“Not Ready to Throw in the Towel”:
Perceptions of Physical Activity Held by Older Adults in Stockholm and Dublin

Breifinni Leavy and Ann Cristina Åberg

The aim of this qualitative study was to explore and describe the perceptions of physical activity held by older urban Swedish and Irish adults. Qualitative interviews were carried out with 30 people age 65 years and older (mean age 74.5), of whom 15 were living in Dublin and 15 were living in Stockholm. The “thematic framework” approach was used to analyze the data. Three central themes were identified regarding people’s perceptions of physical activity: physical activity as self-expression, physical activity as interaction, and physical activity as health promotion. Participants’ perceptions of physical activity tended to relate to their perceived level of physical activity, regardless of their cultural background. Certain culture-specific motivators and barriers to exercise were also identified. Less active Irish men were more likely to underestimate the health-promoting benefits of exercise.

Keywords: elderly, motivators, barriers, qualitative interviews

The share of the European population age 65 years and older is projected to rise from the current 17% to 30% by the year 2060 (Eurostat, 2008). It is of major social and economic concern that this growing proportion of older adults remain physically active for the longest possible time. The benefits that physical activity has on health and chronic disease are well established and widely accepted in the literature (Pedersen & Saltin, 2006; U.S. Surgeon General, 1996). It may in fact be the elderly who have the most to gain by engaging in physical activity, considering that proven health benefits such as reduced risk of cardiovascular disease (Mensink, Ziese, & Kok, 1999), increased bone density (Zhang, Feldblum, & Fortney, 1992), reduced incidence of falls (Gregg, Pereira, & Caspersen, 2000), beneficial effects on cognitive function (Angevaren, Aufdemkampe, Verhaar, Aleman, & Vanhees, 2008), and improvements in quality of life (Borglin, Jakobsson, Edberg, & Hallberg, 2006) all serve to extend independent living in the later years of life (Shephard, 1993). In addition to this, it is estimated that people age 65 and over account for 30–40% of the total health care spending across Europe (Economic Policy Committee, 2001). We also know that physical inactivity places a huge financial burden

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on society (Cavill, Kahlmeier, & Racioppi, 2006). It therefore makes economic sense to promote physical activity among older adults. One observational study of 2,393 physically unimpaired adults age 50 years and older reported an association between reduced total health care costs (within a period of 2 years) and increased reported participation in physical activity (Martinson, Crain, Pronk, O’Connor, & Maciosek, 2003).

Despite the proven health benefits of being physically active, approximately two thirds of the European population are not reaching the levels of physical activity recommended for disease prevention (Sjöström, Oja, Hagströmer, Smith, & Bauman, 2006). Physical activity levels in the general population have been shown to be declining, and in consideration of the additional age-related decline in exercise, it is older adults who are most at risk for exercise decline (Zunft et al., 1999). Current recommendations for aerobic activity for older adults encourage 30 min of moderate-intensity activity 5 days each week, or 20 min of vigorous aerobic activity 3 days each week. Advised levels of muscle-strengthening activity are 8–12 resistance exercises at a moderate intensity, 2 or 3 days a week. As regards flexibility exercise, older adults are advised to perform a stretching routine for 10-min bouts, 2 days a week (Nelson et al., 2007). When 560 community-dwelling adults age 65 and over were assessed objectively by accelerometry in a British study, it was shown that only 2.5% of them were achieving the recommended levels of 30 min of moderate-intensity activity 5 days a week (Harris, Owen, Victor, Adams, & Cook, 2008).

Previous studies have cited physical ailments, inertia, fear of falling, and environmental factors such as fear of going out alone and lack of access to facilities as perceived barriers to physical activity among older adults (Lees, Clark, Nigg, & Newman, 2005; Newson & Kemps, 2007; O’Brien Cousins, 2003; Schutzer & Graves, 2004). Older European adults have also cited not being the “sporty type” or being too old as major barriers to participation in physical activity (Zunft et al., 1999). This indicates that many of them appear to relate physical activity to sport and seem uninformed of the importance of moderate-intensity activity for healthy aging. As regards the perceived motivating factors for exercise, older people have cited health concerns as what most motivates them to be physically active (Cohen-Mansfield, Marx, & Guralnik, 2003; Newson & Kemps, 2007). However, it is also understood that knowledge of the health benefits of exercise will not necessarily bring about increased physical activity engagement if an older person lacks the confidence (exercise self-efficacy) to engage in physically active pursuits (Holbom, Ritzen, & Lundin-Olsson, 2008; Phillips, Schneider, & Mercer, 2004). In other words, older adults must believe that they can successfully carry out a certain physical activity if they are to attempt it for the first time.

Across Europe there are geographical differences in the proportion of elderly people and in their participation in physical activity. Ireland has a relatively young population, with 11.8% over the age of 65 years (Central Statistics Office Ireland, 2008), whereas in Sweden the over-65s represent a larger proportion (18.3%) of the population. According to statistics from 2003, the average life span for men was 74 years in Ireland (second lowest in the then 15 European Union member states) and 78 years in Sweden (highest among European Union member states). Irish women could expect to live 80 years, and Swedish women, 82 years, in 2003. It has been shown that participation rates in popular physical activities such as
walking, gardening, and dancing have declined in Ireland in recent years (Shiely & Kelleher, 2002). Furthermore, the number of inactive people increased by 10% between the years 1997 and 2001 (National Omnibus Survey, 2001). Ironically, a greater proportion of an Irish population sample age 55 years and older rated their quality of life as excellent or very good in 2002 than they did in 1998, yet a greater proportion of them had high cholesterol and diabetes and fewer of them were engaging in light exercise (Shiely & Kelleher, 2002). Although studies investigating the changes in levels of exercise over time tend to vary, one Swedish survey reported that unlike their Irish counterparts, Swedish elders were more actively involved in outdoor activities such as walking and gardening in 2001 than they had been in previous years (Swedish Central Statistics Office, 2004). According to the Swedish national public health survey in 2005, 64% of men and 54% of women between the ages of 65 and 84 were achieving the recommended levels of physical activity (Elinder & Faskunger, 2006).

Ireland’s capital city of Dublin is located at the midpoint of the country’s east coast, with an urban population of 1.1 million, and is one of Europe’s fastest growing capitals. The city experienced rapid urban expansion in the mid-1990s because of a period of unprecedented economic growth in Ireland. This was marked by immigration, increased construction, and rapid increases in car ownership and traffic congestion (Kitchen, 2002). Newly constructed roadways pushed residential areas outward to what has been described as the city’s unplanned fringe (Bannon, 1999). It is estimated that 70% of Irish people over the age of 65 live with a kin relation, which is a relatively high figure by European standards (Layte, Fahey, & Whelan, 1999). Elderly care in Ireland is heavily reliant on informal or voluntary workers. It is estimated that 17% of the elderly population receive informal unpaid care given by a relative, whereas only approximately 3% are receiving formal home help or meal service, both of which although often state funded are commonly run by voluntary organizations (Larrayg, 1993). Eighty percent of Ireland’s elderly population are entitled to state-financed free medical coverage (Lyons, McCarthy, & O’Connor, 1991), and everyone over the age of 66 is entitled to free travel on all state-run bus, rail, and light-rail transport services.

Elderly people in Stockholm account for 14.2% of the city’s 1.3 million urban inhabitants. Located on Sweden’s south-central east coast, the city has also experienced population growth, but, partly because of being situated on 14 islands, it has retained an undeveloped land and water area accounting for 47% of the total central city area (Stockholm Office of Regional Planning and Urban Transportation, 2008). According to figures from 2009, 21.9% of older adults in Stockholm are receiving formal elder care ranging from, for example, a security alarm to home help or supported living accommodation (Stockholm Investigation and Statistical Office, 2009). During the past 10 years the elderly health care system in Sweden has undergone major restructuring. Spaces in long-term and supported living accommodation have been reduced, whereas care services for the elderly in their own homes have increased at an equivalent rate (Swedish National Board of Health and Welfare, 2008). In Sweden the state pays for approximately 85% of medical costs.

Research among culturally diverse groups of older adults living in the United States has shown that, as well as commonly perceived barriers to exercise within the groups, there are culture-specific motivators and barriers to being physically active (Belza et al., 2004). In light of these findings the aim of this qualitative study
was to explore and describe the attitudes toward physical activity in two separate European cultures, namely, Irish and Swedish. This was done by investigating the perceptions held by older community-dwelling adults in the cities of Dublin and Stockholm.

**Method**

A qualitative approach using semistructured interviews was chosen to provide a rich understanding of the participants’ perceptions of physical activity. Content analysis (Ritchie & Lewis, 2003) of the transcribed interviews was then performed to gain an understanding of the participants’ meanings and perceptions of physical activity.

**Participant Selection**

Purposive sampling (Polit & Beck, 2004) was used to ensure a diversity of study participants with regard to gender, activity level, age, and geographic location in the respective cities. Voluntary organizations such as active retirement groups and day centers for the elderly were contacted by mail and telephone, and the nature of the project was explained. The active retirement groups were a source for some of the more active elderly participants, whereas contact with the less active participants tended to be made at day centers that served more as a social meeting point and did not have physical activity on their agendas. The first author, with the help of contact people from these organizations, then selected potential participants according to the sampling criteria. To be eligible for participation in the study, participants were required to be 65 years and older, living in their own homes, and functionally independent in activities of daily living. Cognitive impairment was an exclusion criterion for participation, and this determination was made by the contact person familiar with the individual. Effort was also made to include physically inactive people who were not members of elderly organizations; these participants were often suggested by other participants in the study. There were no significant differences ($p > .05$) between Irish and Swedish participants with regard to age, body-mass index, or years of education (Table 1).

**Data Collection**

The first author conducted 30 interviews in the spring and summer of 2007. The interviews were conducted mostly in participants’ homes or in the meeting place of participant groups or organizations, in accordance with the participants’ own wishes. The 15 interviews in Dublin were conducted in English, and the 15 interviews in Stockholm were conducted in Swedish. Descriptive data such as age, height, weight, family status, and educational background were first collected on protocol forms from all participants (protocol forms and interview guide can be obtained from the first author by request).

Interviews lasted 30–75 min and were audiorecorded and transcribed verbatim. The interviews commenced with the same opening question: “What are your thoughts on physical activity?” The participants were then encouraged to speak freely about specific themes relating to physical activity, such as motivators and barriers, available information, and whether and how they believed physical activity
Perceptions of Physical Activity affects health. The interviews tended to progress differently depending on the activity level of the individual participant and continued until all themes in the interview guide were covered. At the conclusion of each interview the interviewer verbally summarized the participant’s main thoughts regarding the interview topics, and the participant was then encouraged to verify whether he or she had been correctly understood. Because of technical problems with the tape recorder, one interview was summarized in handwriting afterward. To ensure participant confidentiality, each transcribed interview was identified only by number, sex, and nationality before commencement of the analytic process.

Data Analysis

Transcribed interview material in this study was content-analyzed in accordance with the “thematic framework” approach (Ritchie & Lewis, 2003). Each transcript was first individually reviewed to identify the relevant topics that related to participants’ perceptions of physical activity; these were termed initial codes. These initial codes were then applied to all transcripts one at a time by a process of labeling. This analysis yielded preliminary interpretations of each participant’s perceptions, which were reanalyzed and checked against the transcribed material. The initial codes were then sorted to see which could be grouped together to form subthemes by a process of comparative analysis (Silverman, 2005). Comparative analysis across cases highlighted similarities and differences between the transcripts and gave details on variation in the different themes detected. To ensure validity of the analysis, the second author analyzed selected interviews and compared and checked the interpretation of the first author of this study. Subthemes and main

### Table 1 Descriptive Data of the 30 Interview Participants

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<th>Irish Participants</th>
<th>Swedish Participants</th>
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<td>Total (n = 15)</td>
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<td>Men (n = 7)</td>
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<td>Age (years)</td>
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<td>range</td>
<td>22.5–34.9</td>
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<td>mean</td>
<td>27.1</td>
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<td>Education (years)</td>
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<td>mean</td>
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*Note.* BMI = body-mass index.
themes were discussed and chosen by the authors to most accurately encompass and reflect participants’ perceptions during earlier stages of the analysis. Results from these different stages in the analytic process are summarized in Table 2. The final stage in the analysis involved searching for and detecting patterns of activity perceptions that occurred across the categories of perceived physical activity level among participants from both cultures. Analysis at this later stage was more theoretical in nature as it moved away from the original language and terms used in the interviews (Ritchie & Lewis, 2003). This analytic process was aimed at being comprehensive, whereby all interview transcripts were considered to have equal relevance, but especially cases that did not tend to fit the pattern.

Findings

The perceptions of physical activity held by older adults in this study will be presented in three sections. The first section, “Perceived Physical Activity Levels,” describes how the participants were grouped depending on their self-reported level of physical activity. The second section, “Perceptions of Physical Activity,” describes the main themes that arose from the analysis of the interviews. The third section, “Life-Span Perspectives of Physical Activity,” outlines recurrent patterns that were detected across the themes and perceived physical activity levels.

Perceived Physical Activity Levels

During analysis of the interviews, it became apparent that participants tended to fall into three different groups, depending on how physically active they described themselves as being. Participants’ physical activity levels were based on information
that emerged throughout the in-depth interviews, partly in response to the prompt question “Do you think of yourself as a being a physically active person?” All participants were encouraged to speak freely of their tendencies, or lack thereof, to engage in physically active pursuits. Interpretation of the data revealed that, regardless of their cultural background, participants’ perceptions of physical activity tended to be strongly related to their self-reported physical activity levels. The three levels of perceived physical activity were

- **Active:** Those who were regularly involved in physical activity of a nonfunctional nature, such as long walks, dancing, or swimming, at least three times a week.
- **Moderately active:** Those who spoke of engaging in some weekly physical activity that was unscheduled and mostly functional in nature, such as walking to the shop or work in the home or garden. This group contained the largest number of participants.
- **Inactive:** Those who spoke of not engaging in any physical activity of any kind outside the home. This group contained the fewest participants.

**Perceptions of Physical Activity**

Analysis revealed three main themes that encompass the different subthemes that arose from the initial coding of the interviews (Table 2). Physical activity as self-expression relates to participants’ self-perceptions regarding activity and how in some cases they had changed over time. Physical activity as interaction concerns how people use physical activity to seek contact with others or with their environment; perceptions of this theme tended to be more culture specific. Physical activity as health promotion relates to participants’ perceptions of the effects of exercise on health and how those perceptions were formed.

**Physical Activity as Self-Expression: The Self.** Being physically active was commonly referred to as an inherent part of self-identity among the more active participants. These participants often had difficulty specifying their motivations for activity—being physically active for them was just a way of being: “It is nothing external that motivates me to be active. I realize that I have to move my body. At the same time it’s no obligation for me either, this is a lifestyle” (72-year-old active Swedish man).

A large majority of the active participants described feelings of restlessness after periods of inactivity. Inactivity was described by participants as being contradictory to their “way of being”; many expressed a need to “keep occupied” and find a “vent” for their energy. Some considered this a trait one acquired during childhood when “you were supposed to pull your own weight, you couldn’t be lazy.” Such characteristics were often viewed as being irreversible:

The way you were when you were young, . . . if you’re active when you are young you’ll keep it up for the rest of your life . . . it’s ingrained in you. I don’t think that you can change that. (84-year-old active Swedish woman)

Moderately active participants often spoke of themselves as not being a “group person”; this self-view often hindered them from participating in certain physical activities. Some of the inactive participants described themselves as being “lazy” or “old” when offering explanations for their lack of participation in physical activities.
Physical Activity as Self-Expression: Lifestyle Changes Over Time. It was a common feature among the moderately active participants that they were “late starters,” whereby the uptake of physical activity was something that had occurred in later years. In the case of one woman who worked in the home, the uptake of physically active pastimes occurred when her children had grown up and moved away. Being physically active was described as a favor she could do for herself:

I had nine children, so when my youngest was 10 I realized that I was ready to do something for myself. That was the point about it, it was for me. Up until then I didn’t think about myself, so it’s a whole new life opened up for me. (72-year-old moderately active Irish woman)

Physical activity was also expressed as a means by which to search for a new identity, a way to somehow make the transition from working to retired life:

So when I retired I decided that I wasn’t going to go hankering after my old workmates but that I would create new relationships around. As a result I became a lot more active and a lot more involved... You become more focused on other things when you lose the grip the workplace has on you. It’s very important that you replace it. (65-year-old moderately active Irish man)

Retirement therefore marked a point when some participants began to invest in their personal health and do things they actually wanted to do. Having felt the effects of active living, one 70-year-old active Swedish man stated that “once you get fit, you’ll like it and you’ll stick with it.” Involvement in physical activity marked for certain participants a major lifestyle change in their later years.

Physical Activity as Self-Expression: Identification Through Work. A tendency among inactive male participants from both cultures was to identify themselves as having been hard workers in their preretirement years. Continuous years of hard work were cited as the reason for current inactivity because of “burnout” or physical wear and tear.

I’ve been working since I was 14. I was never in a sedate occupation, where I would call them desk jockeys because they would be polishing the chairs. I was always fond of work, work never came hard to me, so when I retired I did too much around the house and burnt myself out. (81-year-old inactive Irish man)

Leisure-time physical activity was marginalized for certain men earlier in life when the priority was working and providing for the family. As one 73-year-old inactive Swedish man phrased it, “there just wasn’t enough time left for other things.” One moderately active 65-year-old Irish man spoke of the culture of hard work and the social and psychological consequences that followed when men became too old for paid employment:

Men just fade off quicker. Women are better survivors; men in Ireland aren’t used to being around in their 70s and their 80s. Men are used to being providers, not being dependent so they feel as if they have outlived their usefulness.
Physical Activity as Interaction: Social Contact. Active and inactive participants reported social contact as an important motivator to be physically active. Group activity and socializing with family were rated especially highly among the Irish women. Group activity was referred to more as the means by which people can meet; in the words of a 72-year-old active Irish lady, it wasn’t the physical activity in itself that was so important—it was “just a series of social things to get people going and get them out of the house.” It was common for Irish people to refer to getting outside of the “four walls” and meeting neighbors where “you can compare your sorrows and compare your joys.” Socializing through physical activity helped active participants keep “mixing,” “informed,” and “in touch.” One older lady who played bowls commented, “Well I like to mix with people and I’m a bit nosey, as well. I don’t want to miss a trick. So when I meet other people then I know what they are talking about” (84-year-old active Irish woman).

Some of the moderately active group did not share this enthusiasm for group activity. One moderately active 66-year-old Swedish woman was “not as fond of those places where people go to find a social life, that’s not what I’m out after.” One 68-year-old moderately active Irish man feared that if you joined a walking club they would be “hassling you,” and another 72-year-old inactive Irish man thought that it would be a “nightmare to be part of a club” because he would feel “tied down.”

Among the least active participants, social contact often provided the only stimulus for their rare or infrequent activities outside the home. One inactive 73-year-old Irish man mentioned, “I’ve had so many aches and pains over the years, so I really notice how important it is for me to be able to have a laugh and to be able to meet people.” It was often the case that these people desired more contact but felt confined by physical ailments or unaware of what physical activities were available to them in their area.

Physical Activity as Interaction: Out in Nature. A recurrent motivator of physical activity, especially among Swedish participants of all lifestyle categories, was the draw of nature. Outdoor activities of choice included gardening, walking, and picking berries in the woods while “watching the seasons change.” One 84-year-old active Swedish woman described nature as “the elixir of my life.” Active and moderately active Swedes consistently mentioned the therapeutic effect of exercising in natural surroundings, where they had the opportunity for thought and reflection. Inactive Swedish participants reminisced remorsefully on not being able to participate in outdoor activities: “Picking mushrooms and berries in the forest. I have been a great fan of outdoor activities, but unfortunately I’m not able to walk in the woods or fish anymore. Nowadays all I have are memories to keep me going” (73-year-old inactive Swedish man).

Irish participants, on the other hand, often described aspects of the environment as being a barrier to physical activity. Heavy traffic and the lack of green areas were mentioned as barriers by some Irish participants when they spoke of exercising outdoors:

I’d like to live in the city but without the traffic. The pollution in Dublin is back to what it used to be in the 80s now. It’s bad planning really, like you just have to think ahead to reduce the traffic, but the politicians, they don’t really care . . . but there you are. They build everywhere here now, as well. They
build in between houses, they build in gardens. It’ll just be a concrete block soon. They’ll be taking parks and everything next. You see people now, they buy half a garden off one person and half a garden off the neighbor and build in the center of the houses. That’s what’s happening now around our way. (68-year-old moderately active Irish man)

**Physical Activity as Health Promotion: Awareness of Health Recommendations.** Opinions regarding how available information on exercise was to the elderly were very mixed among all groups. It was a common opinion across all groups that the only way to be fully informed about one’s personal health was to actively seek information and persistently be “forward” and “curious” and “to take charge of things” oneself.

Those who felt most informed tended to be active or moderately active younger participants whose information source was mainly newspaper articles. They were often of the opinion that the information “is always there looking you in the face” and wondered, “How could you not see it?” Many active participants expressed a need for more information because the “message wasn’t getting through” to a lot of their generation. One 82-year-old active Swedish lady who kept herself updated felt concern for her inactive generational counterparts:

> You have to seek it [information] yourself, and a lot of people in my generation don’t buy the newspaper. They go and collect the free newspapers and what kind of information do you get there? Not much, it’s just the headlines. . . . They don’t have computers either and can’t afford to buy them. So we can’t keep up, we get left behind, we who were born in the 20s and the 30s.

Moderately active participants often expressed skepticism toward information on exercise, claiming that it was “full of fads.” These people were functional exercisers and described gym workouts as being “soulless” and “nonsense.” In the words of one participant, “Old people should be allowed to be old and to do their everyday things. They have driven this thing with gyms and strength training so much that I think they have almost gone too far” (70-year-old moderately active Swedish woman).

A larger proportion of the inactive participants felt uninformed by their doctors, who “simply didn’t have the time.” Several of those who were inactive had gotten confusing or inadequate information regarding how much they ought to exert themselves in light of existing health conditions. One 73-year-old inactive Swedish man who had previously suffered a stroke was unsure of how much he should exert himself after of a recent incident of blurred vision:

> He [the doctor] said that it was caused by some kind of overexertion. . . . When it happened I was in the middle of cleaning the windscreen of the car, so I didn’t think that it was that strenuous. So now I don’t know what I dare to do.

**Physical Activity as Health Promotion: Dealing With Chronic Disease.** There were obvious differences in the ways that active and inactive people dealt with the threat or presence of chronic conditions such as arthritis and coronary and pulmonary conditions. Joint pain or breathlessness caused the cessation or reduction of certain activities for less active participants. Inactive elderly participants often stated that they were “simply not able” to perform certain activities; they
had not managed to adapt former activities to their current levels of function. Active people who reported similar chronic conditions, however, did not see them as a hindrance but often rather as a motivating factor to stay physically active. They had managed to alter their activities to stay active. One 67-year-old active Swedish man, while speaking of his knee arthritis, commented,

I can’t run nowadays so I have to cycle, swim, or go to the gym instead. . . . You have to find other alternatives and to exercise in other ways, it can be done! If you can’t do one thing you can always do something else instead.

**Physical Activity as Health Promotion: Beliefs About Health Effects of Exercise.** All participants assumed that there are physical or mental health benefits associated with exercise. There were differences, however, in the extent to which they believed that physical activity could affect their personal health. Physically active people tended in general to attribute their good health to the fact that they had led active lifestyles. This group spoke often of how exercise worked like “a tonic,” an “alternative medicine,” or a way to “get by without taking loads of tablets.” Although the inactive or moderately active participants did not deny the potential health benefits of exercise, they were not strong believers that being active could increase life span or prevent disease. Irish male participants were particularly likely to attribute health to chance, and as one 65-year-old moderately active man phrased it, “Health is more a testament of good luck than any form of planning.” It was also mentioned by several Irish men that friends or relatives of similar age had died of disease before the age of 60, and one man considered the fact that you “survived until retirement age” as something positive. While speaking on the subject of his heart bypass surgery, another Irish man said,

I met people going in for the checks after the operation. These people had played rugby and golf and they had jogged, but they still got bypasses . . . so it’s not really associated with exercise, it’s just the luck of the game. (73-year-old inactive Irish man)

**Life-Span Perspectives on Physical Activity**

A recurrent topic that arose throughout all three themes and that was mentioned by almost all participants, regardless of physical activity level, was how individuals dealt with their diminishing physical capacity as they got older. All informants commented on how they had felt the physically restrictive effects of aging, but ways of dealing with this deterioration in ability varied depending on their activity level. It was a common opinion among the most active participants that they could not give in to aches and pains or “throw in the towel”; one had to be “tough.” Although they were often “irritated” by certain physical restrictions they rarely saw them as barriers to their active lifestyle. These participants had often reevaluated their goals with physical activity in a process of adaptation and acceptance of reduced ability while still maintaining activity levels in the process.

You’re not up to as much as before . . . but I’m still not ready to throw in the towel. . . . You have to listen to your body when it comes to exercise. I normally say that I don’t go down to the gym to set a new world record, but that you have to know your limits so that you don’t overdo it. (73-year-old active Swedish man)
Moderately active participants spoke more often of being glad for what they could achieve while being aware that “you are never going to be better than you have been in the past.” They were often critical of new “fads” in exercise targeted at and practiced by certain older people. They referred to strength training as “nonsense,” “exaggerated,” and “soulless”; they attached a dignity to accepting the limitations of aging. Continuation of activity for them was often in the form of functional, necessary movement throughout the day.

Allow people to be old, we get worn out, we all die, and that’s a fact! But seize the day, try and take things for what they are. . . . Later life is so restricted, even if you’ve reached the age of 70 then you have lived a long life. But people wouldn’t even dare to voice that nowadays, they have to be physically active and they have to be healthy and they have to stay beautiful right up until they die. There is something seriously wrong with society, there is just anguish everywhere. If you are old, well then you should be grateful that you can get out of bed and go outside and eat a nice meal and enjoy other people’s company, enjoy those things instead of constantly chasing after something that is beyond. Live life in the here and now; there are a lot of people who don’t allow themselves to do that. . . . That day will come when we can’t influence things despite how physically active we have been; anything at all can happen. (70-year-old moderately active Swedish woman)

Inactive participants sometimes described themselves as being active enough for their age. Some participants had no prior experience of recreational physical activity, whereas others had not participated in such activities because of work or family commitments. It was common for them to refer to themselves as being old and inhibited by physical ailments.

During my working years, I worked an enormous amount. I left for work early in the morning and worked weekends. I enjoyed it, as well. You just don’t have the same amount of energy these days though, things don’t move at the same pace. I turn 70 in 2 years, and for example, my shoulder is ruined, I’m not as flexible, and my knees are very bad. . . . It’s actually very nice to just relax now. One thing that I hold very sacred these days is to train my memory; that’s important. (68-year-old inactive Swedish man)

Discussion

The current study aimed to improve our understanding of the perceptions held by older adults in two separate European cultures toward physical activity. The findings indicate that there are wide variations in how older adults perceive physical activity, and these perceptions can be described in the context of three main themes, namely, physical activity as self-perception, physical activity as health promotion, and physical activity as interaction (Table 2). Older active participants often used physical activity as a method of self-expression. For these participants, physical activity was an integral part of their self-identity, being used as a means for them to show the world who they were. Active participants also clearly expressed confidence in their physical ability. A strong self-belief in succeeding at a particular
physical activity has been repeatedly shown to be an important predictor of exercise engagement (Phillips et al., 2004; Schutzer & Graves, 2004). Perceptions were more divided regarding the role of physical activity in health promotion; active participants in the current study clearly perceived themselves as having control over their own health and tended to have strong beliefs regarding how exercise had positively affected their health. This is in agreement with previous research (Chang, Leveille, Cohen-Mansfield, & Guralnik, 2003). For these participants, the presence of chronic disease served to further motivate them to exercise. Many moderately active participants in this study, however, appeared to be less convinced of the health-promoting effects of exercise. Previous research has highlighted this faltering belief in the health-enhancing effects of exercise. In a large European survey in 2001, only 18% of seniors ranked physical activity as a major determinant of health (Afonso, Graca, Kearney, Gibney, & de Almeida, 2001). In our study, we described some moderately active participants as being “functional exercisers,” and in correlation with findings among elderly in a Canadian study (Witcher, Holt, Spence, & Cousins, 2007), these participants were attracted to physical activities that they deemed purposeful or practical. The exercise habits of these participants were often unplanned and tended to be low in intensity. In light of our observations and those of previous studies, it is possible that exercise promotion among such individuals may best be achieved by promoting physical activity that is purposeful in nature and appeals to the desire to preserve functional ability.

Physical activity was used by study participants as a means of environmental or social interaction. For the less active participants especially, the opportunity for social interaction was what most motivated their rare or infrequent physically active pursuits. In keeping with previous research on inactive elderly (Crombie et al., 2004), participants in this study were most often hindered by physical symptoms and perceived inability. In light of these findings this often-vulnerable group may need to be given concrete and early information about the safety of gentle exercise even in the presence of certain symptoms such as breathlessness or joint pain. Many inactive participants in the current study were content with their levels of activity and did not express many barriers. This has been previously demonstrated among older Australian adults (Newson & Kemps, 2007) and complicates health promotion to counteract lifetimes of inactivity among these individuals. The opportunity for social interaction may, however, be a way to entice these inactive older adults, who are often isolated because of their inactivity.

Cultural differences in perceptions became most apparent when physical activity was spoken of as a means for interaction. Nature and the outdoors played a critical role in the activity patterns of Swedish participants. They also tended to have a higher regard for solitary exercise, whereas their Irish counterparts were more likely to be attracted to physical activity by the social interaction involved. Even among the most active of Irish participants, physical activity was seen more as the means by which to socialize than the end goal in itself. More active Swedish participants also spoke frequently of having active elderly role models, whereas Irish participants commented on having survived their generational counterparts, who had died prematurely from lifestyle-related diseases such as lung cancer and heart disease, and tended to lack active role models of their own age. Environmental hindrances such as lack of facilities and green areas and increased traffic were issues of concern among participants living in Dublin, whereas these issues were
not voiced by those who lived in Stockholm. These concerns are not surprising when one takes into account the previously mentioned infrastructure changes that occurred in Dublin in the 1990s. Dublin has been cited as a “worst case scenario” in terms of recent urban sprawl (European Environment Agency, 2006), and the practical implications of this have been increased road congestion and a reduction in green areas for the city’s inhabitants. Such environmental issues could have major implications for elderly urban adults, who are less likely to avail themselves of gyms and depend more on functional forms of exercise such as walking. Weather did not feature as a barrier to physical activity among participants in the current study. Previous research has shown that it is older adults with good physical health who are more likely to attribute low exercise engagement to external barriers such as weather (Cohen-Mansfield et al., 2003). Active Dublin residents in the current study tended to engage in indoor exercise and could therefore have adapted to Ireland’s mild, yet often rainy, weather conditions. Stockholm has a temperate climate with more distinct seasons. Witnessing the changing of the seasons was cited as a motivator to outdoor exercise among Swedes in the current study. It is also plausible that more active Swedish participants, who as previously mentioned demonstrated adaptive capacity in terms of their physical function, also adapted their exercise patterns during potential snowy months.

A subgroup in the current study that deserves attention is that of less active Irish men. When moderately active and inactive Irish male participants in this study spoke in detail of their perceptions of exercise, they were more likely to overestimate the risks and underestimate the benefits of exercise. They were also more likely to attribute health to chance and lacked group cohesiveness and active elderly role models. There is evidence in the literature (Wardle & Steptoe, 2003) linking stronger beliefs in the importance of chance in health and a lesser likelihood to contemplate measures for a healthy lifestyle. Group cohesiveness is also strongly linked to exercise adherence in older adults (Estabrooks & Carron, 1999).

In a study investigating the physical activity patterns of Irish adults, men showed a greater age-related decline in activity (Livingstone et al., 2001). Men’s leisure-time physical activity declined by 50% at retirement, whereas women sustained their levels of activity (although comparatively lower) by engaging in more household work. In light of the Irish survey, the relatively shorter life expectancy of Irish men, and the perceptions of the male subgroup in the current study, it would appear important to promote physical activity in this group. The tendency in the current study for inactive male participants to strongly identify themselves with previous employment suggests that introducing recreational exercise in the workplace could offset the possible drop in men’s activity levels after retirement. Because members of this group were more prone to internal stereotyping about age and gender, they are also most in need of active elderly male role models.

**Methodological Considerations**

When interpreting the findings of this study, certain limitations should be taken into consideration. The physical activity levels of participants in this study were based on information that emerged throughout the qualitative interviews. The categories of active, moderately active, and inactive are therefore based on participants’ self-report. We took this approach to appear nonbiased by not placing a “value” on the
frequency or intensity of participants’ physical activity levels. Nevertheless, the use of a standardized physical activity questionnaire should be considered in future work. It is therefore important to note that in the current study, a clear-cut distinction between the groups cannot be presumed. It is possible that some moderately active participants, for example, were not reaching the prescribed levels of 30 min of moderate-intensity exercise daily and could have objectively been classified as being inactive. In addition, a breakdown of the groups shows that the inactive group was roughly half the size of the other groups (Table 3). This may mean that the information gathered from this group was not as varied or rich in nature as that from the two other participant groups. Future work will be needed to further investigate and verify the findings regarding physically less active older adults in the current study.

In qualitative studies, interviewer skill and the possible reluctance of participants to disclose personal beliefs are also factors that cannot be ruled out as having influenced the quality of the information gathered. To allow for the in-depth nature that qualitative analysis involves, sample size in studies such as ours is usually small. It therefore follows that the generalizations made from this study cannot be statistical in nature. Some external validity can, however, be lent to the current study, when one considers that some of our findings correlate to previous investigations on this topic (Crombie et al., 2004; Witcher et al., 2007; Zunft et al., 1999).

Clinical Implications

Elderly people of all physical activity levels are in need of information and encouragement to optimize their physical capacity in a society that often underestimates the capabilities of its elderly population. The findings of this study indicate that, regardless of culture, older adults’ perceptions of physical activity relate to how physically active they describe themselves as being. Certain cultural or environmental factors also appear to influence what motivates or deters older people from exercising. It may be the moderately active elderly who can most successfully be targeted by exercise promotion, because they are often positive toward exercise but may lack strong beliefs regarding its health-promoting role. Although most elderly people believe that physical activity is beneficial, it is important to strengthen perceptions of the various ways that moderate exercise can positively affect health, regardless of age, gender, and the presence of disease. It is hoped that the findings of this study can contribute to a better understanding and development of theories concerning older people’s beliefs regarding physical activity.

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