health and Ageing, 2002). These guidelines are a very useful reference for practitioners discussing physical activity with individuals. It is important to respect their wishes if they do not wish to change their physical activity levels and, if they say 'no', consider that you are 'planting the seeds' for a possible change at a later stage.

Barriers to being active quiz

This quiz can be used to identify the types of physical activity barriers that are undermining a person's ability to participate in regular physical activity. It is a simple 21 question quiz that easily calculates a score in seven barrier categories: lack of time, social influence, lack of energy, lack of willpower, fear of injury, lack of skill and lack of resources. A copy of the quiz and suggestions for overcoming the barriers can be obtained from <http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm>

References

Better health channel website: <http://www.betterhealth.vic.gov.au/>

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