

Motivators and Barriers for Physical Activity among Health-Care Professionals: A Qualitative Study

Leyanna Susan George, Harsha Lais, Maya Chacko, Charutha Retnakumar, Vijayakumar Krishnapillai

Department of Community Medicine and Public Health, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India

Abstract

Background: Physical inactivity is one of the critical risk factors for lifestyle-related diseases. In Kerala, the life expectancy of doctors who are considered the gatekeepers of health was found to be 13 years lower than the general population. **Objective:** The objective was to identify the motivators and barriers for physical activity among doctors and nurses belonging to public and private health-care sectors in Ernakulam district. **Methodology:** Qualitative study was conducted using a grounded theory approach. A total of 30 in-depth interviews and 8 focus group discussions were conducted among doctors and nurses, respectively. The audio-recorded data were transcribed, coded, and thematically analyzed. **Results:** The main themes identified were motivators, barriers, and future considerations for physical activity. The factors motivating doctors were the fear of noncommunicable diseases and to stay fit, while the nurses were more concerned about their body image. The common barriers were gender, lack of time, laziness, bad climate, and safety issues. Overreliance on medication and prioritizing their patients' health over their own were additional barriers. **Conclusion:** Physical activity among doctors and nurses is severely compromised. Provision of a favorable environment and behavior change is needed to combat the silent epidemic of physical inactivity.

Keywords: Barriers, health-care professionals, motivators, physical inactivity

INTRODUCTION

Physical activity plays an important role in ensuring good health and well-being of an individual. It is one of the critical risk factors for noncommunicable diseases (NCDs).^[1] Physical inactivity is the fourth leading cause of global mortality, responsible for 3.2 million deaths per year. It is quite shocking to observe that 86% of these “premature” deaths occur in low- and middle-income countries.^[2]

Physical inactivity is the principal cause for 21%–25% of breast and colon cancer, 27% of diabetes, and 30% of ischemic heart disease.^[3] There is irrefutable evidence that regular physical activity leads to primary and secondary prevention of several chronic diseases.

Literature reveals that health-care professionals fail to achieve adequate levels of physical activity.^[4] A recent study by the Indian Medical Association in Kerala found doctors to have a shorter life expectancy of 61.75 years than the general population who had a life expectancy of 74.9 years. These findings were contradictory to the general belief that health-care professionals lived longer than the general public

since they were more knowledgeable.^[5] Since “sitting is the new smoking,” it has now become essential to understand why health-care professionals are unwilling to change their sedentary lifestyles.

Therefore, this qualitative study was undertaken to identify the motivators and barriers for physical activity among doctors and nurses belonging to public and private health-care sectors in Ernakulam district.

METHODOLOGY

After obtaining institutional ethical committee clearance, a qualitative study using the grounded theory approach was conducted from April to September 2019 among doctors and

Address for correspondence: Dr. Leyanna Susan George, Department of Community Medicine and Public Health, Amrita Institute of Medical Sciences, Ponekkara, Kochi - 682 031, Kerala, India. E-mail: leyanna.george@gmail.com

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nurses employed in both government and private hospitals of Ernakulam district, Kerala.

The list of private hospitals was obtained from the website of the Kerala Economics and Statistical Department.^[6] To get an equal representation, the hospitals were stratified and doctors and nurses were randomly selected as depicted in Figure 1.

The interview and focus group discussion (FGD) guides were prepared after extensive formative research which included literature reviews, expert opinions, and piloting of the in-depth interview (IDI) and FGD guides. A total of 30 IDIs and 8 FGDs were conducted till saturation was obtained. The interviews and FGDs were audio recorded and transcribed verbatim. It was then coded and organized into themes and subthemes using NVivo 11.

RESULTS

Description of the study participants

The doctors interviewed were in the age group from 26 to 61 years. Most of them worked for 8 h a day except three of them who worked round the clock because they owned hospitals. The nurses were in the age group of 23–52 years. The government nurses worked for 7 h per day, while the private hospital nurses worked longer for 8–16 h.

Motivators for physical activity

The key motivators who encouraged the doctors to continue physical activity were their patients, friends, family, or

themselves. There were a large number of younger female doctors who had self-motivation or were motivated by their friends. Perceptions of body image and comparing oneself with others in this regard were found to be a major motivator.

“All my friends are always concerned about weight gain. I don’t want to be the odd one out. Moreover, if I reduce weight, I will get to wear all the clothes that I like.” - 37-year-old female doctor.

It was interesting to observe that patients also indirectly motivate their doctors to undergo physical activity. As a 32-year-old male cardiologist stated:

“I see a lot of patients with obesity who develop cardiac arrest at a young age. That motivates me to exercise.”

Health issues such as joint stiffness, lack of blood circulation, weight gain, and reduction of stress were some of the reasons why the doctors said they needed to exercise after a day’s work.

“We are most often sitting for hours continuously in the OP; joints get stiff. A little bit of exercise makes a huge difference.” - 40-year-old female doctor.

The presence of NCDs running in families motivated doctors to exercise. However, this is debatable since some doctors took serious efforts to prevent them, while others took it too lightly.

“Diabetes and hypertension run in my family. I am sure to get it as well.” - 48-year-old female doctor.

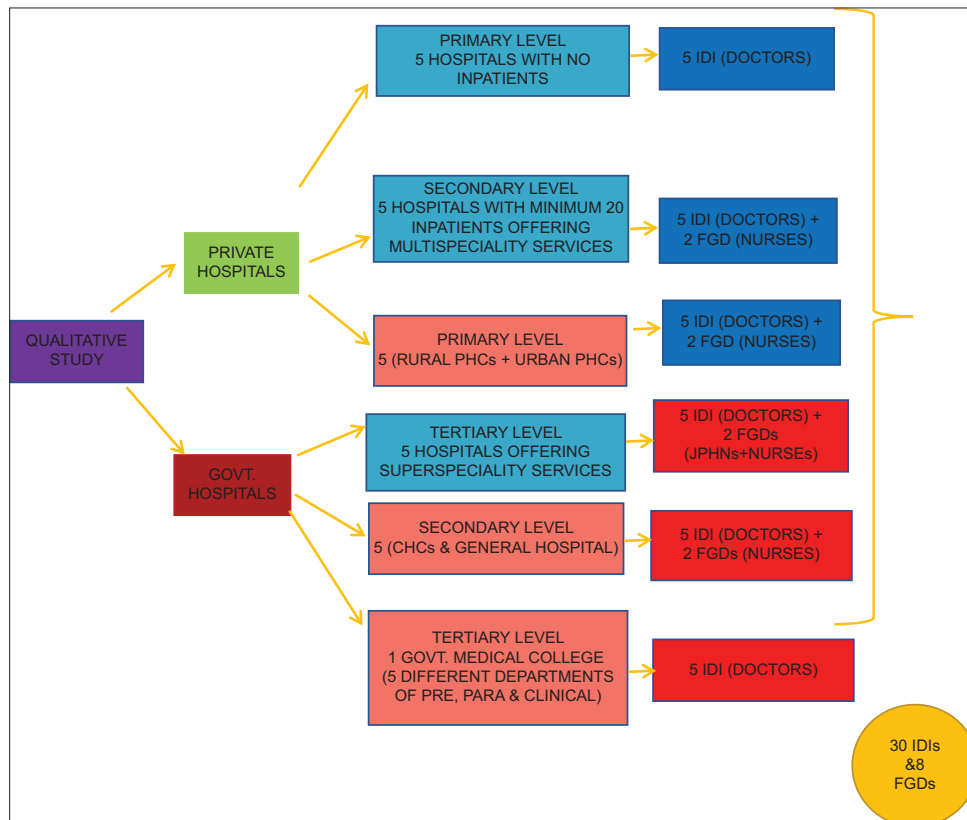


Figure 1: Selection of sample for in-depth interview and focus group discussions

Most doctors commented that the feeling of self-satisfaction after exercising was a strong reason that kept them motivated.

“On the days that I go for morning walk, I feel rejuvenated and it gives me energy for the whole day.” - 59-year-old female doctor.

While all nurses unanimously stated that reduction of abdominal fat was their key motivation for physical activity, the doctors did it for general well being.

“We are all concerned about our tummy fat. We want to reduce it.”-Staff nurse at private hospital.

Barriers to physical activity

Most of the study participants felt more at ease to state the barriers than the motivators. All the thirty doctors and most nurses stated that lack of time was the major barrier.

“The reason is we don't have time for exercise.” - 45-year-old male doctor.

Both the female doctors and nurses stated that they faced more shortage of time than the males since they had to juggle their time between work and home chores.

“In the morning I am busy packing my children to school and in the evening I am occupied with household chores, homework etc.” - 40-year-old female doctor.

There were some doctors who admitted that even though they had some free time from their busy schedule, they would prefer to utilize it for relaxation rather than spend it on physical activity.

“Even if I get few hours free time, I rather spend it sleeping than exercising.” - 37-year-old male doctor.

Few doctors did admit that laziness did prevent them from exercising and they did use various excuses such as lack of time etc.

“Yes, I am lazy to exercise. I feel guilty to admit it, so I take the excuse of not having enough time.” - 59-year-old female doctor.

Laziness coupled with lack of motivation was found to worsen the situation. Other barriers identified were lack of space, finding a partner to engage in games, lack of accessibility to health clubs, traffic, rain on most days, and fear of dogs.

“Some days it rains and on the other days street dogs follow us when we go walking.” - 41-year-old female staff nurse.

For the rest of the others who had access to gym facilities and utilized it, some complained it to be very boring because of its repetitive nature.

“Gym can get boring. It needs a lot of motivation and a good trainer.” - 39-year-old male doctor.

Work-related issues were also barriers to physical activity. Erratic duty schedules made it difficult for the nurses to set a time for exercise.

“After night duty, I hardly have the energy for physical activity.” - 25-year-old nurse.

Another barrier identified was health problems like previous falls, joint pains, and aches. Furthermore, there were some doctors who felt that medicines were available just in case they developed hypertension or hypercholesterolemia.

“There are medicines available to control hypertension, cholesterol. So we can manage somehow” - 40-year-old male doctor.

However, one common barrier that stood out was the lack of self-prioritization among both the doctors and nurses.

“We prioritize our children, family and work more than ourselves. We give least priority to ourselves.” - 34-year-old doctor.

Future considerations for exercising

When asked about future considerations regarding physical activity, doctors were supportive of the idea, while nurses were not. Except for two of the older doctors, the rest wanted to incorporate physical activity into their routine. They adopted different ways by finding time to exercise. While some got a gym membership, others joined for swimming or Zumba.

“I am planning to hire a maid, so that I will get time for myself to exercise” - 42-year female doctor.

At the same time, nurses outrightly stated that their routine was fully packed with work and home chores and was unable to make time for themselves. They said they will do it once they retired or their children went off to college.

“We will have to change our routine itself, that would be difficult”-Staff nurses from private hospitals.

DISCUSSION

In the current study, all participants agreed that fitness was important. For nurses, fitness was purely physical. However, for doctors, fitness meant not only physical but also mental and spiritual well being.^[7] This has been substantiated by studies that have shown that physical activity improves mood and self esteem and reduces anxiety and stress.^[8]

There were various factors that motivated them to exercise; however, the main reason was the need for physical fitness. The female doctors and nurses were very much concerned about weight gain, especially abdominal fat, while the males were concerned about NCDs. These findings were similar to the study conducted by Gavin *et al.* where being toned and fit were the motivators for all participants across all age groups.^[9]

Multiple barriers were identified for exercising, of which lack of time was the major barrier. Studies done on adults^[10] as well children^[11] too have stated lack of time to be most common barrier. The other barriers observed were “no one to exercise with,” “lack of facilities,” being “too tired,” and the false feeling that they were active enough.

It was observed that doctors were willing to bring about minor changes, while nurses were very much resistant to do so. They were quite content with their life and felt that there was no scope for any kind of changes in their routine. Literatures in the past have stated that resistance is the enemy of change and one has to overcome it in order to be successful.^[12] As per Mayo Clinic, finding time is a challenge; identifying ways to incorporate regular exercise into daily routine must be devised.^[13] Laziness was also identified as a major barrier for all participants. Most of them preferred to spend extra time sleeping or relaxing at home than exercising.

Another barrier identified was that both doctors and nurses considered their health to be of the least priority. They prioritized their patients' health or the needs of their families above theirs. Some were even overconfident that their knowledge of medicine would help them to overcome their health issues. Studies in different parts of the world show that health-care professionals are gaining weight at a rate similar to the general population.^[14]

CONCLUSIONS

Therefore, to conclude, physical activity among doctors and nurses was found to be severely compromised. Gender, lack of time, laziness, bad climate, and safety issues were identified as barriers for physical activity. There is an urgent need to integrate physical activity into one's daily routine. Provision of a favorable environment and behavior change is needed to combat the silent epidemic of physical inactivity. However, to bring forth these changes, a sense of self-prioritization and self-worthiness is much needed.

Limitations

Even though attempts were made to maintain gender balance, there were slightly more number of females. Therefore, the findings may have a slight inclination toward the female gender.

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Conflicts of interest

There are no conflicts of interest.

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