



The relationship between aging expectations and various modes of physical activity among aging adults[☆]

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ABSTRACT

Objective: Previous research has indicated that older adults who expect decline and disease with age are less likely to engage in aerobic exercise. This study explores the influence that different types of aging expectations have on various modes of physical activity (PA) among aging adults.

Design & methods: Community-dwelling adults aged 41–97 years ($M = 70.8$, $SD = 12.8$, $n = 247$) completed a questionnaire including the Physical Activity Scale for the Elderly, the Expectations Regarding Aging (ERA) Survey, and a number of demographic, socio-economic, and medical covariates. **Results:** Bivariate analyses revealed significant relationships between overall ERA scores and multiple modes of PA, but not at multivariate levels. Bivariate analyses of the ERA sub-scales revealed significant associations among PA and the physical health ERA sub-scale but not mental health or cognitive function ERA sub-scales. In the multivariate analyses, higher physical health ERA was correlated with strenuous sport and recreational physical activities after adjusting for all covariates among aging adults without restrictions of daily activity ($OR = 1.01$, $CI = 1.00–1.02$, $n = 194$).

Conclusions: The association between aging expectations and PA appears to be dependent on the type of aging expectation (i.e., physical health), the mode or intensity of PA, and the functional abilities of the aging adult.

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Individuals born within the years of the baby boom (1946–1964) are now middle-aged and older adults. As these individuals continue to advance into later life, there will be increases in rates of morbidity, disability, and dependency as well as unprecedented demands on health care services (Parker & Thorslund, 2007; Werblow, Felder, & Zweifel, 2007). In light of these bleak forecasts, there has been a surge of research interest on understanding what it means to age healthily. Emerging from this body of research is the concept of ‘successful aging’, which discerns the risk factors of ill health as well as the promoting factors of optimal health among aging individuals. Finding effective ways to facilitate health, and negate decline, is crucial to encourage successful aging among middle aged and older adults—one way to do so is through participating in physical activity.

There is an increasing amount of literature positioning physical activity as an effective practice to attain and/or maintain successful aging. For instance, moderate and high levels of physical activity are associated with a number of successful aging outcomes, such as living to an advanced age (Wen et al., 2011), having little to no disability prior to death (Menec, 2003), as well as having a low probability of disease/disease-related disability, high cognitive/physical functioning, and being actively engaged with life (Baker, Meisner, Logan, Kungl, & Weir, 2009). Furthermore, Vaillant and Mukamal (2001) investigated the role that regular exercise had on successful aging, which was defined by longevity with high levels of physical, mental, and social well-being. Participants who expended 500 kcal per week or more through exercise were over three times more likely to be classified as aging successfully than those who expended less than 500 kcal per week.

Evidence has shown that the influence that physical activity (or inactivity) has on overall successful aging is through independent associations with many of the measures popularly used to define ‘success’. For example, physical inactivity was found to be positively associated with increased likelihood of reporting disease and disability, low functional capacities, and being socially disengaged

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with life (Meisner, Dogra, Logan, Baker, & Weir, 2010)—three commonly used criteria used to determine unsuccessful aging (Depp & Jeste, 2006; Rowe & Kahn, 1987, 1998). Even though physical activity has a greater influence on some successful aging criteria (e.g., functional capacity) than others (e.g., active life engagement), the multidimensional benefits of physical activity for promoting well-being are undeniable, particularly among aging adults (King & King, 2010; Meisner et al., 2010). Additionally, the significant associations between physical activity and these diverse definitions and criteria of successful aging provide further support for the multifaceted and important influence that physical activity has on aging successfully.

Despite the evidence, the majority of middle-aged and older adults do not engage in physically active lifestyles (e.g., Craig, Russell, Cameron, & Bauman, 2004) and adherence to physical activity programs among these age groups is often low (e.g., Thurston & Green, 2004). In an effort to enhance these poor participation rates, a considerable amount of research has investigated the barriers to participating in physical activity experienced by aging adults and many notable factors have been identified (please refer to Lim & Taylor, 2005; Trost, Owen, Bauman, Sallis, & Brown, 2002). One of these important barriers includes beliefs about the aging process itself.

It has been found that beliefs toward aging can act as an important associate of physical activity. For instance, both real and perceived risks that relate to one's advanced chronological age have been found to result in decreased levels of physical activity among aging adults (O'Brien Cousins, 2000, 2003) and, as a result, negative aging beliefs may render an aging person to accept that they are 'too old' to engage in physical activity. This acceptance may lead to the rejection of physical activity, its benefits, and/or the usefulness of changing physical activity practices (Horton, 2010). The extent to which beliefs toward aging influence physical activity is likely due to both the number and strength of negative age stereotypes that relate to physical and functional performance, specifically. In fact, Levy (1996) discovered that some of the most widely-supported age stereotypes held uniquely by aging adults relate to physical health, functioning, and performance (e.g., decline, decrepit, and diseased). These age stereotypes provide 'knowledge' to aging adults on how to behave and function in 'age-appropriate ways' within the physical domain (Levy & Leifheit-Limson, 2009; Meisner, 2012).

Research shows that aging adults who believe that functional decline is inevitable with advanced age often disengage from activities that support functioning-related outcomes, such as physical activity (O'Brien Cousins, 2000). For example, a longitudinal study by Levy and Myers (2004) found in the United States that middle-aged and older adult's beliefs toward aging predicted preventive health behaviors, such as participating in exercise, over a 20-year period. Specifically, after adjusting for covariates, positive age self-perceptions reported in 1975 significantly predicted healthier behavioral practices in 1995. Similarly, Kim (2009) found a moderate positive association between aging expectations (i.e., expecting to maintain health with aging) and six combined health-promoting behaviors among older Korean adults. One of these six health behaviors was physical activity.

To date, only one study has investigated the relationship between aging expectations and physical activity practices in particular. In the greater Los Angeles region, Sarkisian and her colleagues (Sarkisian, Prohaska, Wong, Hirsch, & Mangione, 2005) discovered a significant positive association between aging expectations and aerobic physical activities such as walking for exercise, swimming, bicycling (both stationary and road), and 'other' aerobic exercises. Results indicated that participants with the lowest aging expectations (i.e., expecting declines in health and functioning with age) were: (a) 1.6

times less likely to engage in 60 min of moderate-to-vigorous physical activity in the previous week; (b) 2.6 times more likely to report performing less than 30 min of moderate-to-vigorous physical activity in the previous week; and (c) 2.9 times more likely to report no physical activity in the previous week, compared to those with the highest aging expectations (i.e., expecting to maintain health and function with age). These findings were independent of a number of covariates and confounding variables such as age, sex, ethnicity, comorbidity, and functional impairment.

When considered together, the above research indicates that the endorsement of negative aging beliefs (i.e., 'low' aging expectations of decline) may predict low physical activity patterns among the aging population. In fact, it has been hypothesized that the contribution that ageist beliefs have on health, physical activity, and successful aging extends to the entire aging population (Levy, 2003; Meisner, 2012; Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003). However, despite this potential wide-scale impact, the association between aging beliefs and physical activity among aging adults is relatively unexplored. Also, there is a lack of quantitative research that discerns the influence that aging beliefs have on physical activity in an aging context at group-levels. As such, the objective of this study was to explore the association between aging expectations and physical activity to deepen and expand the current body of literature. One way this objective was achieved in this study was by assessing multiple, diverse modes of physical activity that are commonly practiced by aging adults (vs. specific, traditional aerobic exercises; Sarkisian, Prohaska, et al., 2005) to investigate the ubiquity of the association between aging expectations and physical activity. Despite the exploratory nature of this study, based on previous literature (i.e., Sarkisian, Prohaska, et al., 2005), it was hypothesized that higher aging expectations would be associated with increased involvement in physical activity.

Method

Participant recruitment

These analyses are part of a larger research project examining the relationships between beliefs toward aging and involvement in a range of health behaviors (e.g., Meisner & Baker, 2013). Recruitment took place in the Greater Toronto Area in retirement housing complexes, senior centers, and a broad range of recreational activity groups (e.g., mall walking, bridge clubs, etc.) from June to December of 2009. At these locations, adults were approached and asked whether they were interested in participating in a paper-based research survey. To be eligible, participants had to be able to read English and be at least 40 years of age. This age range is represented in previous research (e.g., Levy & Myers, 2004) and it was used to provide a more inclusive perspective of the influence that aging expectations have on health-related behavior among aging adults. Upon informed consent, participants were given a self-reported questionnaire that was later mailed-in.

Measures

Physical activity

The Physical Activity Scale for the Elderly (PASE; Washburn, McAuley, Katula, Mihalko, & Boileau, 1999; Washburn, Smith, Jette, & Janney, 1993) was used to measure physical activity practices. This scale has previously demonstrated acceptable validity and reliability in community-dwelling aging adult samples (Bonney et al., 2001; Harada, Chiu, King, & Stewart, 2001; Washburn et al., 1993). This scale was used to measure 12 leisure time, household, and work-related modes of physical activity that are commonly practiced among aging adults, based on the previous

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