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Filipino Older Adults' Beliefs About Exercise Activity

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Abstract

PURPOSE—This study explored how the older traditional Filipino adults 65 years old and above living in Honolulu, Hawaii, describe their beliefs regarding exercise activity. The location of this research setting is unique because a blending of traditional Filipino culture exists within an acculturated social setting. The Filipino older adults who have relocated to this U.S. location may have also stayed close to their own cultural traditions.

METHODOLOGIES—A perception of exercise activity was generated through the lens of 47 participants using qualitative methodology.

FINDINGS—While focusing on the older adults' beliefs about exercise activity, it became evident that exercise may have been seen as a proxy measure of physical activity. The study revealed four main domains: balancing barriers against benefits; engaging capabilities; intervening factors; and defining exercise. The data suggest that the four themes are juxtaposed among each other, with overarching social obligations to the kin group governing the older adults' engagement in what constitutes structured exercise by Western definition.

IMPLICATIONS—Further investigation is needed to conceptualize what types of physical activities traditional Filipino elders perceive as exercise, and whether these activities fall into the Western definition of exercise.

Keywords

Exercise; Filipino; older adult; physical activity; qualitative

Introduction

For the past decade, American society has experienced a burgeoning of the concept of physical fitness, and much of this is manifested by growing trends to maintain fitness and

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engage in working out or exercising. The activity of exercising predicates that there is benefit to physical activities (PAs). Such benefits of PA are well established (U.S. Department of Health & Human Services [USDHHS], 1996). However, Americans do not meet the national recommended PA guidelines (Pate et al., 1995; USDHHS, 1996).

This is a concern as *Healthy People 2010* has identified PA as a leading health indicator and the *Healthy People 2010* midreview of PA target indicates that “no physical activity and fitness objectives met their targets at the time of the midcourse review” (Centers for Disease Control and Prevention & The President’s Council on Physical Fitness and Sports, 2009, pp. 22–24). Building on 2010 initiatives, *Healthy People 2020* proposes “to increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activity” (USDHHS, 2010).

The importance of PA and exercise for overall health is well known. Lack of activity exercise has been linked to several chronic problems (NIH Consensus Development Panel on Physical Activity and Cardiovascular Health, 1996). dela Cruz, McBride, Compas, Calixto, and Van Derveer (2002) have listed diabetes, hypertension, and cardiovascular disease risk factors among Filipino Americans and lack of exercise as one of the causes of hypertension (dela Cruz and Galang, 2008). The rates of PA reported for older adults in general are even lower for ethnic minority groups in the United States (USDHHS, 1996).

It may be that the lower rates of reported PA among minority older adults reflect how the data are gathered from the healthcare providers’ perspective. The issue is that the patients are often asked by their healthcare providers to report on “how much exercise do you get,” whereas in actuality the intent of the question is to assess the amount of PA present in the person’s life. For elderly patients who come from traditional lifestyles (e.g., first generation elders) the way the question is asked may typically limit their responses to what society considers structured “exercise” (e.g., working out, going to the gym, aerobics). In reality, elders from traditional populations often engage in activities that are threaded throughout their daily life. Such difference in terminology may result in inaccuracies in conversations between the provider’s assessment of the patient.

Practicing nurses must be able to clearly communicate with many types of populations. This article demonstrates a key lesson learned in terms of the need to be clear about the concepts used in everyday patient assessments. In this study, the authors attempted to frame the topic in a “socially appropriate” manner in order to measure the notion of what providers call “exercise.” What entailed was that the majority of the older adult respondents could not respond as much about their engagement in structured exercising. Rather they told the researchers that they were too busy engaging in PAs of daily living to have time to further engage in specific structured exercise (e.g., at the gym, working out, and aerobics).

Many years ago, 24-hr facilities and private fitness classes were non-existent. Further, as technology has advanced in the 21st century, present-day fitness and exercise programs have evolved. In today’s society, it is possible to take part in multiple exercise routines in the comfort of one’s own home through personal exercise machines (treadmills, elliptical

trainers, etc.), equipment (benches, dumbbells, etc.), as well as video guided interactive virtual work-outs (Wii Fit, P90x, etc.).

Past PA studies were quantitative, experimental studies published in the 1980s and 1990s, which focused on the physiological and psychological merits of PA, were guided by the biomedical model, and most studies had some form of regularly scheduled aerobic group exercise as the independent variable (Blumenthal et al., 1989; Emery & Blumenthal, 1990; Hopkins, Murrah, Hoeger, & Rhodes, 1990). For example, the World Health Organization (WHO) indicates that adults should engage in at least 30 min of moderate PA 5 days per week to optimize health (WHO, 2008). The inclusion of chores and activities of daily living (ADL) as part of PA in several ethnic studies (Belza et al., 2004; Hawkins et al., 2009; Lawton, Ahmad, Hanna, Douglas, & Hallowell, 2006) has brought interests to researchers whether important types of activity are not being unidentified using current criteria and measures (Fischbacher, Hunt, & Alexander, 2004).

Even with increasing research evidence and recommendations from WHO (2008), there is little published information about exercise practices of older traditional adults, such as Filipino Americans. An understanding of the ethnic-specific perspectives of traditional populations is important for nurses and other healthcare practitioners in dealing with older adult clients from traditional cultural backgrounds. This article will describe some of these views from the perspective of the older Filipino Americans who relocated to the United States later in life.

Definitions

PA is defined as any bodily movement produced by skeletal muscles that result in an expenditure of energy. A subset of PA is exercise which is a planned, structured, and repetitive bodily movement performed to improve or maintain one or more components of fitness (Caspersen, Powell, & Christenson, 1985). Total activity includes not only planned, structured, and repetitive body movement (exercise) but includes those involved with ADL such as chores around the house (Hawkins et al., 2009; USDHHS, 1996; WHO, 2008). This article will address the beliefs of traditional Filipino older adults living in an acculturated society such as Honolulu, Hawaii, about their engagement in the Western notion of exercise. As the notion of “exercise” was approached from a Westernized perspective, what was not assessed were aspects of PAs such as housework as separate concepts. As the results will reveal, however, the interpretation of what constitutes “exercise” and “PA” may result in a disconnect in conversations between the provider and the patient. The impact of a dual interpretation of an assessment concept will be further addressed in the Discussion section.

Review of the Literature

Exercise is a powerful strategy for enhancing health and well-being among aging adults. Yet, advanced age is consistently associated with reduced activity among older adults (Centers for Disease Control and Prevention [CDC], 2008). The evidence supporting the importance of exercise combined with the low participation rates has contributed to increased interest in identifying determinants of exercise (Conn, 2001). Regular participation in light to moderate

exercise such as walking improves physical and general health and well-being and longevity of older adults. Exercise programs can keep the older population independent and reduce healthcare costs (Brach, Simonsick, Krritchevsky, Yaffee, & Newman, 2004).

PA has been defined by the National Institutes of Health Consensus Development Panel on Physical Activity and Cardiovascular Health as bodily movement produced by skeletal muscles that require expenditure (NIH Consensus Development Panel on Physical Activity and Cardiovascular Health, 1996). Exercise—episodic performance of repetitive bodily movements—is one form of PA. Juarbe et al. (2002), articulated that exercise is planned, structured, repetitive, and purposive bodily movement done to improve or maintain one or more components of physical fitness and is considered a subset of PA. Total amount of PA may be as important as episodic exercise in producing important health and well-being outcomes, especially among older adults (Conn, 2001; NIH Consensus Development Panel on Physical Activity and Cardiovascular Health, 1996).

PA helps protect against numerous chronic diseases. Regular PA decreases the incidence of coronary heart disease, hypertension, diabetes, colorectal cancer, and obesity (USDHHS, 1996). Moderate PA is activity performed at an intensity of 3 to 6 METs (metabolic equivalent)—the equivalent of brisk walking at 3 to 4 mph for most healthy adults (Pate et al., 1995). Although regular PA has been demonstrated to be critical for the promotion of health and function as people age, persons over 65 and above represent the most sedentary segment of the adult population (CDC, 2008). Despite the reported health benefits of PA, studies show that Asians are least likely to participate in PA than Caucasians, African Americans, or the overall U.S. population (CDC, 2004; Kandula & Lauderdale, 2005). Pate et al. (1995) explained that low levels of habitual PA are associated with markedly increased all-cause mortality rates.

The beliefs of older minority adults about PA have been investigated. Lin, Huang, and Young (2007) found that among the Chinese older adults, beliefs on PA were positive and beneficial to their physical, psychosocial, and spiritual health. The study also called for PA as opportunities among the participants that combined their time for socializing with friends or spending time with family. Another study assessed the association of regular PAs as important for healthy aging process and improved gender-related roles among older Latina women (Juarbe, Lipson, & Turok, 2003). The participants in the study believed that by staying physically active, they were able to improve their roles as mothers, spouses, or family members. Knowledge of modifiable factors such as motivation and attitudes may help to develop interventions with the ultimate goal of changing behavior and influencing outcomes. The lack of motivation has been found as a common barrier in increasing PA levels among older adults in several studies (Belza et al., 2004; Dergance et al., 2003). Yet, the presence of self-regulatory skills such as goal setting, self-monitoring of improvement, and self-reinforcement, all of which have been found to be critical for maintaining PA, were the recurring theme in studies among the older adult minorities (Belza et al., 2004; Gleeson-King, 2006).

There is limited research related to PA among older Filipinos (CDC, 2004; dela Cruz et al., 2002; Kandula & Lauderdale, 2005; McBride, 2003). The importance of examining

perceptions and beliefs such as PA among older Filipino adults can be instrumental in bridging the gap between what is considered PA and exercise and overall functioning status among older Filipino Americans. Distinctively different interventions and strategies might be appropriate if the study revealed differences in beliefs and perceptions about PA and exercise among older Filipino Americans. This body of knowledge is necessary as a basis for evidence-based action to address health disparities of Asian and Pacific Islander Americans (Esperat, Inouye, Gonzalez, Owen, & Feng, 2004) including Filipino older adults.

Therefore, this study was conducted to address the gap of limited studies on PA among older Filipinos. Thus, the study has the following aims: (a) describe the health beliefs regarding exercise of Filipino older adults 65 years old and above living on the island of Oahu, Hawaii; (b) describe the PA and physical function status of Filipino older adults 65+ years old; and (c) describe the relationship between PA and physical function. The data presented in this article will be on the first aim, to describe the health beliefs regarding exercise of Filipino older adults 65 years old and above living on the island of Oahu, Hawaii.

Method

Design

This is a descriptive qualitative study. A descriptive design is appropriate as very limited prior knowledge exists on this topic. Hence, the reliability and validity of questionnaires and surveys cannot be established without prior qualitative work in refining the constructs under study. This technique ensures that the information represents the perspectives of the participants rather than that of the researchers. Such qualitative designs can be used to better understand any phenomenon about which little is yet known and is supported by the work of Strauss and Corbin (1990) as well as numerous other seminal authors in the field.

Sample

This study included a convenience sample of 47 traditional Filipino older adults 65 years old and above living in a cultural section of Honolulu, Hawaii. This setting was selected because it included a large proportion of traditional older Filipino adults. Table 1 provides an overview of the sample's demographics. As shown in Table 1, the participants were from a lifestyle characteristic of their traditional homeland in the Philippines. All of the participants spoke Ilocano, and were born in the Philippines. Eighty-five percent did not complete high school, and only 2.1% lived alone. Participants were recruited via word of mouth (snowballing technique). They were approached while participating in a federally funded community health program for minorities. A \$20 recognition was given to those who participated in the study. Internal Review Board approval was obtained from the University of Hawaii Committee on Human Subjects.

As the Filipino older adults were intimidated by an academic setting and technological equipment used for qualitative data recording (B. Aquino, personal communication, April 16, 2003), data were gathered in the community where the participants lived. The participants were interviewed in their homes or church. The data collection took

approximately an hour and the participants were individually interviewed for 15 min about their exercise activities.

Measures

Seven questions were generated by the investigators to determine the beliefs of traditional Filipino older adults on exercise activity. Of interest was the participant's perceived benefits and barriers to exercise, preferences to types of exercise activities and assessment of one's own confidence to exercise on a weekly routine basis (three or more times/week). The interview guide is shown in Table 2. Because English is a second language for all of the participants, the interview guide was forward and backward translated by the researchers and health center staff using Brislin's (1970, 1980) method in order to standardize the expression of the questions. Several of the authors are bilingual (fluent in English and Ilocano) and bicultural (traditional Filipino and Western cultural perspectives) and have professional experience working with the Filipino population. Researchers read the questions to the participants and hand recorded their responses.

Data Analysis

Data were analyzed using thematic analysis. Thematic analysis involves the search for and identification of common threads that extend throughout an entire interview or set of interviews (Morse & Field, 1995). For purposes of the analysis, a theme was defined as an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations ... the theme captures and unifies the nature or basis of the experience into a meaningful whole (DeSantis & Ugarizza, 2000, p. 362).

For the first round of data analysis, the researchers independently explored the data and formed initial categories. Following this step, they worked together to generate categories. The categories were used to form domains. This involved an iterative decision-making process whereby the agreement of each researcher was required to substantiate each final classification decision.

Results

It was immediately noted that although the questionnaire addressed the concept of exercise, the responses of participants described unstructured PA (e.g., performing ADL) and structured PA (performing scheduled and regimented exercise). Four major themes evolved from this analysis. Each theme will be discussed separately and then all four themes will be addressed in the Discussion.

Intervening Factors

Roles—Multiple competing role responsibilities in terms of family obligations, job constraints, and community responsibilities were the most frequently mentioned as competing for the individual's availability to exercise. This was especially true when the participants were asked whether they engaged in 30 min 3×/week or more regular exercise. Church/religious and family obligations were priorities, in as much as informal care giving responsibilities such as babysitting grandchildren or bringing the grandchildren to school,

doing laundry, and other required chores to keep the household running. A frequent response was “Too many things to do with church and family.”

Job demands—The requirements of maintaining a job also intervened with participant’s ability to exercise. Some expressed frustration and a sense of defeat as they perceived the demands of their job schedule in limiting their ability to exercise captured in this statement by a participant, “I only exercise sometimes because I am still working.”

Health/physical conditions—A number of responses dealt with physical limitations related to diseases such as hypertension, peripheral vascular disease, arthritis, and diabetes. The replies that came from the participants resonate to the symptoms of their illnesses, “My right leg becomes numb after standing awhile” or “I become dizzy when my blood sugar goes down.”

Internal/external factors—Some participants mentioned being tired and weak as one of them stated, “Sometimes I get easily weak,” and another one mentioned “The body is weak sometimes.” A few of the participants admitted the lack of motivation/laziness and lack of interest whereas two participants mentioned aging as factors to describe how personal characteristics influenced their ability to engage in regular exercise. In our sample, the majority of the participants did not consider external factors, such as safety of the environment, as a deterrent to accomplishing their exercise activity goals. They also did not consider the lack of a dedicated exercise facility as a hindrance.

Balancing Barriers against Benefits

Although many of the intervening factors were perceived as barriers to engaging in exercise, the participants also realized that perceived benefits of exercise were mostly focused on three categories: physical, physiological, and mental health.

Physical health—The majority of the participants ($n = 27$) believed that a regular exercise led to physical health benefits. In particular, the participants mentioned that these health benefits (a) led to a sense of enhancement in overall physical health; (b) assisted in the management of current chronic illnesses or issues on weight; and (c) for healthy aging process and longevity.

The majority of older Filipino adults mentioned that exercise maintained or enhanced their health by strengthening and stretching their bodies. This is reflected in the following quote: “It helps a lot—stretches the ligaments and strengthens the body.”

In addition to these health promotion benefits, some participants described how exercise helped them with their strategies on managing chronic illnesses such as diabetes, arthritis, and hypertension; and losing weight. For example, a participant explained why they exercise, “Because of my doctor’s advice due to my diabetes.” Another participant mentioned, “To help my physical well-being and my bones” (arthritis). One particular respondent articulated, “It helps to lower my high blood pressure.” Still another responded, “It reduces the weight of my body.”

Several participants also believed that regular exercises are important for healthy aging process and longevity: “It maintains the body’s youthfulness.” In addition, the Filipino older adults in this study indicated exercising for themselves primarily and for family benefits secondarily.

Physiological health—Several participants ($n = 10$) articulated the benefits of “sweating” during exercise. The association between the benefits of sweating and exercise were reflected by the participants in the following quotes: “It helps my body to sweat ... helps the body to be in good health ... it makes me feel stronger.”

Mental health—Some participants ($n = 6$) also mentioned the positive outcomes on their mental health as a benefit of staying physically engaged. The most commonly mentioned mental health benefit was “lighter feelings” after exercise. The participants also mentioned other benefits such as stress reduction and mood improvement. For instance, participants reported the following quotes: “As if my body and feeling feel lighter.” “Lessen stress, makes me feel good, relaxation.”

Engaging Capabilities

Participants were asked about personal beliefs and confidence in their ability to perform 30 min of vigorous exercise (working up a sweat) three or more times per week. The majority of the participants responded that they were confident in achieving brisk exercise and most replied: “I am confident.” Their replies are less expressive because it is characteristic of this population to answer in a straightforward manner out of respect when asked questions by healthcare providers.

Defining Exercise

Personal definition of exercise—The majority of participants reported some form of walking as the most common kind of exercise they engaged in, whereas five indicated gardening-related activities. Walking was incorporated with ADL (household chores, family obligations [walking grandchildren to school] along with jogging). A distinctive finding from this study was how most participants considered ADL as a form of “exercise” activity. The following answers reflect the perceptions of many of these participants: doing household chores and going to the market; gardening; raking leaves and walking to the store; walking the kids to school; walking around the house; washing cars; cleaning the yard and garage. Several participants also reported that in addition to work inside the home, a number of them were still working outside their homes and referred to their work activities as part of their PAs. For instance, they would refer to the following as form of activities instead of labeling it exercising: walking to go to work; walking to serve my customers; and walking as I sell my vegetables.

Discussion

The intervening factors noted, such as roles, health/ physical conditions, internal/external factors, influence both the perceived barriers and the perceived benefits.

Because of this, they will be discussed in terms of both the benefits and the barriers.

Perceived Barriers

Results from this study indicate that the barriers reported are similar to those in other studies with ethnically diverse older population (Belza et al., 2004; Conn, 2001; Dalloso et al., 1988; Fischbacher et al., 2004). In particular, the findings are comparable with those reported in which lack of time stemmed from taking care of the family, children, and grandchildren (Elyer et al., 1998). In a similar study conducted by Conn (2001), multiple roles and responsibilities to families were also perceived as barriers to PA. Of particular interest is the care-giving role which is consistent with Filipino culture values such as “*pakikisama*” (family unity and closeness) and “*utang na loob*” (reciprocity and obligation). As in previous studies (Kataoka-Yahiro, Ceria, & Caulfield, 2004; Kataoka-Yahiro, Ceria, & Yoder, 2004), the participants indicated that older Filipinos who live with extended family participate in the care of their grandchildren.

The trend noted on perceived barriers related to role conflict from job constraints and community responsibilities may be explained by the fact that over 25% are still employed while they were active in their civic and religious obligations. Only two participants mentioned being old as a barrier as compared with other studies done on other older adults that reported that the respondents felt that they were too old to exercise (Zunft et al., 1998). For some participants, the challenges were centered on personal health and physical limitations that may be considered as barriers to PA. A similar finding on the literature supported this notion (Schuler et al., 2006).

Some participants reported tiredness or weakness which could mean lack of motivation or lack of perseverance and persistence to engage in PA. Similar to this finding, Belza et al. (2004) found that lack of motivation was a common barrier to increasing PA to a group of ethnic minorities.

In contrast to findings by other researchers (Conn, 2001; Lin et al., 2007) the participants in this study did not consider other external factors such as community safety and lack of facility as barriers. This sample was drawn from a traditional area within Honolulu, Hawaii, where ethnic populations still exist relatively unacculturated from societal changes. The studies by Lin et al. (2007) and Conn (2001) were conducted in the continental United States, where other environmental factors may impinge on the safety of the participants.

This sample also did not view PA as gender oriented as compared with other older adult PA studies where women were less engaged in PA than men (Dalloso et al., 1988; McPhillips, Pellettera, Barrett-Connor, Wingard, & Criqui, 1989). This may be because of the fact that the participants in this study come primarily from agricultural provinces in the Philippines where task and activities are not gender oriented. Most of these participants were farmers in their native country where both husband and wife were engaged in the same amount of physical tasks in the field to help their family. Of note is the similarity of the Hawaiian climate to that of the Philippines. This particular sample is also fortunate to be located in Hawaii, as the climatic condition in Hawaii is conducive to performing PA as compared with other studies conducted in the continental United States where weather condition was identified as a barrier to performing PA (Forkan et al., 2006).

Perceived Benefits

The Filipino older adults in this sample have indicated benefits of PA as physical (health promotion), physiological (“sweat production”), and mental health. These perceptions toward PA are positive, and participants identified advantages associated with exercise in multiple health promotion domains, including stretching and strengthening. Research shows that muscle and bone strengthening PA of at least moderately intense level can slow the loss of bone density that comes with age (CDC, 2006).

The Filipino older adults in this sample were able to recognize the benefits of exercise in managing chronic illness such as hypertension as well as in the prevention of cardiovascular disease. In addition to health promotion were longevity and healthy aging benefits. The World Health Organization (WHO, 2008) explained that older adults that participate in regular PA can benefit from reduction of risk such as cardiovascular disease, osteoarthritis, osteoporosis, and hypertension, and reduces the risk of falls, which is a major cause of disability among the older population. WHO (2008) also recommended in that if appropriate, older adults should engage in at least 30 min of moderate-intensity PA 5 days per week.

The benefits of sweating during exercise as indicated repeatedly by most of the participants may be indicative of good physiological exercise or work-out. Some cultures believe that sweating is the body’s safe and natural way to heal and that regular sweating restores good health through the elimination of toxins (Cuhane-Pera, 2007). In contrast, African-American women viewed sweating and messing up one’s hair to be barriers to exercise (Railey, 2000; Williams et al., 2006).

The mental benefits reported by the participants such as stress reduction and feeling good were proven positive physiological and biological responses associated with various doses of exercise and were fairly documented in the literature (Dishman & Sallis, 1994; Dergance et al., 2003; Katula, Blissmer, & McAuley, 1999). In addition, the Filipino older adults in this study indicated exercising for themselves primarily and for family benefits secondarily.

Engaging Capabilities—Perceived Self-Efficacy

Self-efficacy, the belief in the ability to do something, is one of the most studied personality traits contributing to adherence to exercise (Bandura, 2004; Belza et al., 2008). In a study by Litt, Kleppinger, and Judge (2002), self-efficacy played a larger role in determining the course of exercise behavior, and those with higher self-efficacy usually maintained their engagement in PAs much longer than those with lower self-efficacy.

It is noteworthy to convey the confidence level of the participants to exercise in this study and they were not allowing the presence of their physical limitations to get in the way. It is interesting to note that lack of health can also serve as motivators for this group to become more physically active. Limitations in health status thus assist to exercise. In contrast to other studies (Conn, 2001; Lawton et al., 2006), this finding found that certain factors such as physical limitations or chronic illnesses could serve as either barriers or enhancers to exercise.

Definition of Exercise

Finally, consideration needs to be paid to the term “exercise” or “physical activity” and the ways it was used and understood by the participants. Most of the participants identified walking as the most common form of exercise or PA. Some participants also described ADL such as doing household chores as forms of exercise.

The participants’ comments open the door to the notion of classifying unstructured PA as forms of exercise. In a study conducted by Atienza and King (2005), it was reported that the two most frequently mentioned PAs from the older Filipino American women were light housework and leisure walking. Prior research suggests that these types of activities must be explored in more culturally bound ways (Fischbacher et al., 2004) as some cultures regard ADL as “exercise.” Hawkins et al. (2009) suggests that total activity, including light intensity and unstructured activities such as ADL in the measure of PA, may be a better predictor of health outcomes than structured (exercise) activity alone.

Limitations

The results from this study can only be applied to the participants in this study who live in the selected area of Honolulu, Hawaii. Respondents were recruited as they participated in activities for minority older adults at a federally funded community health center. The demographic background of the sample indicates that most of the participants came from agricultural provinces in the Philippines. The information may not be applicable to Filipino older adults, who came from urbanized areas in the Philippines, or those who have acculturated into Western societal practices and ways of living.

Recommendations for Future Research

Further research is needed to understand the conceptualization of exercise versus PA as these two concepts may have specific meanings to specific populations. Take for example the cultural definition of chores as part of daily unstructured PAs among diverse older adults population and its impact on their health; whereas Western society’s definition of only structured activities constituting as exercise. Future research should also address more culturally sensitive ways of determining PAs among members of ethnic minority groups (Fischbacher et al., 2004). As indicated in the findings, more research is needed to recognize what actually constitutes total activity (combination of physical activity and exercise) from the perspective of the respondents rather than from the perspective of the researchers. Implicit in this statement is whether the important types of activity are not being identified using current criteria and measures, but also to ensure that those seeking to assess older adults’ activity (such as capitalizing on other daily routine activities) do so in culturally appropriate ways. Similar to the recommendation by Hawkins et al. (2009), the need to use objective measures of PA in situations where the contribution of light intensity or unstructured PA cannot be assumed within the population of study must be explored. The investigation of cultural perspectives and actual barriers and facilitators of PA in older Filipino adults will also facilitate interventions that could motivate this population to capitalize on maintaining PA. Knowledge relative to self-efficacy and cultural issues that are important to help prevent a cycle of diminished motivation and loss of engagement in

activity must be examined. A way to conceptualize the totality of activity strategies, whether structured or unstructured, is needed in the context of the population for which the activities are being measured.

This study intended to use a Western perspective of structured exercise as a proxy measure to examine the notion of PA. However, the results demonstrated that the respondents' perspective of PA encompassed both structured and unstructured actions. Alignment of the researchers' perspective with that of the respondents is essential for achieving reliable and relevant findings in future empirical studies. It is recommended that the four themes—balancing barriers against benefits, engaging capabilities, intervening factors, and defining exercise—be considered for assessment of traditional respondents. This type of awareness of the respondents' cultural perspectives will provide a more accurate assessment of the quality and quantity of the concept of PA in traditional populations—especially for those who come from agricultural backgrounds, such as the older Filipino adults.

Recommendations for Nurses

The recommendations will be addressed according to the themes. *Perceived barriers* include civic and especially family obligations, e.g., grandchildren caregiving. The family of the older adults must be made aware that family obligations may deter their older family members to engage in exercise. Encourage family members to incorporate time for exercise on a daily basis for the older adults. The *perceived benefits* of exercise described by the participants, such as health promotion and chronic disease management are on target and therefore must be validated with the participants. The majority of the participants' perceived self-efficacy to exercise even with chronic conditions and despite the advanced age is gratifying. This must be encouraged. Likewise, there is a significant need for nurses to be able to accurately communicate with the patients. Based on the responses of this elderly Filipino population who immigrated later in life to the United States, this article presented lessons learned from a study that attempted to be culturally responsive and measure the notion of what providers call "exercise" but what the majority of participants considered as "PA." Nurses must also be cognizant of these possible differing definitions when dealing with older adults from traditional populations.

Conclusion

This study was a beginning step in describing the older Filipino adults' perceptions of PA. Addressing the barriers and benefits, the population's engaging capabilities, recognizing intervening factors, and defining exercise contribute important information to understanding the performance of PA in populations of traditional older adults, such as the participants in this study. Being able to view phenomena from each group's unique perspective is essential to provide a culturally relevant basis for developing meaningful interventions.

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Table 1Participants' Sociodemographic Characteristics Including Medical History ($N = 47$)

Demographic characteristic	
Age group (years)	% of sample
65–70	34
71–76	32
77–82	23
83–87	11
Language	
English	85
<i>Ilokano</i>	100
Place of birth	
Philippines	100
Other	0
Marital status	
Married	63.8
Widowed	36.2
Gender	
Male	38.3
Female	61.7
Education level	
Less than high school degree	85.2
Some college/university	2.1
4 or more years of college/university	12.7
Employment status	
Employed	25.6
Unemployed	6.3
Homemaker	44.7
Retired	23.4
Habitation	
Live with someone (spouse, relatives, friends)	97.9
Live alone	2.1
Lifestyle	
Alcohol use	
Sometimes	51.1
Never	48.9
Smoke now	
Yes	8.0
No	92.0
Medical history	
Hypertension	51.1
Diabetes mellitus	25.5

Table 2

Exercise Questions

1	<p>What kind of exercises do you normally do? [If does not exercise at all, do not ask probe questions for #1, proceed to questions 4, 5, 6, & 7; if exercises, continue with probe questions for #1 then, proceed to questions 2–7]</p> <p>Probe questions: Why do you do this type of exercise? Are there other types of exercises that you would rather do?</p> <p>What prevents you from doing the type of exercises that you would rather do? Lack of facility? Unsafe neighborhood?</p>
2	<p>How often do you normally do this type of exercise?</p> <p>Probe question: Would you like to exercise more?</p>
3	<p>How often did you do your normal exercise last week?</p> <p>Probe questions: Would you like to exercise more? If so, what prevents you from exercising more frequently? Family obligations?</p>
4	<p>Why do you think you should exercise?</p> <p>Probe questions: How important is exercise to you? Do you exercise for yourself? Or for the sake of your family? For physical well-being? For emotional well-being?</p>
5	<p>The ideal thing to do is to exercise vigorously like working up a sweat for 30 minutes three (3) or more times per week. How confident are you that you could exercise this much? [Self-efficacy]</p> <p>Probe questions: If you don't feel confident, why not? Do you have any physical condition that prevents you from exercising vigorously such as: arthritis, gout, no energy, any other reason?</p>
6	<p>If you are not exercising as often as you want to or should (like working up a sweat for 30 minutes 3×/week or more) what are the reasons? [Perceived barrier]</p> <p>Probe: Family obligations? Physical condition such as having arthritis, gout, no energy, any other reason? If “no energy,” is it emotional, due to depression or just physically tired?</p>
7	<p>How would it help your health if you exercised vigorously three or more times per week? [Perceived benefits]</p> <p>Probe: What kinds of health benefits do you think you would get from exercising vigorously three or more times per week?</p>