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Physical activity and disability in older adults: a social work perspective

Actividad física y discapacidad en las personas mayores: una perspectiva del trabajo social

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Abstract

Introduction: Social work plays an increasingly important role in promoting physical activity and sport to improve population health, particularly among older adults with disabilities. In this context, this study aimed to compare levels and patterns of physical activity among older adults with and without disabilities.

Method: The sample comprised 612 older adults from Galicia (379 women, 67.91±8.41 years; 95 men, 68.11±8.10 years), of whom 474 did not have disabilities (67.95±8.33 years) and 138 had disabilities (68.38±8.87 years).

Results: The findings indicate that older adults with disabilities engaged in more domestic tasks but were more sedentary regarding physical activity, despite having similar incomes and spending more on sports activities. Additionally, they participated less in physical activities in gyms, sports centres, and residential or day centres.

Conclusions: In general, people with disabilities perceived their health status to be worse compared to those without disabilities. These findings are crucial for informing social work interventions aimed at improving the quality of life of older adults with disabilities.

Keywords: Physical activity, disability, elderly, social work, quality of life.

Resumen

Introducción: El trabajo social desempeña un papel cada vez más importante en la promoción de la actividad física y el deporte para mejorar la salud de la población, especialmente entre las personas mayores con discapacidad. En este contexto, el objetivo de este estudio fue comparar los niveles y patrones de actividad física entre las personas mayores con y sin discapacidad.

Método: La muestra estuvo compuesta por 612 personas mayores de Galicia (379 mujeres, 67.91 ± 8.41 años; 95 hombres, 68.11 ± 8.10 años), de las cuales 474 no tenían discapacidad (67.95 ± 8.33 años) y 138 tenían discapacidad (68.38 ± 8.87 años).

Resultados: Los resultados indican que las personas mayores con discapacidad realizaban más tareas domésticas, pero eran más sedentarias en cuanto a la actividad física, a pesar de tener ingresos similares y gastar más en actividades deportivas. Además, participaban menos en actividades físicas en gimnasios, centros deportivos y centros residenciales o de día.

Conclusiones: En general, las personas con discapacidad percibían su estado de salud como peor en comparación con las personas sin discapacidad. Estos hallazgos son cruciales para orientar las intervenciones de trabajo social destinadas a mejorar la calidad de vida de las personas mayores con discapacidad.

Palabras clave: Actividad física, discapacidad, personas mayores, trabajo social, calidad de vida.

Introduction

Physical activity (PA) and sports are gaining recognition as vital areas of intervention from a social work perspective (Corvino et al., 2023; Newman et al., 2022). The World Health Organization defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. This encompasses all forms of movement, whether during leisure time, for transportation, or as part of one's occupation. Both moderate and vigorous intensity physical activities are beneficial to health (Caspersen et al., 1985; World-Health-Organization, 2020).

This initial definition, focused solely on the biological aspects, has evolved to encompass psychological and social dimensions. Now, physical activity is understood as "any intentional bodily movement performed with skeletal muscles that results in energy expenditure and personal experience, enabling interaction with others and the surrounding environment" (Devís Devís, 2001). Addressing these social aspects underscores the significance of social work, which collaborates with various stakeholders to enhance the impact of physical activity interventions.

Given the growing global aging of the population and the rising prevalence of disability, understanding physical activity from an integrated bio-psycho-social approach is essential. The growing prevalence of morbidity and functional decline, linked with global population aging and increased life expectancy, has escalated the demand for care and access to long-term care (LTC). Those involved in providing LTC are typically divided into two main groups: unpaid careers and paid LTC workers, which include social workers who play a crucial role in social care (World-Health-Organization, 2023a, 2024). A global vision promoting more active lifestyles for a healthier world is essential (World-Health-Organization, 2023b).

Social workers are uniquely positioned to act as critical change agents (Newman et al., 2022), especially for older adults. Achieving a coordinated approach among various health care professionals, who offer a broad range of services, is crucial. Collaboration between social workers and professionals in sports science and physical activity is vital to enhance and improve both health systems and the well-being of the elderly population. In recent years, initiatives involving social workers in sports-based interventions have grown exponentially, highlighting the increasing recognition of their role in promoting physical activity as a means to improve health outcomes for the aging population (Corvino et al., 2023).

Social workers have the capacity to promote interdisciplinary and multidisciplinary empowerment, well-being, and social inclusion through the implementation of physical activity policies and the creation of targeted programs (Corvino et al., 2023; Klos et al., 2023). From a social work lens, physical activity is not only a health behavior but also a tool for inclusion, autonomy, and empowerment of older adults with functional limitations. Integrated care (IC) refers to the coordination and unification of various healthcare services to provide cohesive and comprehensive care. In Europe, IC reforms have been particularly expansive, involving the reorganization of governance and delivery structures within health and social services systems. These reforms aim to bridge gaps between different care providers, ensuring a more seamless and efficient service delivery.

Integrated care encompasses a variety of components, which are shaped by clinical practices, organizational frameworks, and policy-related constraints (Back & Calltorp, 2015; Fraser et al., 2018). By fostering collaboration among diverse healthcare professionals, social workers can help design and implement programs that not only enhance physical health but also promote social inclusion and overall well-being. This integrated approach ensures that older adults receive holistic care that addresses both their medical and social needs, thereby improving their quality of life (Sellon, 2023).

In this context, promoting physical activity among disabled older adults represents both a public health challenge and a social responsibility. Engaging in physical activity has been consistently linked with enhanced quality of life (QoL) for older adults, both with (Sellon, 2023; van Schijndel-Speet et al., 2014) and without disabilities (White et al., 2009), and is effective in preventing and treating functional disabilities (Singh,

2002). Despite these benefits, disabled individuals face numerous social, financial, and physical barriers to becoming active, making them one of the most physically inactive groups in society.

To date, few studies have compared the patterns and determinants of physical activity between older adults with and without disabilities using a social work framework. Social workers have recently been recognized as pivotal in promoting PA among disabled people (Monforte et al., 2022; Smith & Wightman, 2021). Collaborating with disabled individuals, organizations representing them, and the health and sports sectors is essential to effectively encourage physical activity. By establishing social workers as key promoters of physical activity, guidelines can be developed to help increase PA among older adults with disabilities. Therefore, it is crucial to consider social workers in future health promotion research. As care workers, they are in a unique position to advocate for and implement PA programs that cater to the specific needs of disabled individuals, ultimately enhancing their QoL and reducing the prevalence of inactivity in this vulnerable population (Paylor, 2010).

This study aims to describe and compare the physical activity and sports participation of individuals with and without disabilities. It will assess various factors, including the frequency, intensity, and locations of their physical activities. Additionally, the study will examine how these factors relate to the participants' economic capabilities.

By conducting a comparative analysis, the research seeks to highlight any disparities in physical activity levels and opportunities between these two groups. The findings will provide insights into how economic resources influence the ability to engage in physical activities and sports, intending to identify barriers and promote inclusive strategies that enhance physical activity participation for all individuals, regardless of disability status.

Methods

Sample

The study sample comprised 615 older adults, including 474 without disabilities (67.95±8.33 years) and 138 with disabilities (68.38±8.87 years). When stratified by gender, the group without disabilities included 95 men (68.11±8.10 years) and 379 women (67.91±8.41 years), while the group with disabilities included 39 men (67.77±9.53 years) and 99 women (68.64±8.68 years). Participants were recruited from community centers, municipal programs, and local health services in Galicia using a convenience sampling strategy. All participants provided informed consent before participation.

Variables

The variables analyzed included those from the Yale Physical Activity Questionnaire (YPAS). From block 1, these included disability status and monthly income; from block 2 (activities that are part of the daily routine), domestic or household tasks, employment, gardening or outdoor work, caregiving, physical activity or exercise, leisure activities, and other activities; and from block 3 (activities performed in the last month), the intensity and duration of different activities. Finally, perceived quality of life was assessed.

Disability status was self-reported based on functional limitation criteria consistent with WHO (2023a) definitions. The Spanish-validated version of the YPAS was applied, ensuring cultural adaptation and linguistic equivalence.

All study variables were segmented according to the presence or absence of disability.

Statistical procedure

Variables were described according to their type and measurement scale, using the median for categorical variables and the mean and standard deviation for ratio-scale variables. Contingency tables were used to establish associations between variables, with the contingency coefficient and Cramer's V employed as measures of association for nominal variables. Standardized residuals (SR) greater than or equal to 1 in absolute value were examined. Prior to analysis, the Shapiro–Wilk test confirmed non-normal data distribution, justifying the use of non-parametric statistics. The Mann-Whitney U test was applied to compare ordinal variables between individuals with and without disabilities.

Results

When comparing the variables of interest between people with and without disabilities, significant differences were observed in the frequency ($p < .016$) and duration ($p < .018$) of participation in physical or sports activities, with higher frequency and duration among people without disabilities. Participation in sports at a gym or sports centre ($p < .020$) was more frequent among people without disabilities, while participation at a residence or day centre ($p < .002$) was more common among people with disabilities. In addition, perceived quality of life ($p < .001$) was significantly higher among people without disabilities.

Exact p-values and Cramer's V are reported below to indicate effect sizes (range = .09–.15, small magnitude).

Notably, there were no significant differences in monthly income ($p = .117$) or in monthly expenditure ($p = .199$) on physical and sporting activities (Table 1).

Table 1

Comparisons between people with and without disabilities

Variable	Disability	N	Median	Mean Rank	Sig.*
How many times a week do you do housework or household chores?	No	536	Every day	351.44	.337
	Yes	160	Every day	338.66	
How many days a week do you engage in physical activity or sports?	No	524	3-4 days per week	352.38	.015*
	Yes	160	3-4 days per week	310.16	

Variable	Disability	N	Median	Mean Rank	Sig.*
How long do you engage in physical activity or sports?	No	512	1 to 2 hours	341.86	.017*
	Yes	153	1 to 2 hours	303.35	
Place where you do physical activity: A gym or sports centre	No	518	Yes	325.09	.019*
	Yes	147	Yes	360.86	
Place where you do physical activity: Home or day centre	No	518	No	337.87	.001*
	Yes	147	No	315.83	
How do you perceive your quality of life?	No	508	Good	351.81	< .001*
	Yes	149	Average	251.22	
What is your monthly income?	No	423	901 to 1.200€	289.05	.117
	Yes	142	901 to 1.200€	264.97	
What is your monthly expenditure on physical activity or sports?	No	512	Less than 25€	325.63	.199
	Yes	148	Less than 25€	347.33	

Note. * Significance of the Mann-Whitney test

No significant associations were found in the following variables, including the time spent on domestic or household tasks, the frequency and duration of gardening or outdoor tasks, the frequency and duration of caring for others, and the frequency and duration of leisure activities. Similarly, no significant associations were found regarding most locations where sports are practiced, such as neighbourhood associations, outdoor environments, or other venues, although significant associations were identified in other variables of interest.

As shown in Table 2, a significant association ($p < .042$) was observed between disability status and performing domestic tasks, although the strength of this association was weak (Cramer's V = .120). Analysis of the standardized residuals indicated that individuals without disabilities did not perform domestic or household tasks less frequently than expected, while individuals with disabilities performed these tasks more frequently than expected. Conversely, no major differences were observed between individuals with and without disabilities regarding the daily performance of domestic or household tasks.

A significant association was also observed between disability status and the frequency of physical and sporting activities ($p < .004$), although the strength of this association was low (Cramer's V = .153). Total sedentary behavior, defined as no participation in physical or sporting activities, was higher among individuals with disabilities compared to those without disabilities, and this trend was also observed for low participation frequencies of 1–2 days per week. However, at higher participation frequencies (>5 days per week), no significant differences were found between the groups (Table 3).

Table 2

Association between disability and performing domestic or household tasks

			How many times a week do you perform domestic or household tasks?				
			Never	1-2 days a week	3-4 days a week	5-6 days a week	Every day
Disability	No	C	20	32	36	32	416
		EF	26.2	33.9	34.7	27.7	413.6
		SR	-1.2	- .3	.2	.8	.1
	Yes	C	14	12	9	4	121
		EF	7.8	10.1	10.3	8.3	123.4
		SR	2.2	.6	- .4	-1.5	.2
Sig.	0.041	Contingency coefficient		.119	Cramer's V		.120

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

Table 3

Association between disability and participation in physical and sporting activities

			How many days a week do you participate in physical or sporting activities?				
			Never	1-2 days a week	3-4 days a week	5-6 days a week	Every day
Disability	No	C	15	126	177	96	110
		EF	20.7	137.9	163.9	94.2	107.3
		SR	-1.2	-1.0	1.0	.2	.3
	Yes	C	12	54	37	27	30
		EF	6.3	42.1	50.1	28.8	32.7
		SR	2.3	1.8	-1.8	- .3	- .5
Sig.	.003	Contingency coefficient		.151	Cramer's V		.153

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

The time spent on physical and sporting activities also differed between the groups, showing a significant association (p< .017) with a low strength of association (Cramer's V = .135). Once again, a higher level of sedentary behaviour was found among individuals with disabilities compared to those without disabilities (Table 4).

Table 4

Association between disability and time spent doing physical and sporting activities

			How long do you spend doing physical or sporting activities?				
			Not at all	Half an hour or less	Between half an hour and an hour	Between one and two hours	More than two hours
Disability	No	C	11	10	150	270	71
		EF	16.9	11.5	154.0	261.0	68.5
		SR	-1.4	- .5	- .3	.6	.3
	Yes	C	11	5	50	69	18
		EF	5.1	3.5	46.0	78.0	20.5
		SR	2.6	.8	.6	-1.0	- .5
Sig.	.016	Contingency coefficient		.134	Cramer´s V		.135

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

Regarding sports venues, no significant differences were found in neighbourhood associations, outdoor venues, or other locations. However, there were significant associations (p< .017) in gyms and sports centres, although with a low strength of association (Cramer's V = .091). Fewer individuals with disabilities than expected were found to engage in physical activity in gyms or sports centres, while a higher-than-expected number did not use these types of facilities (Table 5).

Table 5

Association between disability and performing PA in a gym or sports centre

			Place of PA practice: A gym or sports centre	
			Yes	No
Disability	No	C	320	198
		EF	307.7	210,3
		SR	.7	- .8
	Yes	C	75	72
		EF	87.3	59.7
		SR	-1.3	1.6
Sig.	.019	Phi	.091	

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

There is also a significant association between disability and physical activity in residential homes or day-care centres (p< .002), with a low strength of association (Cramer's V = .135). This indicates that people with disabilities engage in physical activity more frequently in such centres (Table 6).

Table 6

Association between disability and performing PA in a nursing home or day-car centre

			Place of PA practice: Nursing home or day-care center	
			Yes	No
Disability	No	C	15	503
		EF	22.6	495.4
		SR	-1.6	.3
	Yes	C	14	133
		EF	6.4	140.6
		SR	3.0	- .6
Sig.	.001	Phi	- .135	

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

In terms of economic aspects, it is worth noting that there are no significant differences in monthly income between groups with and without disabilities (p = .117), as shown in Table 1. However, there are significant differences in monthly expenditure on physical activities (p < .017), with a weak strength of association (Cramer's V = .144). People with disabilities are less likely to participate in free physical activity or sports than those without disabilities, and the same pattern is observed for spending between €25 and €50. However, in the higher expenditure brackets, the group with disabilities is overrepresented (Table 7).

Table 7

Association between disability and monthly expenditure on physical and sporting activities

			What is your monthly expenditure on physical or sporting activities?					
			None	Less than 25 €	Between 25 and 50 €	Between 51 and 75 €	Between 76 and 100 €	More than 100 €
Disability	No	C	112	211	134	37	13	5
		EF	106.3	215.7	128.0	36.5	17.1	8.5
		SR	.6	- .3	.5	.1	-1.0	-1.2
	Yes	C	25	67	31	10	9	6
		EF	30.7	62.3	37.0	10.5	4.9	2.5
		SR	-1.0	.6	-1.0	- .2	1.8	2.2
Sig.	.016	Contingency coefficient		.144	Cramer's V		.145	

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance <0.05; SR: Standardized Residual greater than or equal to 1 in absolute value

Table 8

Association between disability and perception of quality of life

			How do you perceive your quality of life?				
			Very por	Poor	Averaga	Good	Vary Good
Disability	No	C	2	5	117	302	82
		EF	3.9	10.1	142.3	279.1	72.7
		SR	- .9	-1.6	-2.1	1.4	1.1
	Yes	C	3	8	67	59	12
		EF	1.1	2.9	41.7	81.9	21.3
		SR	1.8	2.9	3.9	-2.5	-2.0
Sig.	.016	Contingency coefficient		.134	Cramer´s V		.135

Note. C: Count; EF: Expected Frequency; SR: Standardized Residual
Sig.: Statistical significance < .05; SR: Standardized Residual greater than or equal to 1 in absolute value

Discussion

The present study provides a comprehensive analysis of physical activity (PA) patterns among older adults in Galicia, Spain, with a specific focus on the disparities between individuals with and without disabilities. The findings reveal significant differences in PA frequency, duration, and perceived quality of life (QoL), despite comparable economic resources. These results underscore the multifaceted barriers faced by older adults with disabilities and highlight the critical role of social work in addressing these disparities.

This research expands existing evidence by using a social work framework to interpret behavioral, environmental, and structural determinants of PA, rather than solely biomedical factors.

Physical Activity Disparities and Sedentarism

Older adults with disabilities were found to engage less frequently and for shorter durations in physical activities compared to their non-disabled counterparts. This aligns with previous research indicating that individuals with disabilities are among the most physically inactive populations globally (Smith & Wightman, 2021; Monforte et al., 2022). Despite similar income levels, the disabled cohort exhibited higher levels of sedentarism, suggesting that economic capacity alone does not explain inactivity. Instead, structural, environmental, and psychosocial barriers likely play a more substantial role (van Schijndel-Speet et al., 2014).

Interestingly, the study found that individuals with disabilities were more likely to engage in PA within residential or day-care centers, whereas non-disabled individuals preferred gyms or sports centers. This may reflect accessibility issues or differing per-

ceptions of safety and support in various environments (Sellon, 2023). The lower participation of disabled individuals in community-based PA settings further emphasizes the need for inclusive infrastructure, adapted programs, and trained professionals in social and sport contexts.

Economic Investment and Access to Physical Activity

Although no significant differences were observed in monthly income, the study identified divergent spending patterns on PA. Disabled individuals were underrepresented in the lowest spending brackets and overrepresented in higher ones, suggesting that they may face higher costs to access suitable or adapted PA opportunities. This finding is consistent with literature indicating that accessible PA programs often require specialized equipment or personnel, increasing financial burden (Paylor, 2010).

The lack of significant differences in income but disparities in PA engagement and spending patterns point to systemic inequities in access rather than personal economic limitations. These findings support calls for subsidized or publicly funded inclusive PA programs (World-Health-Organization, 2023b).

Perceived Quality of Life and Physical Activity

Perceived QoL was significantly lower among individuals with disabilities, corroborating previous studies that link PA with improved physical, psychological, and social well-being (White et al., 2009; Singh, 2002). The bidirectional relationship between PA and QoL suggests that interventions promoting PA could yield substantial benefits for this population. However, the effectiveness of such interventions depends on their accessibility, cultural relevance, and adaptability to individual needs (Fraser et al., 2018).

The Role of Social Work in Promoting Physical Activity

This study reinforces the emerging consensus on the pivotal role of social workers in promoting PA among older adults, particularly those with disabilities (Corvino et al., 2023; Newman et al., 2022). Social workers are uniquely positioned to bridge the gap between health services, community resources, and individuals, facilitating integrated care (Back & Calltorp, 2015). Their involvement in designing and implementing PA programs can enhance participation, foster social inclusion, and ultimately improve QoL. Beyond direct intervention, social workers should advocate for policies promoting accessibility, funding mechanisms, and interdisciplinary training programs that link PA and social welfare.

Moreover, interdisciplinary collaboration between social workers, healthcare providers, and sports professionals is essential to develop holistic interventions that address both medical and social determinants of health (Klos et al., 2023). Training social workers to assess, prescribe, and evaluate adapted physical activity within their practice is a promising strategy for reducing health disparities (Monforte et al., 2022).

Conclusion

The findings of this study highlight critical disparities in PA engagement and QoL between older adults with and without disabilities. These disparities persist despite

similar economic resources, indicating the influence of broader structural and social barriers.

Social work, through its commitment to equity, empowerment, and inclusion, is well-positioned to lead the design and implementation of accessible PA initiatives for older adults. Such initiatives should integrate health promotion, community engagement, and social inclusion strategies.

Future policies should prioritize accessible infrastructures, adapted exercise programs, and collaborative efforts between social services and sport institutions, while future research should evaluate the long-term impact of social work–led physical activity interventions and identify best practices for fostering inclusive, community-based environments that enhance quality of life and autonomy among older adults with disabilities, thereby advancing the principles of active and inclusive aging.

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