

A mixed methods investigation into the Barriers and Facilitators of Exercise Referral Scheme adherence: implications for enhancing participant experience

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## Retrospective cohort study of the South Tyneside Exercise Referral Scheme 2009–14: predictors of dropout and barriers to adherence

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- 6894 participants. 37.8% (n=2608) drop out at 6/52. 50.03% (n= 3449) at 12/52.
- Gender: 46.7% of males and 52.2% of females dropped out\*
- Age: Mean age of adherent participants significantly larger than dropouts 51.1±15.3 vs 45.7±15.6 years\*

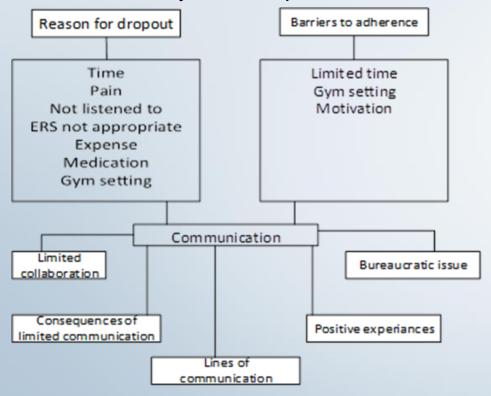
- The strongest predictors of dropping out were smoking (OR=1.58, 95% CI: 1.29-1.93) or being a <u>Tier 3</u> referral (OR=1.47, 95% CI: 1.25-1.73).
- Increasing <u>age</u> (OR=0.98, 95% CI: 0.98-0.99), <u>drinking alcohol</u> (OR=0.82, 95% CI: 0.71-0.95), being a <u>secondary care referral</u> (OR=0.68, 95% CI: 0.52-0.90), having a <u>lack of motivation</u> (OR=0.81, 95% CI: 0.69-0.95), or a <u>lack of childcare</u> (OR=0.69, 95% CI: 0.50-0.95) decreased the likelihood of dropout.

<sup>\*</sup> Significant difference at p<0.001

### Qualitative phase

#### Interviews (n=11)

All Under 55 years, dropout within 6/52



- Knowledge & Autonomy
- More info on nutrition and exercise. In a tangible, take home format, with less reliance on the gym.

#### Focus group (n=7)

- Successfully adherent (all Males over 64)
  - Barriers and facilitators to adherence
    - Finance
    - Embarrassment
    - Motivation
    - Social interaction
  - Keys to success and future recommendations
    - Effort/commitment/perseverance
    - Realistic goal setting & recognising objective markers/improvement
    - More information on nutrition and exercise.

# Future directions and/or Implications for policy and practice

- Should all individuals always be referred to ERS?
  - Participants recognise that "one size does not fit all"
  - Better to refer older, non-smokers, with less co-morbidities?

#### Communication

- Develop meaningful goals, involve participant, tailored plans, address anxieties or problems that individuals may envisage with the referral/attendance
- Knowledge/education
  - Adherent and non-adherent participants alike requested more information, keen to be more autonomous.