

Research Article

The Perceptions of Older Persons on Exercise

Ms Eliza Grech Debattista

Department of Physiotherapy, St Vincent de Paul, Malta

Dr Karl Spiteri

St Vincent de Paul Residence, St Vincent de Paul, Malta

Dr John Xerri de Caro

Department of Physiotherapy, Faculty of Health Sciences, University of Malta

Mr Emanuel Schembri

Department of Physiotherapy, Mater Dei Hospital, Malta

Dr Maria Aurora Fenech

Department of Gerontology and Dementia Studies, University of Malta

Abstract

Older people are encouraged to remain physically active and engage in exercise to remain independent. An understanding of exercise for older people is needed when promoting exercise in this age group. The study aimed to explore older persons' perceptions of exercise in a Maltese community. It included exploring the incentives to commence/or continue to exercise, and barriers to exercising. An Interpretative Phenomenological Analysis (IPA) was used for data analysis to obtain an in-depth perspective from the participants about exercise. Participants were recruited from an activity day centre and were all residents from one village. Data was collected between July and August 2020 through semi-structured interviews, which were audio-recorded and transcribed. These were used to obtain an in-depth perspective about their exercise perceptions. Purposeful quota sampling was employed, with a sample size of nine participants determined based on data saturation.

Correspondence to Karl Spiteri

karl.b.spiteri@gov.mt

Received: 9.5.2024

Revised: 7.10.2024

Accepted: 12.10.2024

Published: 30.6.2025

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Data coding followed transcript review, leading to the identification and discussion of emergent themes. The study included nine participants between the ages of 64 and 88; six females and three males. Five main themes emerged i) Perceptions of One's Own Ability, ii) Knowledge on Exercise, Exercising Preference, iii) Adjusting to New Circumstances, iv) Accessibility and v) Opportunities to Exercising. This study showed that older persons had different views and opinions about exercise. Reasons why they wanted to initiate exercising and what kept them doing so varied based on their perceptions. These preferences need to be considered when promoting exercise with older persons.

Keywords: Physical activity, Exercise, Older people, Aged

1. Introduction

As people get older, there is a decrease in physical activity and an increase in sedentary behaviour (Harvey, Chastin & Skelton, 2013). Concurrently as people age, there is an increased need to carry out different types of physical activity, and not limit oneself to aerobic type of activities, as evidenced by the World Health Organisation (WHO) guidelines (Bull *et al.*, 2020). Due to the onset of sarcopenia and a decrease in balance reactions with ageing, it is recommended that older persons engage in strength and balance exercises three times per week (Physical Activity

Guidelines Advisory Committee, 2018). In Malta, only 25% of older adults (60 years +) match the WHO aerobic guidelines (WHO, 2018). There are various barriers and motivators to initiating or maintaining physical activity which were identified in this age group (Spiteri et al., 2019).

The prevalence of chronic disease in those aged over 65 years of age was found to be over 80% in the United States (Garin et al., 2016). Living well with chronic diseases was defined as achieving the best health status possible that besets social, cognitive and physical well-being (Wallace et al., 2012). Engaging in health-promoting behaviours such as regular exercise contributes to achieving this state (Talley et al., 2019). Benefits of exercise in older persons include improved cognitive functioning, enhanced mood and improvements in mental health, preventing falls and improved balance, delayed disability, and possibly even reversing the effects of metabolic diseases (Parra et al., 2019).

An important aspect of promoting exercise among older persons is understanding their perceptions and tailoring health promotion interventions to increase the uptake of exercise. The study aimed to explore the perceptions of exercise amongst older persons living in a Maltese community. The objectives were to: (a) investigate what older persons perceived exercise to be, (b) explore motivational factors that encourage older persons to exercise, and (c) analyse barriers that deter older persons from exercising.

2. Method

Interpretative Phenomenological Analysis (IPA) was used to obtain an in-depth perspective about exercise. Eligibility criteria for participating in the project included older persons living in the community, attending a day centre and mobilising independently. Ethics approval for the study was obtained from the University of Malta Faculty Research Ethics Committee (5594_01062020). Participants were contacted via an intermediary, who explained the nature of the study and distributed information letters in the language of the participant's choice (Maltese or English). Older persons interested in partaking in the project contacted the primary researcher (EG) themselves through the contact details provided in the information letter. The study was explained in further depth to the prospective participants by the primary researcher; older person participants then signed the consent form. Dates and times convenient

for the participants were agreed upon with the primary researcher. Interviews were carried out within a private area of the Day Centre attended by the participants. The interview consisted of open-ended questions (Appendix 1), which were audio-recorded and then transcribed by EG. The interview allowed the researcher to build a rapport with the individuals and was used to develop trust with the participants (Smith, Flowers & Larkin, 2021). This helped participants feel comfortable, thus becoming more open, and willing to share their personal experiences about their engagement in exercises. The researcher explored barriers and motivators participants experienced when trying to engage with exercises. A reflective diary was kept, and any comments were noted by the researcher.

Purposeful quota sampling was used with the sample size set at nine participants, with a mix of genders (Frechette et al., 2020; Smith, Flowers & Larkin, 2021). If data saturation was not reached further recruitment of participants was considered. Data saturation was considered if no further new themes were identified from the last interview (Braun & Clarke, 2021). Data was collected between July and August 2020.

Familiarisation with the layout of the scheduled interview was ensured by conducting a pilot study with two older person participants (Mcgrath, Palmgren and Liljedahl, 2018). The pilot studies were included and integrated with the other main-study participants as they were deemed of good quality by the research team.

3. Data analysis

Interviews were transcribed verbatim by the primary researcher. To allow for immersion into the data (Frechette et al., 2020; Smith, Flowers & Larkin, 2021), the research team went through the transcripts to ensure consistency. Transcripts were re-read with the audio, and salient experiences recorded in the notes taken during the interviews were also included. Data coding was carried out after re-reading the transcripts. In analysing the codes, emergent themes were developed and then discussed. Themes represented the participants' primary and original thoughts, as well as the researcher's comprehension of such thoughts and perceptions (Frechette et al., 2020; Smith, Flowers & Larkin, 2021). A participant's profile was also developed based on the interview to provide a thick description and the idiographic aspect of the IPA. NVIVO 13® software assisted in the analysis.

4. Findings

A total of 15 participants were approached, and nine older persons (six older persons identified as female, three older persons identified as male), accepted to participate

in the study. Ages ranged from 66 to 88 years. Six of the participants lived with their spouses, three lived alone, and eight of the older participants had children. The older persons attended the village Day Centre twice weekly. Demographic information is presented in Table 1.

Table 1: Demographic information on participants

Pseudonyms given to participants	Sex	Age	Marital status	Previous Employment	Mobility Status	Living situation
Helena	F	66	Living with spouse	Food factory line worker	Independent	Lives with husband
Joyce	F	88	Widowed, living alone	Housekeeper	Independent with a walking stick	Lives alone
Julia	F	68	Living with spouse	Housekeeper	Independent	Lives with husband and daughter
Rose	F	76	Living with spouse	Housekeeper	Independent	Lives with husband
Chris	M	79	Living with spouse	Ex-Army	Independent	Lives with wife
Gorg	M	84	Living with spouse	Shipwright	Independent with a walking stick	Lives with wife
Bertu	M	75	Widowed, living alone	Manual labourer	Independent	Lives alone
Miriam	F	88	Widowed, living alone	Housekeeper	Independent with a walking stick	Lives alone
Lydia	F	71	Living with spouse	Housekeeper	Independent	Lives with husband

The results present an idiographic representation of how two participants perceived exercise and the thematic aspect. Two participants' stories were chosen for their contrasting exercise experiences throughout life, and their story is presented in Table 2. One participant was never able to exercise, and her perception of exercise is bound to her daily walk-in during errands. The other participant used to exercise all his life since he was in his teenage years. This convinced him that exercise was an essential part of his life, and he tried to engage in it regularly.

Table 2. Exercise experience from two participants.

Joyce, 88 years old and lives alone since her husband passed away. She has groceries delivered from the grocer beneath her house. Meals delivered are delivered through the 'Meals-on-Wheels Service'. She never had an opportunity to practice sports. She did, however, enjoy taking part in social activities. Joyce walks frequently in summer accompanied by her friend; both Joyce and the friend used a walking aid. At times, Joyce requires manual help to go up/down a pavement. Her outdoor recreation activities depended on whether others could accompany her or not. She was afraid to go out alone, especially at night. Joyce expressed her preference to exercise with people she felt comfortable with, as different opinions bothered her. She preferred one-to-one exercise and in her opinion going up and down her stairs at home was enough exercise. With respect to TV exercise programmes, she indicated that she preferred some of the exercises, as the rest were deemed to be too energetic for her taste. At the Day Centre, Joyce sporadically participated in the exercise classes that were organised. She claimed exercises were beneficial for pain relief and re-energising oneself.

Bertu, 75 years old and a returning migrant. He preferred living in Malta due to having more social engagement and a better social life. He worked until the age of 65 years in a leisure/sports centre. At the age of 15 years, he started training in a gym and, since then continued to maintain an active lifestyle. Bertu was currently awaiting doctor's instructions and certification to exercise in a gym, since he had recently been operated upon. He was on medications for hypertension and renal problems. He mentioned the experiences he had in weight training by mentioning how muscle gain was achieved, when to best take protein, muscle tears and the negative effects of steroids. He enjoyed being guided by professionals and felt comfortable knowing the exercises beforehand. He followed social media daily and subscribed to exercise and gym channels. Older persons older than himself inspired him to be active at the gym. He was an avid swimmer and went to the beach daily. He led some exercise classes at the Day Centre and planned them ahead with adequate music and constant instructions and encouragement. He walked daily, 30 minutes in the morning and 30 minutes in the evening. He preferred summer to winter because he could enjoy walking and swimming, although in winter, he tended to walk for longer distances.

The second part of the results presents the five identified themes: (1) Self-efficacy and perceptions of one's own ability, (2) Personal biography, Health literacy, Knowledge and information sources, (3) Exercising within a group versus Individualised settings, (4) Adjusting to new circumstances, and (5) Accessibility and opportunities to carry through and/or initiate exercise. Table 3 below represents the main themes and their subthemes.

Table 3. Study themes.

Theme	Subtheme	Interview abstracts
Perceptions of One's Own Ability	Comparison of present self to past self-experiences, shaping current choices	I tell myself is it because I'm lazy or it's in my brain? I think I decreased because I chose to decrease... I've been decreased bit by bit
	Setting limits-age discrimination from others and from one-self	you go whom to ever you go to, most of them that's what they tell you. "Walk!" Maybe if the doctor tells you to do them, do ten, maybe I do some and stop
	Environmental, health and psychological issues	even my legs, they keep me back from doing more because I suffer from leg pain I start fearing that my leg will start hurting me and I won't have strength in it
Knowledge on Exercise	Accumulated past opportunities and experiences that influenced knowledge on exercise	If you've ever lifted weights, it's in your blood, in your system. Speaking for myself, it's in my blood. I was fifteen years old when I had used to go...when you start these things, it's in your blood, in your system. But I kept going! Even in Australia I trained...
	Distinguishing between leisured and structured exercise with age-appropriate exercises	... I try to walk. For example, today, I mean, before I came here, this morning I woke up at quarter to six. I went to XXXX and back.
Exercising Preference	Specific goals and aims	Loose weight so that I become lighter. So that I go back to what I was before... skinny! Active! I find some exercises where I maybe can get more movements where my joints "melt" (melt; to become more flexible)
	Social engagement; an incentive or a barrier	...I enjoy it more if it's one-on-one... because someone says one thing and someone says something else! And I don't like it!
	Choice of exercise dependent on personal preferences	When they tell us to do something, I tell them, "yes!". I would be eagerly waiting for it!...I think, for myself apart from that, when there is someone who is sort of forces you, sort of...gets you into it, pushes you. All right, once that occurs then yes. You are more encouraged. On our own it's like... I know what I have to do, but I leave it up to the instructor I want something, exercise, really good for legs, so they become light and I can be... flexible... so I can walk properly. Because I suffer to walk.

Table 3. Study themes.

Theme	Subtheme	Interview abstracts
Adjusting to New Circumstances	Different mediums to present and offer exercise opportunities – social media, group classes and therapeutic interventions	sometimes I see on the television with older persons. There's much older than myself and they're supple! I tell myself, "oh bless them/poor them look at them", but I tell myself that they stayed active
	Acquisitions of new skills and habits	On the internet I see those aged ninety going to the gym! *very excitedly said* Ninety years old they go to the gym you need to have willpower
Accessibility and Opportunities to Exercising	Transport and facility access including convenience and environment.	because, when you go, you start an activity at the gymnasium and so on, it's like it stays in your blood!
	Autonomy and choice on where and how to exercise	on the sand you can always go down slowly slowly. And on the rocks I don't know how to jump in either! So...the smoother it is. It's better. Pavement...here we have a pavement along the shore. Because I start from near the boules club, I don't know if you know where it is? I go till restaurant and back uu!
		In winter, we don't go to the sea, so I said maybe I join a swimming pool, if it's not expensive, they give me something (reduced price)
		Because I live across the road from the sea

5. Discussion

This study aimed to understand older people's perceptions of exercise in a seaside community. This was achieved by using an IPA methodology which integrated the narrative aspect of the individual participants' and their collective understanding. Findings from this study add to the body of literature on the topic, adding a local context to the findings. Study findings are similar to Franco *et al.* (2015) and Collado-Mateo *et al.* (2021), which support the need for awareness of the benefits of exercise for people to engage with it. It adds that what people perceive as exercise is related to their past experiences of exercise, like Rodrigues *et al.* (2019).

The perception of exercise was based on the person's personal preference. Walking was the exercise of choice of the participants because it was free, deemed safe, and practical. Older persons who grew up with a structured daily routine, leaving little time for participating in exercise might explain why most participants perceived walking as the main type of exercise (Witcher, 2017).

The locality under study offered options where one could walk near the sea. The outdoor environment offered various walking opportunities due to its promenade. Participants identified the vicinity and accessibility to the sea as important for them to engage in swimming as an exercise. However, this was limited to specific seasons. All participants in this study construed exercise as primarily walking because it did not cause them pain or discomfort and was not considered to be high effort. Walking within the daily errand routine was the participants' idea of exercising. They used walking as a measure of their health status. Participants timed themselves or used landmarks as targets. Similar to other studies, they used the duration of their trips to experience how fit and healthy they were (Pae & Akar, 2020). Participants set personal limitations on how much they exercise. Setting limits was affected by: (a) one's own self-discrimination, (b) discrimination coming from others, (c) pre-conceived ideas about exercise, (d) the consideration of those exercises deemed appropriate for older persons, and (e) self-knowledge.

Participants mentioned technology as a way to engage with exercise mediums such as television (TV) and social media (Facebook, YouTube) in a positive manner. The use of technology by older people to exercise was on a steady increase, partially owing to the COVID-19 restrictions, which advised older persons to remain at home and exercise indoors (WHO, 2020). All participants in this study mentioned exercises being delivered daily via television programmes, specifically aimed towards their age group. Other participants mentioned social media such as Facebook and YouTube to gain access to exercises. Through this medium, the participants were able to choose which exercises they felt most appealed to them. Geraedts *et al.* (2017) mentioned the increasing feasibility of using internet-delivered exercises, addressed specifically towards older persons. In Malta, computer literacy in older persons was an issue. Formosa, (2013) found, via a qualitative study using semi-structured interviews on sixty-six older Maltese persons, that many older persons felt too old to learn to use technology. They felt anxious if they had to use a computer and, if the past, had not made use of such technologies.

The current study identified barriers and motivators towards exercise engagement based on participants' subjective perceptions of exercise. All the participants mentioned that they engage in exercise to avoid or prolong the process of becoming physically dependent. Another motivator was the social engagement aspect of meeting peers and people from their same age group, exercising. Being with persons of the same age was indicated as the preferred choice by older persons, as it was deemed less competitive, provided support and encouragement (Farrance *et al.*, 2016; Talley *et al.*, 2019). Exercising was linked to an improved quality of life and health, thus delaying the likelihood of being dependent on others (Svantesson *et al.*, 2015). This was similar to what the participants in this study regarded as encouraging them to exercise. Knowledge influenced exercising behaviour since being aware of the benefits of exercise positively altered the participants' perception of exercise. Health education about exercise can act as a motivator towards exercise (Gothe & Kendall, 2016).

Another motivator that influenced the participants was the environment. This included: (a) the proximity to the place where exercise was to take place, (b) accessible and safe locations, and (c) a choice of different mediums for exercise possibilities. Like Tong *et al.* (2020), older women preferred local exercise activities, since most did not drive and relied on others or public transport

to get around. Having accessible locations aided in exercise uptake and social interaction, and lower socio-economical groups were the most frequent users (Anthun *et al.*, 2019).

A barrier to exercising identified by the study participants was fear of falling. This threatened the older person's autonomy (Denkinger *et al.*, 2015). Pae and Akar, (2020) explained the phenomenon of limiting what exercises an older person carried out as a reflection of how the individual perceived their health status. When older persons felt confident in their abilities, they exercised with increased positivity.

For interventions to be effective in promoting exercise with older people, perceptions of exercise must be considered. This can allow them to build onto their current knowledge. Room *et al.*, (2017) identified that interventions based on feedback and monitoring effectively promoted exercise in older people. The need for support and monitoring was identified among study participants. In their perception of exercise participants considered their perceived abilities, preferences, and their knowledge. They were able to adjust to new circumstance in using technology to engage with exercises. Accessibility influenced the type of exercises they engaged in within their locality. Being a seaside locality with a promenade and easy access to the sea might have influenced their perception of exercise.

6. Strengths and limitations

Using IPA, the study captured lived experiences of exercise, with a depth and richness that allowed the lived experiences of older persons to be brought to light (Smith, Flowers & Larkin, 2021). Semi-structured interviews allowed participants to elaborate further and express their perspectives on exercise (Patton and Patton, 2015; Smith, Flowers & Larkin, 2021). In using an intermediary to recruit participants, it was guaranteed that the researcher did not have any previous contact with the participants, thus reducing the possibility of bias (Yin, 2016). The participants were interviewed in a location and time of their choosing to help them feel at ease, allowing for a more comfortable and open interview process. A reflective diary was kept throughout the whole study (Frechette *et al.*, 2020; Smith, Flowers & Larkin, 2021). This gave more rigour to the study and allowed the reflection on knowledge and previous views on exercise (Horrigan-Kelly, Millar & Dowling, 2016).

A limitation of this study was that participants were all attendees at the day centre and had the opportunity to partake in exercises offered by the centre. The study was focused on one locality and, therefore, cannot be used to generalise other older people. Most of the participants were female. There might have been gender differences in how the participants perceived exercise, but due to the small sample size, it was impossible to analyse this further.

7. Conclusion

This study interviewed older people from different aspects of life who lived in the community. It highlights the heterogeneity of older persons and the challenge of addressing their beliefs. Participants had different beliefs about what exercise meant to them. These need to be considered when developing health promotion programs for older people. Using terms such as exercise, strength exercises, or physical activity might mean different things to older people.

8. Funding

This research has received no specific grant from any funding agency in the public, commercial or non-profit sectors.

9. Conflicts of interest

The authors declare that they have no conflict of interest.

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Appendix 1

Semi-Structured Interview Schedule

1. Demographic data:

- Locality, Status, Age, Previous/current occupation, Gender
- 2. I am interested in your perceptions about exercise. What do you understand about "Exercise"?

Prompts

- Do you think there are different forms of exercise?
- Do you think you do enough exercise during the week?
- Do you think there is a limit to the amount of exercise one should do?
- Do you carry out any form of exercise?

If Yes:

Prompts

- What sort? Would you consider housework or going for errands as exercise? Why do you exercise?

Prompts

- Environment?
- Health benefits? Want to remain independent? Not wanting to become a burden on family?
- Part of routine?
- Wife/husband/family push you to exercise?
- Social/Making friends?
- Previous experience of exercise?

If No:

Prompts

- Why did you stop? What kind of exercises did you use to do? What hinders you from restarting?

Prompts

- Why not? Do you feel what you do during the day is enough?
- 3. Are there things which stop you from exercising as much as you wish you would?

Prompts

- Time, Money, Family, Environment, Feeling shy
- 4. If you had an opportunity to exercise, how would you do it?

Prompt

- Do you prefer group exercising or individual?
- Do you feel pressured?

- Don't like having people of different ages?
- Want to make friends in a group?
- Feeling shy?
- Feel the need for individual attention?
- 5. Do you think you are informed enough about exercise?

Prompts

- What is your current knowledge and education about both? From where did you get this knowledge? Do you want more information? In what format?
- 6. Do you know who to ask for advice or help on exercise?

Prompts

- Doctor? Physiotherapist? Neighbours? Internet?
- 7. Do you feel technology helps you keep physically active and exercising?

Prompts

Yes or No? If yes, what type of technology? If no, why not?

- 8. Would you consider being monitored and keeping track of your exercise and physical activities, via a computer or smartphone programme?
- 9. Has your exercising changed since COVID19?

Prompts

- Yes/no? In what way? Have you decreased/increased exercise time? Have you changed the way you exercise?

Thank you.