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Perspectives of brisk walking among middle-aged and older persons in community: A qualitative study

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Summary

Aims: Brisk walking may be a measure for reducing impacts of chronic diseases in middle-aged and older people. Understanding the perceptions of regular brisk walkers would be valuable for healthcare providers endeavoring to cultivate and promote regular brisk walking in middle-aged and older people. Therefore, the aim of this study was to explore and understand perceptions of regular brisk walking by middle-aged and older persons.

Methods: A qualitative method was employed in this study. Both purposive and snowball sampling techniques were applied to recruit middle-aged and older persons who have experience doing regular brisk walking in the community. Six focus groups were conducted with a total of 48 people aged 48–81 years in April and May 2011. An interview guide with five open-ended questions was used in the focus groups. Data were analyzed using a content analysis.

Results: Five themes were identified from the data: (a) health promotion and maintenance; (b) relationship building and social interactions; (c) leaders' enthusiasm and peer pressure; (d) the nature of brisk walking; and (e) becoming part of one's daily life.

Conclusions: Middle-aged and older persons thought that regular brisk walking could promote and maintain their health and was a good way to have social contact with others. Enthusiastic community leaders and pressure from peers encouraged them to continue exercising, and

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eventually, it became part of their lives. The results provide information to healthcare professionals, community leaders, and policy-makers for developing appropriate brisk walking programs in the future for middle-aged and older persons in the community.

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1. Introduction and background

According to the World Health Organization (WHO), percentages of the population aged > 60 years were 8% worldwide in 1950, 11% in 2000, and will increase to 22% by 2050 (WHO, 2015). Specifically, the older population aged > 65 years in Taiwan accounted for 12.19% of the national population in April 2015. This percentage was lower than that in Canada, the United States, Japan, and many European countries, but higher than in other Asian countries (Ministry of the Interior, Taiwan, 2015). In light of the prolonged life expectancy of people, good living habits must be fostered from a younger age to reduce the incidence of chronic diseases and decelerate the aging process, thereby enabling people to live healthily and enjoy a high quality of life during old age. Much empirical data revealed that physical activities can produce the aforementioned favorable effects (Lee & Buchner, 2008; Liu, Speed, & Beaver, 2015). Therefore, healthcare providers typically strive to encourage middle-aged and older people to exercise regularly so that they can maintain and enhance their health.

Brisk walking is a moderately intense physical activity. Technically, brisk walking refers to a walk that is fast enough to increase the heart rate (Tully, Cupples, Chan, Mcglade, & Young, 2005). Brisk walking is convenient, easy to learn, and not subject to time or place limitations. People can walk briskly at no additional cost and using no equipment; therefore, this type of exercise has become one of the most popular sports worldwide. In addition, brisk walking is adaptable to people's body state and pace. For middle-aged and older people, brisk walking is a relatively safe activity. Many studies have confirmed the advantages of brisk walking; it is beneficial for controlling weight, reducing body fat, suppressing high blood pressure, lowering risks of cardiovascular diseases (Boone-Heinonen, Evenson, Taber, & Gordon-Larsen, 2009; Murphy, Nevill, Murtagh, & Holder, 2007), mitigating the risk of depression, and improving the quality of sleep and life (Kraemer & Marquez, 2009). Brisk walking can improve muscle strength, flexibility for knee extension, and gait kinematics (walking speed, step length, and standing time) and prevent falling among middle-aged and older people (Okubo et al., 2015; Sherrington, Tiedemann, Fairhall, Close, & Lord, 2011). Furthermore, brisk walking can contribute to protecting cognitive function (Barnes, Whitmer, & Yaffe, 2007; Prohaska et al., 2009), which renders it an exercise worth introducing to middle-aged and older people.

Despite these clear advantages, fostering a habit of regular brisk walking is challenging for some individuals. The Taiwan National Health Interview Survey in 2009 revealed that among people who had exercised in the past 2 weeks, only 57.6% were aged 40–64 years, and 53% were aged > 65 years (National Health Research Institutes, Taiwan, 2009). According to the Behavior Risk Factor Surveillance System

of the United States in 2013, only 50.5% of adults engage in 150 min or more of aerobic physical activity on a weekly basis (Centers for Disease Control and Prevention, 2015), indicating that the percentage of middle-aged and elderly people who exercise is low. However, many physiological functions and overall body fitness gradually degrade in middle age, exposing middle-aged and older populations as a group to high risks of chronic diseases. Therefore, enabling people in this age group to live healthier lives is a current, critical health concern.

One Chinese saying states that stones from other hills can polish the jade of another stone; in other words, the experiences and knowledge of others can serve as a reference. Lee, Avis, and Arthur (2007) also indicated that the experience of peer learning and sharing is a critical motivating factor influencing individuals to become regular brisk walkers. Therefore, understanding how regular brisk walkers establish and maintain their habits is particularly valuable for healthcare providers endeavoring to cultivate and promote regular brisk walking in middle-aged and older people. Despite the suggestion proposed by Riddoch, Puig-Ribera, and Cooper (1998) of employing a qualitative approach to determine how people perceive participation in physical activities, few studies have adopted this approach. This study conducted focus-group interviews with middle-aged and older people who had established a brisk walking habit. The aim of this study was to understand the perceptions of middle-aged and older people who practice brisk walking and why these people were able to continue brisk walking and had chosen it as a regular exercise.

2. Methods

2.1. Design

A qualitative research design with focus group interviews was conducted to collect data. Data were collected in April to June 2011.

2.2. Participants

Community brisk-walking programs were implemented in all districts of Taipei City by the Department of Health of the Taipei City Government 4 years before data collection. Community leaders were responsible for forming and leading brisk-walking groups and also for training group members. Community parks and public school campuses were the main walking sites. In this study, middle-aged (40–64 years) and older people (≥ 65 years) served as the research targets. Purposive sampling was used to recruit participants from these exercise groups, and then snowball sampling was used to increase the number of interviewees. The inclusion criteria were participants who (1) were aged ≥ 40 years, (2) regularly

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