



## Review article

# The acceptability of physical activity interventions to older adults: A systematic review and meta-synthesis



Angela Devereux-Fitzgerald\*, Rachael Powell, Anne Dewhurst, David P. French

School of Psychological Sciences, University of Manchester, Coupland 1 Building, Oxford Road, Manchester, M13 9PL, United Kingdom

## ARTICLE INFO

## Article history:

Received 24 June 2015

Received in revised form

1 April 2016

Accepted 8 April 2016

Available online 10 April 2016

## Keywords:

Older adults

Physical activity

Acceptability

Enjoyment

Value

Meta-synthesis

## ABSTRACT

**Rationale:** Physical activity can reduce the risk of chronic illnesses, frailty and deterioration of cognitive function in older adults yet few older adults meet recommended levels of physical activity. To increase engagement in physical activity, there is a need to better understand acceptability of physical activity interventions for this population.

**Objective:** This article presents a systematic review and meta-synthesis of qualitative studies of independently living older adults' ( $\geq 65$  years old) experiences of physical activity interventions in non-clinical contexts.

**Methods:** A systematic search yielded 2612 papers, of which 14 met inclusion criteria, and were synthesised using Thematic Synthesis. Inductive line-by-line coding led to the derivation of descriptive themes. An overview of the coded text allowed cross-case and within-case comparisons where both patterns and anomalies became apparent, informing the generation of analytical themes.

**Findings:** Older adults emphasised fun and enjoyment of social interaction as a motivation to be physically active. Retaining these social bonds could be important for maintenance of physical activity beyond an intervention. Doubts about capabilities or the necessity of moderate physical activity in later life were dispelled through experience of valued short-term functional and psychosocial outcomes. Relating these positive outcomes to being more active increased the perceived value of physical activity. Increased awareness of own capabilities within physical activity interventions translated into older adults being more physically active in other areas of their lives. Focusing on the role of physical activity in improving long-term health is unlikely to encourage participation of many older adults.

**Conclusions:** To increase engagement, interventions should focus on physical activity as a fun, sociable, achievable pastime for older adults with relevant short-term benefits.

© 2016 Elsevier Ltd. All rights reserved.

## 1. Introduction

Physical inactivity is the fourth highest risk factor for mortality worldwide after high blood pressure, tobacco use and high blood sugar, ranking above obesity (World Health Organisation (WHO), 2010a). It is implicated in many illnesses, including cardiovascular diseases, type 2 diabetes and some cancers, which can lead to impairment, disability or death (WHO, 2010a). Guidelines recommend that older adults (65 + years) engage in at least 150 min moderate (or 75 min vigorous) physical activity per week, and

muscle-strengthening activities on at least two days a week (WHO, 2010a). However, the global trend is that older adults engage in less physical activity than younger adults and that this gap increases with age (Hallal et al., 2012). The 2012 Health Survey for England shows that only 7% of females and 13% of males aged 65 and older reported meeting all the recommended physical activity guidelines (Scholes and Mindell, 2013).

With the population over the age of 65 years increasing, it is imperative to find ways to increase healthy life expectancy to reduce the impact of morbidity on public funding and to improve the quality of this extended life (McPhee et al., 2016). Increasing physical activity in older adults can result in large increases in health benefits, improved mood, improved self-esteem and quality of life (Rejeski and Mihalko, 2001). Furthermore, physical activity has been shown to help maintain physical and cognitive function, thereby reducing the risk of falls and dementia, both major

\* Corresponding author.

E-mail addresses: [angela.devereux@manchester.ac.uk](mailto:angela.devereux@manchester.ac.uk) (A. Devereux-Fitzgerald), [rachael.powell@manchester.ac.uk](mailto:rachael.powell@manchester.ac.uk) (R. Powell), [anne.dewhurst@manchester.ac.uk](mailto:anne.dewhurst@manchester.ac.uk) (A. Dewhurst), [david.french@manchester.ac.uk](mailto:david.french@manchester.ac.uk) (D.P. French).

obstacles to retaining independence (UK Department of Health, 2011).

The low levels of participation in physical activity in older adults suggest that their wants and needs are not being met in the provision or promotion of physical activity. There is some evidence that behaviour change techniques (BCTs) for use in the general adult population may not be optimal for use with older adults. For example, reviews examining BCTs for increasing physical activity in the general adult population found interventions including self-regulation techniques such as goal-setting (Michie et al., 2009) and action planning (Williams and French, 2011) to be effective. In contrast, interventions including BCTs to prompt these self-regulatory functions resulted in smaller increases in self-efficacy and physical activity in older adults than interventions that do not include these components (French et al., 2014). French et al. (2014) suggest this may be due to decreased executive function in older age resulting in more effort being required to plan or control behaviour, or alternatively that the content of the BCTs may not seem relevant to many older adults (e.g., planning physical activity around full-time work/childcare). Furthermore, the specific type of physical activity itself may be key, as some interventions such as walking groups have proven more efficacious in promoting physical activity for older adults than for the general adult population (Kassavou et al., 2013). This may be due to the relative ease of walking and the social aspects of group activities.

Qualitative evaluation of the experience of interventions is encouraged by the MRC Framework for Developing and Evaluating Complex Interventions (2008) in order to increase feasibility and acceptability. The value of qualitative evidence in systematic reviews is increasingly recognized in relation to informing health policy and practice (Noyes et al., 2008). Meta-synthesis is a useful approach to optimize learning from existing qualitative studies as it breaks down individual study findings, analyses patterns and relationships between studies, and develops insights by interpreting the whole in light of these patterns.

One recent meta-synthesis of 132 studies identified barriers and facilitators to older adults engaging in physical activity (Franco et al., 2015). Six themes were produced: social influences, physical limitations, competing priorities, access difficulties, personal benefits, motivation and beliefs. This informs us of the specific issues older adults experience around participating in physical activity. However, this review is less helpful in identifying how to translate this into effective interventions because of the surface approach taken in aggregating study findings. Without deeper analysis of the origin or impact of issues and ways to address them, a large gap remains in the knowledge base of what can be done to engage older adults in physical activity. Further, the inclusion of clinical and non-clinical populations within the review does not consider the impact that different contexts can have on motivation to participate in physical activity (e.g., recovery or prevention versus pleasure) as well as different barriers to be overcome (e.g., lack of autonomy in long-term care) and may obscure patterns that would otherwise be more apparent.

The present review is the first in-depth meta-synthesis considering factors of acceptability in non-clinical older adults. As such, it allows for a deeper investigation of the psychological barriers faced by older adults without viewing the issue through the lens of a medical condition that may add specific drivers/barriers to engaging in physical activity that others without such a condition do not relate to. This study aimed to establish what the consolidation of existing qualitative evidence on non-clinical older adults' experiences of interventions to increase physical activity could tell us about factors of acceptability within this population. This review allowed us to provide new insights from a broader range of older adults than could be feasibly accessed through primary qualitative

research. By increasing understanding of what makes interventions to increase physical activity for general health and wellbeing acceptable, this study could have far reaching applicability for building resilience across the wider older adult population, rather than reacting after the fact to issues of frailty or rehabilitation.

## 2. Method

### 2.1. Inclusion criteria

(a) qualitative or mixed methods studies with a qualitative component reporting experiences of any intervention to increase physical activity whether in a randomised control trial or not; (b) all participants 65 years or older in line with the World Health Organisation's definition of older adult in relation to physical activity (WHO, 2010a); (c) all participants independently dwelling in the community, (d) paper written in English. Papers were excluded if: (a) there was no physical activity intervention; (b) the physical activity intervention was for condition specific prevention, rehabilitation or disease management; (c) there was no qualitative report of experiences of intervention.

### 2.2. Literature searching

The following databases were searched for both published and unpublished literature: Amed, Cinahl, PsycINFO, and Ovid Medline (R) (see Appendix 1 for full search terms). The systematic literature search identified 2611 potential papers after duplicates were removed via Endnote. The first author screened the titles and abstracts of these papers, excluding any obviously irrelevant papers. Of the 339 papers screened at full text 166 were excluded by the first author on basic criteria of language, age, and residence where this information was unavailable in the abstracts. Of the remaining 173 full text papers, 98 were independently double screened by a co-author ( $\kappa = 0.89$ ), whilst the rest were discussed within the research team to ensure that the final selection of studies into the review was undertaken by more than one author (Higgins and Deeks, 2008). Backward and forward searches of included papers revealed a further paper. A total of 14 papers reporting 12 independent studies were included (see Fig. 1). None of the authors had connections to any of the studies in the included papers. Ethical approval was not required as this was a synthesis of existing qualitative studies.

### 2.3. Quality appraisal

The Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2013) was used independently by two reviewers to assess the quality of the included papers, as it was devised for health-related qualitative research. Appraising qualitative studies determines the trustworthiness of the papers to be included in a systematic review (Dixon-Woods et al., 2004) and enabled identification of papers with stronger methodology and reporting to be given more weight within the synthesis. Studies were rated on their value provided in furthering understanding in the field, as well as on the methodology and reporting (see Table 1).

### 2.4. Data extraction and synthesis

This study employed Thematic Synthesis (Thomas and Harden, 2008), a three-step approach developed within the arena of public health and health promotion to address questions of efficacy and acceptability of interventions. The steps are: (1) Coding Text; (2) Developing Descriptive Themes; and (3) Generating Analytical Themes. All text under Findings/Results was extracted for coding

Download English Version:

<https://daneshyari.com/en/article/7330043>

Download Persian Version:

<https://daneshyari.com/article/7330043>

[Daneshyari.com](https://daneshyari.com)