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Employee Health in the 21st Century: An Investigation of Exercise Incentives in Four Medium-Sized Western Australian Organisations

Troy Fuller
University of Notre Dame Australia

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Employee Health in the 21st Century: 
An Investigation of Exercise Incentives in Four 
Medium-Sized Western Australian Organisations

Troy Fuller

Doctor of Philosophy 
School of Business 
The University of Notre Dame Australia 
Fremantle, Western Australia 
2012
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Abstract

Employee Health in the 21st Century: An Investigation of Exercise Incentives in Four Medium-sized Western Australian Organisations.

The first decade of the 21st century has shown how organisations are dynamic and turbulent. Many employees are time-poor, working longer and longer hours and are expected to be contactable 24/7, motivated and available to work. Research has shown that employee health is at great risk. Some organisations are now offering incentives for employees to exercise (‘exercise incentives’), and rigorous research was needed to understand and manage these incentives and support health.

The major research question in the study involved employees’ experience of exercise incentives in four medium-sized organisations in Western Australia. Four subsidiary questions provided detail as to the term ‘exercise incentives’, incentives currently provided, influences to employees’ use of exercise incentives and implications for organisational strategy and practice.

The research was driven by a Salutogenic (proactive) focus on health, developed by Aaron Antonovsky. A detailed literature review relevant to contemporary organisations was conducted in the areas of health, exercise and employee incentives; it culminated in an Integrated Hypothetical Framework which was tested and expanded through a phenomenological, mixed method of focus groups, surveys and interviews to fully assess the current situation.

Critically, it was found that just over half (52.1%) of the participating employees were likely to meet the Australian recommendations for physical activity for adults, which encompasses exercise. Therefore, the research provides a necessary and timely contribution to organisational strategy and practice and to academic discussion by demonstrating the profound influence of exercise incentives which must be well-considered, suitably implemented and evaluated.
Four key models were developed: an Exercise Incentives Model for understanding the concept, a Gap Analysis Model to assess strengths and opportunities for improvement, an Exercise Incentives Implementation Model for action and a Research Outcomes Model which encompassed the entire investigation. Before publication, models and recommendations were validated with a senior manager from each participating organisation for clarity and refinement.

Employees, organisations and the research community now have access to rigorously-researched, comprehensive information about exercise incentives and processes for implementation, monitoring and future development. The research offers a powerful contribution to support employee and organisational health in their own right, and a vital extension to contemporary Human Resource Management to drive organisational success now and into the future.

**Key words / phrases:** Exercise incentives, exercise, employee incentives, Human Resource Management, employee health, organisational health.
Declaration

This thesis is my own work and contains no material which has previously been submitted for the award of degree or diploma at any university or other institution.

To the best of my knowledge, this thesis contains no material previously written or published by another person, except where appropriate acknowledgment has been given in the text of the thesis.

Troy Fuller
September 2012.
Formatting Conventions

The University of Notre Dame Australia, School of Business referencing style (Naimo 2007) has been used throughout the thesis.

Published authors:

- Quotations longer than thirty words from noted authors are indented slightly and single spaced but not italicised. The author/s, year and page number/s are provided in brackets; for example, (Naimo 2007, p.1).

Participants’ information:

- Participants’ direct quotations or written comments are indented and italicised. No changes to sentence structure have been made.
- Italics only are used when participants’ words or phrases are included in analysis or discussion.
- The use of (_) indicates that identifying details such as dates, names or locations have been removed.
- Where different sections of the same interview or written comment are used in the same quotation, an ellipsis (…) shows the transition.

Formatting of some appendices varies slightly from the above as various documents are provided in original format.
Acknowledgments

Many people have contributed to this research.  

I sincerely thank my supervisors, Dr Peter Gall and Assoc. Prof. Laurie Dickie. Both people have given freely of their limited time and their ongoing support, encouragement and practical advice has been invaluable. Their ability to assess what was important and where effort needed to be made has helped me immeasurably.

The senior managers and employees from the four participating organisations have likewise shown great enthusiasm for the project; without them, this important research would not exist. Their willingness to share their experiences has made the project what it is.  

I acknowledge the support and interest shown by Prof. Mike Wood, who co-supervised in the early stages of the project, and all staff in the School of Business for their friendly encouragement.  

The workspace provided by the Institute of Health and Rehabilitation Research on the Fremantle campus was much appreciated. I particularly acknowledge the help of Prof. Beth Hands, Prof. Max Bulsara, Dr Caroline Bulsara and Ms Louisa Smith.

Staff from the Research Office, particularly Dr Marc Fellman and Ms Lorraine Mayhew, have kindly answered my many queries and their help with practical arrangements and financial support is recognised with thanks.

I appreciate the approval given by Dr Karen Sechrist to use an existing research instrument for a section of the study.

I thank the proposal reviewers and the thesis examiners for their time and constructive feedback.

Finally, I thank my wife, Geralyn Fuller, for her patience, quiet confidence and gentle support, and my family and friends for their care, interest and reassurance.

I dedicate this thesis to my grandmother, Mildred Fuller; a Fremantle girl approaching 100 years of age and an exemplar of health and lifelong learning.
Chapter 1 - Introduction

1.1. Introduction

I think there is such a focus now on the wellbeing of people at work. One of my issues to staff has been - we all get paid, I can’t do anything about your hourly rate but all your other things ... What happens outside the gate is your business, but if it affects what happens inside the gate, it is mine (Research participant).

The current study arose from a time of reflection and re-evaluation for the researcher after twenty years of employment in Western Australia. The researcher started work in a small, family-run organisation, progressed to country and city schools, the state government and almost ten years with the national government in operational, management and strategic roles; most recently, for six years, in academia as a lecturer in Human Resource Management and business. Across the diverse range of work settings were common threads and, often, difficult challenges including organisational restructuring, changes in organisational direction, the increasing impact of technology and efforts by many employees to try to balance various and conflicting demands of work and home. An increasing emphasis on accountability, risk management and the transparency and contestability of decision-making was experienced which resulted in benefits for employees and for organisations; however, at times, the changes and speed of change resulted in significant, often unexpected, consequences.

As a result of these experiences, particularly in recent years, the researcher increasingly became interested in employee and organisational health, especially the quandary as to how best to help employees in such challenging environments. Consequently, the study was prompted by the view that an employee’s contribution to an organisation is highest when they are healthy and well supported. However, the nature of health and the contributors to health seemed unclear; thus, over time, questions were asked and an action plan for the research was developed.

The researcher has worked with, and supervised, many employees experiencing ill-health comprising mental or physical illness, accidents in the workplace and situations
such as occupational overuse syndrome, where pain or unease can result from repeated use of particular body parts (Australian Government 2010; Jaye & Fitzgerald 2011). Often, medical support was provided by an occupational therapist or similar professional, with the regular involvement of doctors and other support in an attempt to balance the priorities of the employee and of the organisation. Many situations were complex and ongoing, much of the work was reactive rather than strategic, and evaluation was often limited.

In the lead-up to the study, discussions were held with senior staff from different organisations, academic and non-academic employees and with students; many persons occupied senior roles in private, public or not-for-profit organisations. A regular, often unprompted, topic involved the attempts being made to understand and manage the health needs of employees. Suggestions and observations were made about support provided and opportunities for improvement. These discussions, and the researcher’s experience, confirmed the need for further investigation into employee health, and the level and types of support provided to employees. It was necessary, though, to refine the topic further.

1.2. Incentives for Employees

Through the workplace, it is possible to influence the health behaviors of a significant proportion of employed adults and their families. Since employees represent an audience with whom the employer can engage in an ongoing and extended dialogue around health-related issues, the potential to generate significant reach and frequency of exposure to effective interventions into the population is high (Pronk & Kottke 2009, p.317).

Many organisations provide support for employees through conditions of employment and, usually, employees can make use of particular options most relevant to them; for example, salary sacrificing for vehicles, computer equipment, additional insurance coverage or memberships to social or professional groups. Organisations offer incentives to recognise and reward employee performance (Stone 2008); however, such incentives may be less attractive and effective to employees who are not healthy.
Incentives may result from negotiations between organisations, unions and employer associations; for example, the Australian Taxation Office (ATO) and the Australian Municipal, Administrative, Clerical and Services Union (2009), as well as local and state Governments. Some incentives are designed to be ‘collective’ in being available for organisations, teams or employees at particular remuneration levels, while others are ‘individual’ and more widely available, where employees can choose specific activities in which to enrol or equipment to purchase. Examples of options include gymnasium memberships, payment of entrance fees for sporting competitions, massage, yoga or pilates classes, or equipment such as a fitness bicycle or treadmill. If the objectives of the organisation include support for employee health, such incentives may be useful to help manage employee and organisational expectations. The task of providing incentives appears to be challenging because:

Unless benefit programs are in harmony with the organisation’s strategic business objectives, their design may compromise the ability to attract and retain the very employees needed to achieve the organisation’s strategic business objectives. Poor design can mean that benefit programs may neither improve employee motivation nor be cost effective (Stone 2008, p.452).

In an interesting perspective, Connors (2011, p.36) observed that organisations involved with products of community concern such as alcohol, tobacco and gambling needed to proactively “counter the opprobrium” received by providing a wide, “enticing” range of exercise activities and other incentives for employees.

Irrespective of the organisation’s business focus, potentially health can be put at further risk if incentives are badly implemented, poorly maintained or rarely monitored. The example of John (a pseudonym), a middle-aged public servant who worked with the researcher several years ago, was relevant to these points. For privacy, identifying details have been changed.

1.2.1. John’s Situation

John occupied a customer service role and spent most of his time on the telephone with customers each day. He was recognised as a high-performing team member and had recently taken on a support role in relation to a new staff member. However, his weight
was of significant concern. He arrived for work very early each morning because he was embarrassed about his size and, therefore, he travelled on public transport outside of peak hours. However, this was a problem as his work days needed to be either very short or very long and the situation was not sustainable. His absences became unplanned and more frequent with significant effects for his team and, particularly, his close colleagues.

It may have been easy to label this situation simply as one of self-responsibility. However, the organisation decided to provide support to John, even though he had been unaware of support which was available to him through his conditions of employment. Over six months, there was a focus on manageable exercise strategies and diet, including light, non-competitive exercise that began with John individually and later included some colleagues. The support was supplemented with visits from diet specialists and health benefit providers, and with a variety of health checks. Despite occasional setbacks, improvement was made and, subsequently, other employees sought assistance. Benefits beyond weight loss were realised and, overall, the process was positive. While the researcher has not been able to confirm John’s progress several years down the track, it is hoped that he maintained the momentum. For both the organisation and for John, there was no need to undertake other time-consuming interventions such as disciplinary procedures, performance management or dismissal.

John’s situation (and that of other employees as outlined later in this chapter) enabled the researcher to identify two health related components; the employees’ experience of exercise such as the amount and type of exercise undertaken, and the support provided for employees to exercise. For both the organisation and for John, incentives to exercise (‘exercise incentives’) were the turning point, and this prompted the researcher to investigate further.

1.3. The Problem Situation

The first decade of the 21st century has demonstrated how organisations are dynamic yet turbulent. Impacts on organisations include constant change, evolving technology and varying conditions and expectations (Nankervis, Compton & Baird 2005; Latham
& Ernst 2006; Stone 2008). Ongoing local and global financial concerns have added further complexity (Blankenburg & Palma 2009; Pandelica, Pandelica & Dabu 2010). Furthermore, globalisation "has thrust organisations into a more dynamic and competitive context" by providing challenges and opportunities (Nankervis et al. 2005, p.47). However, while 21st century organisations are fast-moving and dynamic, one significant issue at risk should be considered.

There are real concerns about the health of the average Australian which appears to be critical and worsening. Diabetes, mental illness and behavioural issues are increasing, and the number of Australians with the Body Mass Index (B.M.I.) classification of overweight or obese has increased in all age groups over the last decade (Australian Bureau of Statistics (ABS) 2006). Physical activity, including exercise, is an enabler of health, and decreasing levels of exercise activities are a global issue (World Health Organization (WHO) 2012c). One-third of respondents to the National Health Survey 2007-2008 (Australian Bureau of Statistics (ABS) 2009) had not engaged in exercise in the previous fortnight.

Employees are becoming less active due to the sedentary environment of 21st century organisations (Pronk & Kottke 2009; Government of Western Australia 2010). Urbanisation, involving technology and motor vehicle usage, is a significant factor (WHO 2012c). The distinction between the organisation and home is now blurred, with many employees working from home, sharing jobs or working as a part of a team that has never met face-to-face (Latham & Ernst 2006; Stone 2008). Many organisations now expect employees to be contactable, motivated to perform and available to work twenty four hours a day, seven days a week (Hymel, Loeppke, Baase, Burton, Hartenbaum, Hudson, McLellan, Mueller, Roberts, Yarborough, Konicki & Larson 2011). The researcher has observed that employees, in response, now anticipate support for activities which previously took place only outside of work hours. According to Pronk and Kottke (2009), exercise as a component of physical activity is an important example.

Therefore, the problem is that employees appear to be becoming less healthy and less active. Exercise incentives, even when available, may not be well aligned to the needs
and expectations of employees. Furthermore, in general, organisations may not be evaluating exercise incentives effectively, and this may affect organisational success. In financial terms, and importantly in terms of health, the costs may be significant.

1.4. Further Background to the Study

Contemporary western medicine is likened to a well-organised, heroic and technologically sophisticated effort to pull drowning people out of a raging river. Devotedly engaged in this task, often quite well rewarded, the establishment members never raise their eyes or minds to inquire upstream, around the bend in the river, about who or what is pushing all these people in (Antonovsky 1987, p.89).

The researcher has managed, promoted or been involved with exercise incentives including walking activities, sporting competitions between teams, participation in activities with other local organisations and the use of gymnasiums, as well as making arrangements for the provision of showers, lockers and bicycle racks for the use of employees. However, only informal evaluation of such incentives took place.

It was observed that some employees were greatly involved with exercise, including the use of exercise incentives provided by the organisation. Sometimes, negative outcomes potentially related to exercise were evident, including unplanned absence, illness, tiredness or a lack of team contribution. While these employees appeared healthy, there was concern about short and long-term consequences. Again, an opportunity for data collection and for evaluation was highlighted.

During day-to-day discussions, other employees stated that they were not interested in exercise incentives; they only wanted to do their work in the best possible way. They did not expect their organisation to contribute to their health other than by providing a suitable work environment. Concerns were expressed about the cost of such incentives, the provision of time and support for employees to exercise and catering for the expectations of casual or part-time employees. Again, the need for rigorous research was emphasised.
It was recognised that, potentially, organisations are an ideal environment to support employees to be more active (McEachan, Lawton, Jackson, Conner & Lunt 2008; Coulson, McKenna & Field 2009; Pronk & Kottke 2009; Straker, Levine & Campbell 2009). However, organisations may be ill-prepared to understand and innovatively manage this opportunity. Consequently, because action is no longer an option but a necessity (Pronk & Kottke 2009), a new approach is needed:

If we are, then, to avoid premature death and improve the health quality of our lives, we must follow the two major paths of the past century: reasonable nutritional standards and control of environmental hazards. But the relatively new great challenges of the chronic diseases are best met in the realm of personal behaviour (Antonovsky 1979, p.225).

1.5. Salutogenesis

The theory of Salutogenesis, developed in the 1970s by Aaron Antonovsky, Professor of Medical Sociology, was a significant influence on the study. Salutogenesis, which literally refers to the basis or the origins of health, is proactive (‘upstream’, as per a previous quotation) in nature. Potentially, the theory provides answers as to why people are able to stay healthy, despite prolonged situations which may be stressful, difficult or challenging (Antonovsky 1979; Antonovsky 1987; Lindstrom & Eriksson 2005; Lindstrom & Eriksson 2006).

In conducting research, Antonovsky discovered that a group of female participants had all experienced the same event – the Holocaust. Despite these horrific circumstances, subsequently they had been able to live in a healthy and productive manner, so Antonovsky felt obliged to investigate further. He proposed that the women had made use of particular resources in order to survive and to thrive. His theory has potential to be used in many contexts including interactions with health care professionals, support for families, groups and communities, and areas of need such as mental health (Antonovsky 1979; Antonovsky 1987). Salutogenesis already has been used to examine organisational topics ranging from gender differences in the military (Ganyane 2009); the career decision-making process (Austin 2009) and coping mechanisms of doctors (Dhaniram 2009). An opportunity to contribute to salutogenic theory from a Western Australian, 21st century organisational perspective was presented. Therefore,
Salutogenesis formed part of the theoretical framework of the study; the salutogenic model is explored in further detail in later chapters.

### 1.6. Thesis Title

The title arose from the literature review and other investigations and is linked with the theoretical framework and the research questions outlined in the following sections. The thesis title is:

**Employee Health in the 21st Century: An Investigation of Exercise Incentives in Four Medium-sized Western Australian Organisations.**

### 1.7. The Theoretical Framework

The theoretical framework (Figure 1-1, below) reflects a potential relationship between health, exercise incentives and a salutogenic approach, and acknowledges that there may be other incentives that can influence health but are beyond the scope of the current research. The framework is described further in Chapters Two and Three and was investigated through the research questions.

**Figure 1-1: Operationalising Exercise Incentives**

<table>
<thead>
<tr>
<th>Health outcomes</th>
<th>Exercise incentives</th>
<th>Other incentives</th>
<th>Salutogenesis as a proactive approach to health (potential increasing influence)</th>
<th>Reactive approaches to health (potential decreasing influence)</th>
</tr>
</thead>
</table>
Once the study problem was established, it was necessary to develop the research questions and methodology; in the process, particular characteristics of research were considered.

Research is a means of advancing knowledge which is theory-based, and it “describes, explains or predicts outcomes” (Lett & McGilp 2004, p.2). Undeniably, research is influenced by the outlook and the lived experience of the researcher (Hughes 2012). Regardless of the methods adopted, the aim in research activities is to appreciate and learn from the participants, the setting and the subject matter. Research is focused on future potential while at the same time being grounded in the topic of investigation (McKenzie & Hanley 2007; Bushe & Avital 2009). The research questions were guided by these perspectives.

1.8.1. The Major Research Question

The major research question was:

**What is the employees’ experience of incentives to exercise (‘exercise incentives’) provided by organisations in Western Australia?**

The major research question, then, involves two specific research directions; firstly, the need to understand the experience of employees related to exercise incentives and, secondly, the ways in which their practical experience can be effectively understood, implemented and enhanced by organisational strategies and policies.

1.8.2. The Subsidiary Research Questions

Four subsidiary research questions for the study were developed with the intention of specifically focussing the research on the theory and practice of exercise incentives in organisations. By finding the answers to these questions, it will be possible to answer the major research question. The subsidiary research questions were:
<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>What do employees and organisations understand by the term ‘exercise incentives’?</td>
</tr>
<tr>
<td>2</td>
<td>What exercise incentives do the organisations currently provide?</td>
</tr>
<tr>
<td>3</td>
<td>What influences the employees to use exercise incentives?</td>
</tr>
<tr>
<td>4</td>
<td>What are the implications for organisational strategy and practice from the research findings?</td>
</tr>
</tbody>
</table>

The next section provides information about the purpose of the study and the ways in which the information may be used.

1.9. The Purpose of the Research

To address the research questions, the researcher aimed to analyse and understand employees’ experience of exercise incentives in organisations. This involved consideration of employee expectations and opinions, an investigation of available incentives and an evaluation of employees’ awareness of exercise incentives and their reasons (or not) for using them. Additionally, it was necessary to identify employees’ involvement in exercise which was not supported in any way by the organisation. A critical purpose in the study was to evaluate the current situation, provide findings and recommendations to support employee health and contribute to organisational improvement. A further purpose was to contribute to academic discussion and development of theory related to exercise incentives and health overall. The following section, which outlines the significance of the research, likewise is relevant in regard to the research purpose.

1.10. The Significance of the Research

A number of workplaces have determined that a physically active workforce can result in significant savings and benefits including a reduction in common workplace reasons for absence, though the evidence for these claims is limited, possibly due to a lack of quality research (National Public Health Partnership 2005, p.22).
Current approaches to increase physical activity tend to focus on encouraging people to exercise in their leisure time. However, this strategy is failing (Straker et al. 2009, p.839).

The research is relevant and significant in view of the worsening health concerns of Australians and the nature of 21st century organisations. Research findings are relevant for organisations and their employees, the academic discipline and research communities and for the community overall. As a result of the research, organisations will be provided with information to understand, sustain and enhance employee health through exercise incentives. Similarly, recommended strategies will assist organisations to implement, refine and monitor exercise incentives and to make effective use of available resources; an important outcome because, as with many other situations, justifying health-related activities and expenditure remains problematic for many organisations (Milne 2007; Lee, Blake & Lloyd 2010). Thus, organisations which have a sound understanding of the theory and practice of exercise incentives will be well placed to achieve a more competitive and sustainable position.

There is a need for more research related to the operational effects of such incentives (Coulson et al. 2009; Pronk & Kottke 2009). Some incentives are not closely monitored in terms of organisational outcomes, and clarity is needed (Pronk, Martinson, Kessler, Beck, Simon & Wang 2004; Department of Sport & Recreation (DSR) 2009). Empirical evidence is required to assist in organisational decision-making (Taitel, Hauflé, Heck, Loepke & Fetterolf 2008); additional qualitative research is valuable so that in-depth, subjective experiences can be examined thoroughly and better understood (Fletcher, Behrens & Domina 2008).

The academic and research communities will be able to make use of enhancements to existing theory; for example, knowledge about exercise incentives and Salutogenesis theory. Research findings may be significant for professionals such as Occupational Therapists, Doctors, Psychologists and Psychiatrists who provide support to employees, and for the ‘recruitment and selection’ industry which needs to attract potential employees to organisations. While the research is not necessarily transferable to the community overall, potential contributions to exercise and health-related knowledge
and possible efficiency gains through the sharing of resources between organisations, employees and the wider community will be identified.

The research methodology outlined in the next subsection, and in detail in Chapter Three, was developed to support the current study and the needs of these various stakeholders.

1.11. The Research Methodology

While mainly qualitative in approach, the research was planned to make use of quantitative information in a mixed methods triangulation design (adapted from Punch 2005; Creswell & Plano Clark 2007). Sequential research phases were developed:

<table>
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<tr>
<th>Phase</th>
<th>Preliminary</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
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<tr>
<td>Literature review and comparison with emerging data</td>
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<td>Research proposal</td>
<td></td>
<td>Pilot testing (focus groups and interviews)</td>
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<td>Surveys</td>
<td>Interviews</td>
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<td>Ethics application</td>
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<td>Ongoing research validation</td>
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<td>Initial contact with organisations</td>
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<td>Writing and submission of thesis</td>
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<td></td>
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<td></td>
<td>Results distribution</td>
</tr>
</tbody>
</table>

The research phases are discussed in detail in Chapter Three.

In keeping with the nature of the research topic and questions, and in order effectively to investigate the theoretical framework, a phenomenological approach was adopted with an exploratory process designed to capture the current experience of employees and of organisations. Interpretative Phenomenological Analysis (IPA), developed by
Jonathan Smith, a Professor of Psychology, was used to uncover similarities, differences and patterns of meaning (Smith & Osborn 2008; Smith, Flowers & Larkin 2009). Quantitative data, including the demographic information of participants and a section of the survey instrument which makes use of the Exercise Benefits / Barriers Scale (the ‘EBBS’) (Sechrist, Walker & Pender 1987) was analysed to provide context to the detailed qualitative analysis.

1.12. Ethical Considerations

All aspects of the research complied with high ethical standards in accordance with the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, Australian Research Council and Australian Vice-Chancellors’ Committee 2007) and the requirements of the Human Research Ethics Committee at The University of Notre Dame Australia (The University of Notre Dame Australia (TUNDA) 2006).

An Application for Low Risk Review of a Project Involving Humans (TUNDA 2006) was approved in early 2010. The researcher aimed to ensure that all potential organisations and participants were made familiar with the topic and the research method, and could make an informed decision about their involvement. Participation was voluntary and offered to as many employees in the participating organisations as possible. Consent to participate was able to be withdrawn at any time without reason or penalty (refer Appendix 2). Data was stored securely at all times and will be retained at The University of Notre Dame Australia for seven years. A nominated University contact officer was available for queries throughout the research process. Overall, no potential harm to employees or organisations was identified.

The researcher took particular steps to ensure the integrity of data collection and analysis, including verification of interview transcriptions, use of a secure website for survey collection, and the use of encrypted data when away from the university campus. Further information is provided in Chapter Three.
1.13. Study Assumptions

In keeping with a phenomenological approach and in line with the research questions, various assumptions were made by the researcher; assumptions that influenced the conduct, scope and validity of the research.

Having complied with the ethical considerations outlined earlier, it was assumed that throughout the study, the researcher, participants and organisations contributed with integrity and without ill-will. In terms of the qualitative research aspects, the assumption was made that the researcher himself was the main data collection instrument. Therefore, the researcher figuratively stood between the data and the analysis and held significant responsibility as a result (Merriam 2009; Smith et al. 2009). In general, it was assumed that the experience of each person (including the researcher) was subjective and individual and of equal value. The researcher took a pragmatic approach, as discussed further in Chapter Three, which sought to balance subjective and objective aspects of the research topic to cater for a diverse participant base and readership. With regard to the use of the EBBS (Sechrist et al. 1987), it was assumed those involved with development, validation and subsequent research also had acted with integrity at all times. The researcher found no reason to doubt this.

At several stages, definitions of terminology were provided to participants in order to prompt responses. Variations in responses, possibly influenced by terminology used, were expected by the researcher; further information is provided in Chapters Four and Five. As the research progressed, other assumptions became evident and are acknowledged in the relevant chapters.

1.14. Scope / Delimitations

As a mixed methods study was used, the researcher aimed to gather data which was specifically related to participants’ experience of exercise incentives and had some potential relevance within and across the participating organisations. Several important limitations applied to the study. Firstly, while information was obtained about the exercise incentives and the participants’ reasons behind them, the study did not involve
implementation or testing of particular exercise incentives. Instead, it was the participants’ response to exercise incentives that was of interest to the researcher. Secondly, a further limitation was that the investigation was experiential (phenomenological) in nature and, therefore, physiological or psychological models or similar were not specifically tested. However, some relevant considerations were evident within the phenomenological analysis. Thirdly, the study was conducted at a particular point in time rather than being longitudinal in nature, although participants were invited to provide some historical information.

Participants volunteered to contribute to the research and may have had different motives for doing so, though these were not sought. Additionally, participants’ demographics, interests and literacy levels may have varied or there may have been reluctance to participate. All of these aspects may have influenced the research process to some extent.

By considering and monitoring the limitations of the research, the rigour of the process was enhanced with an emphasis on ensuring the overall usability of the research findings.

1.15. Definition of Terms

To establish the research context, definitions of various terms are provided at this point. Definitions were expanded as the research progressed and further information is provided in later chapters. Additional terms are defined as required throughout the thesis.

Exercise: A commonly quoted definition is given by Caspersen, Powell and Christenson (1985, p.128): “Exercise is physical activity that is planned, structured, repetitive, and purposive in the sense that improvement or maintenance of one or more components of physical fitness is an objective”. These researchers noted that exercise was a subset of physical activity; it can be undertaken in varying levels of intensity and duration to assist physical and mental health (Pate, O’Neill & Lobelo 2008).
Health: A widely quoted definition, developed in 1946, is provided by the World Health Organization (WHO) (2012, p.1): “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Incentive: An incentive is something which supports or promotes a desired action (Kocabiyikoglu & Popescu 2007). Incentives may take many forms, including the provision of equipment or facilities, financial assistance, or verbal or written approval for a particular action.

Medium-sized organisation: The Australian Bureau of Statistics (ABS) (2002) defined a medium business (referred to in the current research as a medium-sized organisation) as having at least twenty but less than two hundred employees.

Organisation: The term ‘organisation’ refers to a collection of employees working towards shared goals, perhaps involving production, profit or service to the community (Nankervis et al. 2005; Stone 2008). Further details as to the participating organisations in this study are provided in Chapter Three.

Physical activity: Physical activity is any movement of the body involving energy usage (Caspersen et al. 1985; World Health Organization (WHO) 2012a). Such activity can be deliberate or incidental (Caspersen et al. 1985; Jackson, Smith & Conner 2000). Therefore, it is a broad term which encompasses more than exercise.

Salutogenesis: A model of health developed by a Professor of Medical Sociology, Aaron Antonovsky, which considers an individual’s social and historical context, engagement with the internal and external environment and available resources, including those to manage stress (Antonovsky 1979; Antonovsky 1987). A salutogenic approach examines the factors which enable an individual to retain or improve his or her level of health.

The researcher’s investigation into these definitions led to the development of the term ‘exercise incentives’. Initially, it was considered that an exercise incentive
incorporates the separate definitions of ‘exercise’ and ‘incentive’. While the term has already been used in various literature, for the purposes of this study it refers to those incentives provided by an organisation which support and potentially enhance the exercise of employees. Further examples and elaboration are provided throughout this thesis.

1.16. Summary and Overview of Chapter One

21st century organisations face considerable, varied and ongoing challenges that are likely to continue. Initial investigations have confirmed the value of further research into exercise incentives to support the needs of employees, organisations, the research community and the community in general. Without such research, employee health may not only be at risk, but be in danger of decreasing.

In this chapter, an overview of the researcher’s background was provided, together with discussion as to the purpose and significance of the study. The major and minor research questions were outlined, the methodology was explained briefly, and definitions of key terms were provided.

1.17. Thesis Framework

This thesis contains five further chapters plus appendices. A brief outline is now given.

Chapter Two involves a detailed literature review organised by theme, incorporating definitions and discussion of relevant terminology. In keeping with a pragmatic research approach, academic and practitioner-based literature, including relevant theoretical models, was examined. The literature provides further background and context to the study. The chapter concludes with the Integrated Hypothetical Model (theoretical framework) which was tested in the study.

In Chapter Three the researcher’s evaluation of possible research methods is presented, leading to the chosen mixed methods triangulation design (adapted from
Punch 2005; Creswell & Plano Clark 2007, as noted earlier). The settings in which the research was conducted are outlined, together with discussion as to the sampling of participants. Data collection methods are explained in this chapter, followed by an overview of the data analysis process which is covered in detail in Chapters Four and Five.

In Chapter Four the data collected through the pilot testing and survey phases are explored. Applications used for data collection, analysis and storage are outlined, followed by the contribution and use of pilot testing findings. Key survey outcomes are given, and particular survey questions are assessed in detail. A summary of survey findings and implications is provided, followed by an Interim Exercise Incentives Model, tested further in Chapter Five.

In Chapter Five a phenomenological analysis of qualitative information from pilot testing, written survey comments and particularly the interviews is provided. Superordinate and subordinate themes are presented and explored in detail to address the major research question. The method used for combining the data is then explained and the subsidiary research questions are addressed. The ongoing research validation process is outlined, followed by recommendations for organisations, employees and the research community. The Research Outcomes Model is then provided; this encompasses an overview of findings of the entire investigation.

Chapter Six is used to present a conclusion to the research. Key research outcomes are given, constraints to the research are explained, potential future formal research directions are outlined and concluding statements of the thesis are provided.

Appendices include items used during the research, particularly information sheets and consent forms, the research instruments and additional background not included in the relevant chapters. A link to such items is provided as appropriate throughout this document.
Chapter 2 – Literature Review

2.1. Introduction

There is little point tinkering with the carburettor, worrying about the tyre pressure or replacing the battery if we have the wrong vehicle for the drive ahead (Armstrong, Gillespie, Leeder, Rubin & Russell 2007, p.488).

In Chapter One an overview of the research was provided, including discussion about the research problem which, broadly, is that employees appeared to be becoming less healthy and less active. The overall purpose of the research to analyse and understand employees’ experience of exercise incentives in organisations was presented. An initial framework was provided, linked to the development of the major research question and the subsidiary research questions. In Chapter Two, various concepts introduced so far are investigated through existing literature, leading to the development of an Integrated Hypothetical Model which is tested in later chapters. In order to convey the potential for further knowledge, the topic areas in this chapter are referred to as themes.

2.2. Selection of Literature

A literature review is a process of selection and evaluation of material about a particular subject, within the breadth of information which is available. The process allows areas for further research to be identified and examined for relevance (Boote & Beile 2005). The review establishes the expectations of the reader, informs the research questions and helps the researcher to identify and explain the research (Reuber 2010).

In the current research, literature was examined for four main reasons. Firstly, literature related to the emerging research themes (Table 2-1 below) was reviewed to assess areas of commonality and of difference, provide an historical background and focus the research. Secondly, recent literature was examined in order to assess the current situation. Thirdly (and related to the previous two reasons), literature relevant to 21st century organisations was given particular attention so as to provide further direction and relevance for the research. Finally, the current literature of the topic was identified
to enable the researcher to structure the study to move forward the existing knowledge of the field.

To support a balance between theory and practice from the research, three main types of literature were examined:

- Publications from noted academic authors and other researchers, generally in published journals or in material intended for particular occupations or professional associations
- Publications from organisations (e.g., involving commissioned research, corporate communication or community information). Such material was often freely available online, potentially with varying degrees of credibility or bias, and may easily be reviewed by employees, organisations and beyond
- Occasionally, material reviewed was from writers who had provided commentary about various topics, often from an empirical perspective and not always supported by research or peer-review.

Because online materials in particular can vary over time, many documents were saved or prints were made. In conducting the review, the researcher sought to determine through literature whether his experiences across various organisations, as outlined in Chapter One, were similar or different to those of others. This helped establish the value and direction of the research.

2.3. Outline of the Literature Review

Table 2-1, below, captures the themes explored in the literature review. Although these themes were investigated individually in this chapter, it soon became apparent that there were significant connections at times between the themes; this concept is investigated further in Chapter Five.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subset/s</th>
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<tr>
<td>2.4 Health</td>
<td>2.5.1 The Health of Australians (cont.)</td>
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<tr>
<td>2.5 Ill-health</td>
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<table>
<thead>
<tr>
<th>Theme</th>
<th>Subset/s</th>
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<tbody>
<tr>
<td>2.6 Physical Activity</td>
<td>2.6.1 Exercise</td>
</tr>
<tr>
<td>2.7 Organisations in the 21st Century</td>
<td>2.7.1 Human Resource Management</td>
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<td></td>
<td>2.7.2 Employee Health</td>
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<tr>
<td></td>
<td>2.7.3 Organisational Health</td>
</tr>
<tr>
<td>2.8 Exercise Incentives</td>
<td>2.8.1 Exercise Incentives in Western Australia</td>
</tr>
</tbody>
</table>

**2.4. Health**

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 2012, p.1).

The theme of health was central to the current study, being both the impetus for the work and an important outcome from it. The researcher continually faced the question: how could an outcome be achieved, or even aimed for, if the outcome and the concern were not understood? In his experience, health was mentioned prominently and regularly across all forms of literature, ranging from cursory statements in the media, to opinion pieces of varying detail, cohesiveness and credibility, to well-structured and detailed analyses of health-related situations. Unsurprisingly, health has been described as inherently difficult to define (Jadad & O’Grady 2008a), being mentioned as “invaluable” (Edington & Schultz 2008, p.8), a value-laden construct (Boddington & Raisanen 2009) and greatly affected by an individual’s personal decisions (Hamilton 2010). Health is promoted as a situation to which individuals and communities aspire (Awofeso 2004). These examples alone indicated the difficulty in making sense of the theme.

The above definition from the World Health Organization, developed in 1946 and published two years later, is aspirational yet problematic. In 1998, the Executive Board of the organisation made a recommendation to modify the definition to read “a dynamic state of complete physical, mental, spiritual and social well-being” (MacIntosh, MacLean & Burns 2007, p.5). Perhaps in acknowledgement of the difficulties faced by
researchers and the community in understanding health, however, the definition remains unchanged.

Since the middle of last century, commentary about this definition has been sustained. For example, it was suggested that the definition made health unattainable; a “godlike state” (Felton 1946, p.591), was unrealistic for individuals and for the community (Emson 1987; Saracci 1997) and was potentially deceptive (Jadad & O’Grady 2008a). Perhaps, as suggested some time ago, health surpasses definition (McWhinney 1987). Recently, Jadad and O’Grady (2008) sought online feedback about the definition, and responses varied considerably. For example, health was considered to be:

- Not simply a medical concern
- Context-specific
- Impractical to define and unnecessary to do so
- Always aspirational to allow for improvement.

The last opinion, related to maintaining and improving health, was linked with the revised definition of health proposed by the World Health Organization (Jadad & O’Grady 2008).

Health-related literature, therefore, revealed tensions related to specificity (definition) and transferability (whether the same considerations of health should be applied beyond individuals). Clearly, health can be understood in many ways. Recent discussion, for example, has included physical and social dimensions (Carron, Hausenblas & Estabrooks 2003), and “physical, emotional, social and spiritual components” (Makrides, Heath, Farquharson & Veinot 2007, p.180). More broadly, Boddington and Raisanen (2009) considered the perspectives of Australian Aborigines and Torres Strait Islanders, and observed an holistic and comprehensive approach whereby health was not merely an aspect of life but actually was life itself.

Several connections among the information were recognised at this point. Health can be considered both objectively and subjectively, for individuals and collectively.
Potentially, health encompasses physical, mental and spiritual activity. Health appears to be a dynamic construct, with the potential to change positively or negatively.

With these themes in mind, Antonovsky’s work in the development of Salutogenesis, as introduced in Chapter One, was relevant. Antonovsky examined proactive ways to improve health with a focus on learning from those experiencing high levels of health, rather than just concentrating on situations where health was already compromised (Antonovsky 1979; Antonovsky 1987; Becker, Glascoff & Felts 2010). His work is in line with health promotion in general, which aims for the creation of conditions which lead to health “optimization” (Becker et al. 2010, p.4). These researchers’ argument that Salutogenesis is much needed and can become a way of thinking with great potential is sensible, particularly considering the current health situation in Australia investigated later in this chapter. As mentioned in Chapter One, a salutogenic perspective was an important influence on the current research.

Having examined the expansive and often controversial nature of health-related literature, it became evident that the associated (not necessarily opposite) theme of ill-health could assist to clarify the focus of the research.

2.5. Ill-health

Predictably, ill-health likewise is considered to be dynamic and subjective. It could be argued, for instance, that the World Health Organization’s definition actually places every individual at some degree of ill-health, unless they are fortunate enough to have achieved complete wellbeing on physical, mental and social levels. In turn, the question was then presented: what does wellbeing involve? This is examined shortly. Other relevant terms were mentioned in literature over time, such as “nonhealth (disease)” (Emson 1987, p.811), “cost to health” (Eckersley 2007, p.S55), “health loss” (Begg, Vos, Barker, Stevenson, Stanley & Lopez 2007, p.37), and even “modernity’s paradox”, which refers to infant mortality rates and current-day health influences (Armstrong et al. 2007, p.487).
Researchers have attempted to better understand ill-health through a process of categorisation. For example, particular subsets of ill-health have been identified as illness, disease and sickness. These are inter-related, although not always clearly, because “they represent different realities” (Wikman, Marklund & Alexanderson 2005, p.452). Often, disease and illness are referred to interchangeably; however, they are distinct (Jennings 1986; Wikman et al. 2005). Illness is a broad term involving an individual’s subjective identification of symptoms and effects (Wikman et al. 2005). Disease, by comparison, has been recognised for some time as involving the clinical observation and management of illness (Jennings 1986; Emson 1987). Sickness, like illness, can involve observations by professionals beyond the medical field (Dunstan 2009). The interplay between illness, disease, sickness and health is no doubt complex. Confusion as to correct use of terminology creates further challenges (Emson 1987; Wikman et al. 2005).

Beyond these aspects of the theme, additional influences were revealed. For example, Begg et al. (2007) examined “health loss” (p.36) in terms of diseases, injuries and risk factors, while Eckersley (2007) investigated the contribution of culture, spirituality and religion to health. As with other health considerations, the influence of religion can be unclear, is often challenged and is affected by other variables (Eckersley 2007). An interesting acknowledgment of health-related challenges was provided by Allender, Colquhoun and Kelly (2006) who investigated “workplace health programme discourses” (p.75) in an information technology setting. Health was considered to be related to either safety or lifestyle. It was found that these components were separate and competing rather than complementary.

Wellbeing (or well-being), mentioned earlier, is widely considered a subset of, or separate to, health (Australian Institute of Health and Welfare (AIHW) 2008; Uchida, Kitayama, Mesquita, Reyes & Morling 2008; Slade, Johnson, Oakley Browne, Andrews & Whiteford 2009; Australian Unity 2011). Wikman et al. (2005) suggested, though, that health could be defined as wellbeing. There can be many dimensions to wellbeing, expressed by Layard (2010, p.535) as “what matters to people and by how much”. Australian Unity (2011, p. 1), in conjunction with university researchers, has developed a “wellbeing index”, of which health is a subset, including “standard of living”,

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“achievements in life” and “community connectedness”; additionally, wellbeing was assessed at the community level. Similarly, the Australian Bureau of Statistics (ABS) (2001) acknowledged subjective and objective components to the term.

Furthermore, it appeared that ‘wellbeing’ and ‘wellness’ could be used interchangeably. Wellness was linked with health-enhancing activities such as identification of risks, management of disease and acute situations such as injuries (Nowack 2007). Wellness has involved the provision of health information (Warner & Procaccino 2004) or the use of technology to promote exercise (Mattila, Korhonen, Merilahti, Myllymaki, Nummela & Rusko 2008). Financial wellness (Gowrisankaran, Norberg, Kymes, Chernew, Stwalley, Kemper & Peck 2010), wellness tourism (Mueller & Kaufmann 2001) and wellness related to a parish population (Ebear, Csiernik & Bechard 2008) were other examples.

For employees and organisations, an example of ill-health with considerable consequences is that of presenteeism (Edington & Schultz 2008; Lee et al. 2010). This occurs where, for example, an employee in a demanding job role may have an illness or disease, but still attends the workplace. Over time, however, researchers found that such employees could experience exhaustion and become emotionally detached from their organisation, and eventually become absent anyway (Demerouti, Le Blanc, Bakker, Schaufeli & Hox 2008).

Regardless of terminology and particular influences, there has been considerable support over the years for appropriate, targeted and sustained action to support health and reduce ill-health. Such support was not limited to the health sector alone (Gilson, Gilson, Bergner, Bobbitt, Kressel, Pollard & Vesselago 1975; Jennings 1986; Armstrong et al. 2007). While medical professionals must manage situations such as disease, support for many other situations of ill-health may be provided by those with interest and the necessary experience to do so (Jennings 1986; Dunstan 2009). A similar sentiment was expressed by Alvarez-Dardet and Ashton (2005, p.437) who likewise highlighted the need for a proactive approach:
channelling resources on the salutogenic determinants of health, rather than downstream salvage. As our thinking about these matters matures, we might expect a greater focus on researching positive health – on those islands of health in seas of sickness – than the constant drip, drip, drip of risk factors and pathologies.

One could understand confusion, hesitation or inaction by organisations, employees and/or the community when faced with such a variety of information. Health and ill-health are complex, idiosyncratic and dynamic. The health experience of individuals was emphasised in the literature, as was the potential to support employees in targeted and manageable ways. Health and ill-health could be considered as complementary concerns, rather than being mutually exclusive as both themes are mediated by influences, as outlined previously, of varying types and levels. They can be considered as variables and open to positive change (Antonovsky 1996; Becker et al. 2010). With this in mind, it was necessary to exercise caution with comparisons and conclusions (Wikman et al. 2005).

Examining the health status of Australians provided a further perspective to this information and assisted the researcher to identify opportunities relevant to organisations and employees.

2.5.1. The Health of Australians

As outlined in Chapter One, the health of Australians is of grave concern, with wide implications. On a per-person basis, the amount of money spent on health when adjusted for inflation had increased by forty five per cent in the last decade (AIHW 2008). Nine per cent of all Australian expenditure in 2005 and 2006 was on health, but less than two per cent of health expenditure was proactive rather than reactive in nature (AIHW 2008). Across all ages, Aboriginal and Torres Strait Islanders had lower levels of health than other Australians (AIHW 2008). While the Australian Institute of Health and Welfare (AIHW) (2010, p. 62) found that life expectancy for females and males was among the highest globally and death rates were decreasing for causes such as cancer, cardiovascular disease and injuries, 30 per cent of “Australia’s total burden of death, disease and disability” was linked with risk factors including smoking, physical activity levels, body weight and sexually transmitted diseases. Many groups, including
employing organisations, can provide support to reduce these risk factors. Physical activity, including exercise, explored in detail in a later subsection, is an important example. It is a modifiable health behaviour which is fourth most influential to health levels behind tobacco use, high blood pressure and body weight (AIHW 2010).

As previously mentioned, balancing a contribution to theory and practice is both a challenge and a necessity in health research (Boddington & Raisanen 2009; Hamilton 2010). As recognised through the work of psychologist Bandura (2005, p.245) and others, health research must now move “from a disease model to a health model”. Individual experience, personal values and objectives are relevant (Hamilton 2010). These statements highlighted considerable and much needed prospects for change.

In terms of the health concerns of Australians, involvement in physical activity presents significant opportunities. However, researchers acknowledged that this involved many influences including culture, family members, logistics, climate and funding. Individuals with disabilities or those in ill-health would have additional factors to manage (AIHW 2008). A review of literature related to physical activity is now provided.

2.6. Physical Activity

There are a number of advantages of ‘activity’ as an umbrella concept: the word has inherently positive connotations of ‘energy’ and ‘healthiness’; activities can be modelled (i.e., there are concrete behavioural recommendations); and activities can be indoors or outdoors, vigorous or mild, and can be tailored to various groups (e.g., people with disabilities) (Donovan, Henley, Jalleh, Silburn, Zubrick & Williams 2007, p.55).

As with health and ill-health, the term ‘physical activity’ was widely used. Overall, physical activity was regularly promoted as a task worthy of attention and time (e.g., Dugdill, Brettle, Hulme, McCluskey & Long 2008; Fletcher et al. 2008). Increasing awareness of health and the need for clarity about the term prompted Caspersen et al. (1985) to examine physical activity and related terms in the 1980s and onwards, and their work is widely cited.
Physical activity covers any bodily movement involving energy usage; such activity can be deliberate or incidental (Caspersen et al. 1985; WHO 2012a). Caspersen et al. (1985, p.126) categorised physical activity as involving “occupational, sports, conditioning, household or other activities”. Exercise is an important subset of physical activity, as discussed shortly.

Physical activity is of interest to researchers, organisations and the community because it provides a variety of health benefits immediately and in the longer term. These can include a reduction in the risk of cardiovascular disease and diabetes (AIHW 2008). It is recognised that physical activity assists mental processes (McDowell-Larsen, Kearney & Campbell 2002; Coulson et al. 2009) and is associated with mood enhancement (Coulson et al. 2009). Recently, it was acknowledged that physical activity improves an employee’s overall quality of life (Pronk & Kottke 2009). Further benefits included raised self-esteem, attitude and sense of achievement (Elley, Dean & Kerse 2007). Physical activity could be considered even as a “legitimate medical therapy … even though it does not come in a pill” (Church & Blair 2009, p.80). Potentially, these benefits are attractive and, indeed, compelling in view of the current health situation of Australians.

The benefits from physical activity extend beyond physical health. For instance, physical activity is recognised and promoted as a support for mental health. In 2007, Donovan et al. undertook a structured telephone survey in Western Australia to examine community understanding of mental health and to develop appropriate communication strategies. These researchers observed the contribution of physical activity to mental health and proposed that ‘activity’ be used as an overall concept which presented positive community messages (as per the quotation at the beginning of this subsection); particular focus areas could be developed then, as appropriate. The ongoing ‘Act-Belong-Commit’ campaign in Western Australia (‘Act Belong Commit’ 2010), for example, emphasises the benefits of activity for individuals and for the community. It was recognised that further effort was needed.

Long-standing Australian guidelines recommend at least thirty minutes of moderate-intensity physical activity on “most, preferably all, days” (Department of Health and
Ageing (DHA) 1999, p.1); such activity can be broken into several sessions of a minimum of ten minutes each if preferred. With minor exceptions, the Australian guidelines are consistent with that of the United Kingdom, the United States and the Western Pacific (Department of Health, Physical Activity, Health Improvement and Prevention 2004; U.S. Department of Health and Human Services 2008; World Health Organization Western Pacific Region 2008). However, in all guidelines, an additional amount or intensity of activity was encouraged to support further health benefits including weight maintenance or reduction. Nevertheless, the recommendations should not be considered conclusive, because it is only “the cut-off point with the most available data” (Church & Blair 2009, p.81). For most people, it seemed, any increase in awareness and activity was beneficial.

The Australian Sports Commission (ASC) (2009, p.33) examined physical activity across the Australian population generally, as well as in particular sectors. While 82 per cent of the population reported engaging in any physical activity at least once per year, only 28 per cent of the population participated at least five times per week on average. Walking had highest involvement followed by aerobics, swimming, cycling and running. Importantly, in terms of the current study, few people (1.7%) reported participating in activities offered by their organisation.

The National Preventative Health Strategy (Australian Government: Preventative Health Taskforce 2009, p.vii), which aspirationally aims for Australia to become “the healthiest country by 2020” acknowledged the need for action across different settings such as organisations, homes and schools. Physical activity was targeted as a particular action area in conjunction with dietary changes. Opportunities for incidental and deliberate activity were emphasised, and the potential for flow-on effects, for example from the efforts of organisations into homes, was acknowledged.

There was agreement that organisations provide a useful and timely location in which to promote physical activity (McEachan et al. 2008; Coulson et al. 2009; Bennie, Timperio, Dunstan, Crawford & Salmon 2010). It was suggested recently that the influence of settings such as organisations could mean either the success or the failure of physical activity involvement for individuals (National Public Health Partnership
Activity connected with organisations varied considerably; for example, stair climbing, cycling and pedometer usage (Dugdill et al. 2008), walking (Haines, Davis, Rancour, Robinson, Neel-Wilson & Wagner 2007) or as part of broader health promotion activities (Makrides et al. 2007; Renaud, Kishchuk, Juneau, Nigam, Tetreault & Leblanc 2008; DSR 2009). Technology to encourage and support activity was increasing and provided particular creative opportunities (Consolvo, Klasnja, McDonald & Landay 2009; Berkovsky, Coombe, Freyne, Bhandari & Baghaei 2010).

Overwhelmingly, the potential for positive outcomes was emphasised in the literature. While many benefits were “indisputable by most measures of success”, for many organisations and employees there was currently “success only at the margins” (Edington 2006, p.425). Therefore, it was essential to consider barriers to activity. While some United States organisations, for example, were providing financial rewards to encourage healthy behaviour, penalties such as the cost of health care were imposed when health outcomes, including levels of involvement in activity, were not as expected. Such actions raised ethical issues related to criteria used, privacy and potential discrimination (Pearson & Lieber 2009).

An Australian study (Wen, Orr, Bindon & Rissel 2005) investigated opportunities for incidental activity through support for employees to undertake active transport such as walking or cycling to work; they noted that limited study had been undertaken in the area. Cobiac, Vos and Barendregt (2009) conducted a study which included active transport and other incentives such as pedometers, the provision of online information and support and referrals through General Practitioners and other health professionals. The short-term costs of such incentives, referred to as interventions, were likely to be offset in the longer term by a reduction in health-related costs such as medical treatment. Cobiac et al. (2009, p.6) referred to an “intervention pathway” which involved quantified costs and benefits for the various incentives under review. The incentives involving pedometers, for example, were considered to provide an unequivocal (100%) cost saving (the cost of the incentive versus longer term cost savings). Their findings were clear:

For Australia, based on current evidence, it is likely that the package of interventions would not only be cost-effective but very likely cost-saving to the
health sector, leading to substantial improvements in health for the Australian population (Cobiac et al. 2009, p.9).

As with the theme of health itself, however, there were multiple reasons for participation in physical activity and influences for doing so. A distinction between incidental and deliberate activity was evident in many of the examples provided, prompting the researcher to review the theme of exercise for further clarification.

2.6.1. Exercise

Exercise is physical activity that is planned, structured, repetitive, and purposive in the sense that improvement or maintenance of one or more components of physical fitness is an objective (Caspersen et al. 1985, p.128).

As mentioned earlier in this chapter, exercise is a component of physical activity with the characteristic of intentionality. London scientist Jerry Morris has been credited as “the man who invented exercise” (Kuper 2009, p.1), and while the attribution appears generous considering that people have been active across time, his investigation into employees who were either active or sedentary was pivotal to health research at the time. In 1949, Morris confirmed a connection between heart attacks and employees’ activity levels and until his death in 2009 he campaigned widely to encourage the take-up of exercise; the crux being that “before Morris, nobody knew that exercise stopped people dying” (Kuper 2009, p.3). Over time, the emphasis has moved from vigorous to more moderate, and arguably sustainable, levels of exercise (Brown, Bauman & Owen 2009), supported by other positive health messages.

Terminology used in exercise research confirmed the deliberate nature of the process. For example, Green, O’Driscoll, Joyner and Cable (2007, p.766) referred to “exercise prescriptions” and “exercise training” in improving cardiovascular health following significant illness, while Sherrington, Whitney, Lord, Herbert, Cumming and Close (2008, p.2234) investigated “effective exercise” for the prevention of falls and Daley, Jolly and MacArthur (2009) examined the role of exercise in the management of postnatal depression. In these situations, targeted support for exercise was provided together with information as to the value of exercise for the particular situation. A model for
action was developed in each case, with possible transferability beyond the individual level. This approach could be relevant for exercise incentives in organisations, as examined later in this chapter.

As the literature review progressed, it became evident to the researcher that one of the two terms, physical activity or exercise, would need to be selected for use. It appeared that this had been challenging for other researchers as well. For example, in the Active Australia Survey (Australian Institute of Health and Welfare (AIHW) 2003) which has been widely used since 1997, reference is made to “vigorous exercise” (p.25) as one of five categories of activity. Walking was a separate category, while in a later section it was noted that walking could be conducted for the purposes of “recreation, exercise or transport” (p.28). The questions could be asked: Would vigorous walking fall under physical activity or exercise? What would be the effect in either case? Why was the distinction important? Perhaps Charness and Gneezy (2008) struck a suitable compromise with the term “physical exercise” (p.2, likewise used by Edith Cowan University 2011) in their investigation of financial incentives to promote healthy habits, as did Radak, Chung, Koltai, Taylor and Goto (2008) who referred to regular exercise as being the opposite to physical inactivity.

A long-standing instrument, the EBBS (Sechrist et al. 1987), was identified at this point. It appeared immediately relevant because it invited input about obstacles and outcomes to exercise, linked to an individual’s intention to exercise. The scale could be analysed quantitatively to supplement a qualitative perspective. Evaluation and early use of this scale in pre-testing, combined with this literature review, confirmed that a focus on exercise rather than physical activity was most appropriate. The scale was used to validate early focus group and interview responses and, subsequently, was incorporated into the survey instrument. The use of this scale is discussed in detail in Chapters Three and Four.

It was recognised that an overlap between physical activity and exercise could be revealed in the research. This was managed through aspects of the research design. In keeping with other observations about terminology, ultimately the decision to act in a
healthy manner was considered more important than the actual words used to describe the action.

At this stage in the literature review, having established the relevance of exercise as a vital support for health, it was necessary for the researcher to examine literature about 21st century organisations. This provided additional perspectives to his professional experience and was intended to validate whether or not similar experiences were present in other organisations. Without this, the research would be less effective and less credible.

2.7. Organisations in the 21st Century

A recurring theme in published material was the dynamic nature of organisations across all sectors (Nankervis et al. 2005; Australian Public Service Commission (APSC) 2008; Stone 2008; Blankenburg & Palma 2009; Lindorff 2009; Watkins 2009). Organisations are dealing with many influences including changing technology, job design and occupational health and safety requirements and expectations (Nankervis et al. 2005; Stone 2008), and constantly must balance and justify costs and benefits (Milne 2007). The Global Financial Crisis (G.F.C.) is an additional, critical challenge which recently has caused immense uncertainty, with economic downturn that has resulted in a need for urgent decisions and action by organisations (Blankenburg & Palma 2009).

In the current research, a distinction was made between private and public (government) organisations. Public organisations can be further broken down into local, state or national levels. The Institute of Public Administration (IPAA), a professional body for the public sector, believed that financial concerns, globalisation, technology and changing demographics presented challenges at a scale not experienced before (IPAA National Council 2009). Others expressed similar concerns (APSC 2008; Lindorff 2009). In private and public organisations, attraction and retention of suitable and diverse employees remained problematic (APSC 2008; Watkins 2009). In recent years in Western Australia, particular impacts have included significant employment opportunities in the mining sector and a consequent skills shortage and flow-on effects (positive and negative) for other sectors; indeed, Western Australia has been recognised
as an outstanding contributor to the Australian economy (Melanie, Gleeson, Rogers & Stark 2009; Connolly & Lewis 2010). However, such achievements can carry high and often unexpected costs for employees and for organisations.

Perhaps in response to such challenges, organisational innovation increasingly is being recognised and valued (Martin n.d.; Australian Public Service Commission (APSC) 2010). Innovation can support employee and organisational performance; a topic widely mentioned in the literature (Government of Western Australia: Public Sector Commission n.d.; APSC 2008; Hubbard 2009). For example, in terms of health, “social innovation” (Dawson & Zanko 2009, p.7) involves a greater awareness of outcomes beyond production or profit, and of employee needs. Unfortunately, however, it seemed that such aspirations could be easily lost or diluted due to the pressures of day-to-day business.

Contributing to these organisational challenges is the continuing emphasis on “public value”, or perhaps value from organisations in general, as outlined by O’Flynn (2007, p.353) in terms of public sector management and more widely. This involves a close focus on performance, competition and different management practices. A definition of value in this respect remains elusive (O’Flynn 2007), although the term is widely used (Colebatch 2009). Researchers have captured many aspects of organisational value, including social contribution (Alford & Hughes 2008; Farneti & Guthrie 2009), organisational improvement (Rhodes & Wanna 2007) and in awareness and monitoring of employee safety (Charles, Castillo, Fleming & Brown 2007). Rhodes and Wanna’s (2007, p.409) examination of public value provided a timely acknowledgement of various risk areas. A realistic approach is necessary:

There is, thus, a benign view of all large-scale organisations (both public and private). Actors in these contexts are considered to be interested in the well-being of others, not exploitative, cabalistic or predominantly self-interested. Yet, public organisations do not exist solely to perform pleasant functions. Many exist to enforce state rules, to push people into work, to achieve targets at the lowest cost, or to ration public goods and services.

The current researcher holds the long-standing opinion that well-supported and, indeed, healthy employees can best help organisations achieve desired outcomes. Literature about 21st century organisations further reinforced this perspective. The process of
Human Resource Management, outlined in the next subsection, can play an important role here.

2.7.1. Human Resource Management

Literally, Human Resource Management acknowledges that employees are an organisational resource in their own right and, potentially, are the most important resource. While the idea of employees as a resource may be distasteful to some, the process of Human Resource Management undeniably involves balancing qualitative (humanistic) and quantitative (instrumental) perspectives and the input of many employees within an organisation (Nankervis et al. 2005; De Cieri, Kramar, Noe, Hollenbeck, Gerhart & Wright 2007; Price 2007; Stone 2008). On a practical level, Human Resource Management involves a variety of activities in terms of the researcher’s experience, including recruitment and selection of employees, performance management, maintaining and improving employee health and safety, remunerating and rewarding employees and managing often complex interactions between employees, management and external stakeholders (Nankervis et al. 2005; De Cieri et al. 2007; Price 2007; Stone 2008). Exercise incentives could be included here; for example as a condition of service or as a reward for employees. Those involved with Human Resource Management could contribute to the evaluation of such incentives.

Recently, there has been an emphasis on Strategic Human Resource Management which, as the name suggests, seeks to align the management of employees with strategic business functions and objectives of the organisation overall (Lengnick-Hall, Lengnick-Hall, Andrade & Drake 2009). These researchers identified seven Strategic Human Resource Management themes, involving the management of risks in organisations, establishment of infrastructure to support employee-related activities, the need to measure specific achievements and, importantly, the pressure between “seeing employees as resources to be leveraged rather than resources to be nurtured” (p.82).

A distinction must be made between Human Resource Management and the Human Resource department or division in an organisation. The former is an active and ongoing process involving many influences, while the latter is a way of grouping those
employees with the information, facilities and expertise needed in order to conduct the process. A contentious issue is the extent to which Human Resource Management activities should be conducted centrally or devolved throughout an organisation; for example, to managers of particular work areas (Kulik & Perry 2008). Such decisions can have wide affects on employees, including the consistency and credibility of decisions made and the extent to which employees feel that their circumstances are taken into account.

Arguably, activities undertaken in Human Resource Management all support health in one way or another, in terms of employees’ ability to undertake the work for which they are employed. Two particular themes, employee health and organisational health, are examined next. The ordering of these areas was problematic to the researcher: Which should be placed first? How does one affect the other? Can one exist without the other? An alphabetical approach was decided upon and it was hoped the research methodology and data collection indirectly would provide some answers to these questions.

2.7.2. Employee Health

The distinction between the employee’s organisation and home is now blurred, with many employees working from home, sharing jobs or working as a part of a team which has never met face-to-face (Pocock 2005; Latham & Ernst 2006; Stone 2008). Such situations highlight the need for support for employees. Many researchers agree that promoting employee health leads to a position of competitive advantage (e.g., Nankervis et al. 2005; Coyle-Shapiro & Shore 2007; Mills, Kessler, Cooper & Sullivan 2007; Runge 2007; Stone 2008).

However, literature (e.g., Lindskog 2001; Pocock 2005; Masterman-Smith & Elton 2007; Williams, Pocock & Skinner 2008) confirms that many employees are increasingly time-poor and are experiencing high stress levels (e.g., Edington 2006; Noblet & LaMontagne 2006; Brough, Holt, Bauld, Biggs & Ryan 2008) and would benefit from increased activity (e.g., Coulson et al. 2009; Doyle, Hutber & McCarthy 2009; DSR 2009; Department of Human Services, Victoria (DHSV) 2011).
Organisations expect employees to be contactable, motivated to perform, and readily available to work. Employees, in response, now anticipate support for activities which previously took place only outside of work hours (Duxbury & Higgins 2008; Harris & Pringle 2008). Exercise is an important example.

Influences such as deregulated retail trading hours in many areas (Huddleston & Huddleston 2010) and non-stop, “24/7/365” business activities (Hymel et al. 2011, p.696) have resulted in many employees adopting non-standard work patterns including shift work and extended hours. Concerns about employee health as a result of such situations are well documented. For example, the Workers Health Centre, established to improve health and safety at work, listed some health implications for employees; included were heart disease, gastric problems, social and psychiatric issues and sleep conditions (Workers Heath Centre 2011).

Perhaps in recognition of employee health concerns, and possibly to supplement or replace organisational incentives, unions have increasingly provided health-related opportunities in the form of incentives for member employees. These include optical benefits and naturopathy (State School Teachers Union of Western Australia n.d), gymnasium memberships (State School Teachers Union of Western Australia n.d.; Community and Public Sector Union 2007) and health insurance discounts (Community and Public Sector Union / Civil Service Union of W.A. n.d.). Unions are involved with health activities such as the annual Walk to Work Day, publicised on the Community and Public Sector Union website (2007), which can have benefits for the community such as a reduced reliance on cars for transport.

There is general agreement that healthy employees support a healthy organisation (McHugh & Brotherton 2000). However, in line with the researcher’s own reflections, the nature of this relationship required further investigation (MacIntosh et al. 2007).

2.7.3. Organisational Health

In recent years, there has been “an explosion of interest in the topic area” of organisational health (MacIntosh et al. 2007, p.6). However, as with other terminology,
a consistent definition remained obscure (McHugh & Brotherton 2000; MacIntosh et al. 2007).

MacIntosh et al. (2007, p.5) argued that any definition of organisational health was challenging, because health should be considered as a process, not as a destination; they proposed the term ‘health in organization’, involving activities aimed at “designing health in, as opposed to screening disease out”. They acknowledged the considerable risk of organisations that mainly used financial indicators of health simply because these were measurable.

By way of examples, the Australian Government insurer, Comcare, identified components of organisational health including organisational capability, corporate governance, relationships at different levels and organisational culture as being monitored through lead and lag indicators (Comcare 2009). Western Power in Western Australia has a target level of 75% organisational health (Western Power 2011), and the Bureau of Meteorology refers to employee career development and organisational health as particular objectives (Bureau of Meteorology (BOM) 2008). Griffith University (n.d. p.1) offers an “organisational health intervention program”, while support for organisational health is available also from commercial organisations (Complete Corporate Health 2010; Pacific Workplace Health Checks 2010). As mentioned previously, some organisations have connected health and safety with organisational health overall, but manage such processes separately, giving rise to tension (Allender et al. 2006). Indeed, differences in understanding, application and even over-use of the term ‘organisational health’ were evident in the literature.

In the current research, the themes of employee health and organisational health were influences to the central theme of investigation (exercise incentives, explained further in the next subsection). They were vital outcomes which could result from exercise incentives. As stated earlier, it was envisaged that the research process would help to clarify this relationship.

In Chapter One, the term ‘exercise incentives’ was introduced as drawn from the separate definitions of ‘exercise’ and ‘incentives’. The next section provides
background to the term, commencing with a review of literature about incentives in organisations.

2.8. Exercise Incentives

In general, incentives can be used by organisations in the attraction and retention of employees, to enhance organisational culture, competitive position and employee performance (Nankervis et al. 2005; Kocabiyikoglu & Popescu 2007). Recent researchers have attempted to define the term by examining particular activities and possible intentions behind them. For example, incentives can be financial or in-kind, often linked to particular behaviour (Taitel et al. 2008). Incentives support or promote desired action (Kocabiyikoglu & Popescu 2007). Incentives can help reinforce organisational values and can be linked to individual and collective achievement (Milne 2007); they can influence employees and organisations in the areas of employee absence, workers compensation premiums and claims, productivity and turnover (Edington & Schultz 2008). Organisational image and employee job satisfaction may be enhanced (Lee et al. 2010). Many of these aspects relate to the themes of employee health and organisational health.

Various related terms were used in the literature, including ‘intervention’ (Haines et al. 2007; Dugdill et al. 2008). In a health context, interventions often refer to targeted activities related to a health issue such as obesity or alcohol use (Edington & Schultz 2008). Other terms include ‘programs’ or ‘programmes’ (Renaud et al. 2008; Taitel et al. 2008; DSR 2009) and ‘initiatives’ (Makrides et al. 2007). Incentives are associated with presenteeism (Edington & Schultz 2008; Lee et al. 2010), as discussed previously.

Regardless of terminology, it was clear from the literature that organisations increasingly were seeking novel yet appropriate means to support exercise (e.g., Haines et al. 2007).

In the previous chapter, a definition for exercise incentives was provided:

An Exercise Incentive incorporates the separate definitions of ‘exercise’ and ‘incentive’. While the term has already been used in various literature, for the
purposes of this study it refers to those incentives provided by an organisation which support and potentially enhance the exercise of employees.

The earlier examples of activity in organisations are relevant at this point. Thus, recently, Rhodes and Pfaeffli (2010) examined exercise incentives (referred to as ‘mediators’) by conducting a literature review of published research involving twenty two trials in a range of settings, including organisations. Mediators ranged from simple activities such as reminder or prompt messages to longer term interventions such as counselling. Various motivation theories provided support for the mediators which were chosen. While not all studies were effective in changing the activity levels of participants, eleven studies showed potential for long-term application and further research. Rhodes and Pfaeffli (2010) emphasised the importance of a theoretical base for any incentives provided, together with ongoing evaluation.

Additional support for further research was provided by Garrard (2009) who noted that, while health education was important, there was a significant need to create and promote opportunities for actual activity. In the case of organisations, for example, this could include organised team-based and/or individual activities conducted by employees. Garrard (2009, p.25) noted the importance of “supportive social norms” to influence appropriate behaviour. In organisations, this might involve organisational culture and particularly the level of endorsement for exercise perceived by the employees.

Recent researchers have examined influencing factors to employees’ activity levels. For example, Bennie et al. (2010) considered individual, social and environmental levels of influence. At the social level, employees were influenced by the activity levels of others and the extent to which the organisation was seen as supportive. Environmental influences included the provision of showers or bicycle storage at the particular organisation. In other research, Fletcher et al. (2008, p.420) examined “perceived barriers and enabling factors” and observed that time was a strong influence for employees. Employee motivation levels were relevant, as was the need for social support.
Many influences were multi-faceted, such as an imbalance between co-operation and competition arising from incentives (Haugen 2009). The need for employees to possess relevant skills was mentioned (Cobiac et al. 2009) as was the importance of creative strategies to promote employee interest (Gilson, Puig-Ribera, McKenna, Brown, Burton & Cooke 2009). Particular employees’ influencing skills could affect significantly other employees’ interest in incentives (Taitel et al. 2008). Critically, research found that those who were motivated to become involved with such incentives were often those who were already active (Bravata, Smith-Spangler, Sundaram, Gienger, Lin, Lewis, Stave, Olkin & Sirard 2007). Edington (2006, p.427) emphasised the importance of appropriate strategies to prevent injury and to provide employees with a sense of achievement, to “first create winners”. The potential for such a variety of information from the current research was reflected in the research methodology and incorporated into the design of the research instruments as discussed in the next chapter.

In a discussion about health literacy, Peerson and Saunders (2009) provided an important contribution with regard to exercise incentives; they acknowledged the difficulty for many in understanding health and then using knowledge and judgment to make decisions. Difficulty arose because health featured in so many subject areas, from the general to the specific, such as obesity, alcohol, gender studies, psychology, sport and human movement, to name just a few. With such variety, opportunities for exercise incentives could be unclear or misunderstood, and potentially neglected. In the current research, therefore, capturing and analysing such influences, mentioned earlier as obstacles and outcomes, were essential.

Overall, in view of the well-established health benefits which result from exercise, many researchers noted that it was necessary and timely for incentives to be further refined (MacIntosh et al. 2007; Mills et al. 2007; Haugen 2009; Rhodes & Pfaeffli 2010), with additional, innovative measures to be designed, implemented and evaluated. Understanding employees’ experience of such incentives as a result of the current research is an important contribution to health and organisational knowledge.

Some Western Australian examples of exercise incentives are now provided.
2.8.1. Exercise Incentives in Western Australia

There is nearly no downside to clinically and economically effective health management programs since each stakeholder is a beneficiary: the family, the employee, the employer, the community, and the state (Edington 2006, p.427).

Over ten years ago, it was claimed that the Western Australian Cycling 100 project “exceeded all expectations” in terms of benefits for employees, organisations and the community (Government of Western Australia 2000, p.1). Researchers examined why rates of bicycle travel into the Perth central business district were low, compared to car usage. An incentive was developed, involving a free (loan) bicycle to be used by employees instead of driving to work. Eleven organisations were involved and while there was wide interest, converting interest into action was not easy because “a limitation of the corporate sponsorship approach is actually finding sponsors with an interest in committing dollars to health promotion activities” (Marshall & Booth n.d., p.6). While it was acknowledged that a control group which did not use bicycles would have allowed for further validation of the research, the potential for further exercise incentives involving bicycles and a reduction in air pollution due to reduced car usage was already confirmed. More recent information regarding cycling activity is provided later in this chapter.

The Workplace Health and Physical Activity Program Review, released in 2005, involved 130 public and private organisations; the intention of the review conducted for the Department of Sport and Recreation by researchers from the University of Western Australia, was to gather information to support the development and implementation of health and activity programs in organisations. As would be expected with a diverse range of organisations, levels of involvement and financial commitment differed considerably. The research examined the background to the various programs and benefits from involvement and particular opportunities were identified: “Health promotion in the workplace setting is a promising approach to potentially increase the productivity of organisations and to improve the health and wellbeing of employees” (Ackland, Braham, Bussau, Smith, Grove, Dawson & Bull 2005, p.71). The research was rigorous, involving a literature review, survey pre-testing, a widely distributed survey and follow-up case studies, with specific recommendations provided.
It was intended that the research would contribute to the Premier’s Physical Activity Taskforce (Government of Western Australia 2007) through a proposed Workplace Healthy Lifestyles Initiative; however, this initiative was not mentioned in later literature. It was recommended in the 2005 review that a single body be formed which “promotes and provides information on workplace health and physical activity initiatives for companies, organisations, service providers, employees and other key stakeholders in Western Australia” (Ackland et al. 2005, p.43). To date, it appears that many organisations are still working individually. Relevant to the current study, it was noted that additional local research was needed due to limited valid data and information at the anecdotal level or from overseas settings. Funding for the Physical Activity taskforce was stopped in mid-2012 (Government of Western Australia 2012), a decision described as “a tragedy” with significant community health implications (The University of Western Australia 2012, p.1). Nonetheless, existing programs would still be overseen by the appropriate government departments (Bastians & Emerson 2012).

In a different example of collaboration, the Cancer Council of Western Australia, the Heart Foundation and Diabetes WA with the support of Healthway (an independent organisation which reports to the state Minister for Health) developed the WA Healthy Business program (WA Healthy Business Pilot Study Project 2005). A pilot project was conducted between 2003 and 2005, in which seven organisations individually participated in an audit of health-related facilities and activities (including exercise) and identified particular needs and areas of concern. Improvements were made where possible and case studies were developed which captured the experience of each organisation; the findings were incorporated into a suite of products and services, including incentives, which can now be purchased by organisations. An example from a national government agency which participated in the pilot showed many positive outcomes:

This approach of gaining organisational support, integrating employee health into strategic planning, establishing a workplace health committee, planning the workplace health program by writing aims, objectives and strategies, including employees and management health needs and using or changing workplace structures and surroundings provided a firm platform for this organisation’s program to continue (WA Healthy Business Pilot Study Project 2005a, p.4).
A common thread across these examples was the need to gather information from employees and organisations and to evaluate it in a rigorous manner. By doing so, specific and lasting strategies then could be developed, as shown in the previous example.

Many private organisations in Western Australia provide exercise incentives to other organisations and individuals on a fee-for-service or contract basis (e.g., Babesontherrun 2010; BodySmart Health Solutions 2011; iTriFitness 2012). This appeared to be an option for organisations without the necessary background, experience or equipment to develop exercise incentives in-house, or for other strategic reasons. Considerable information about these service providers was available online, with varying degrees of subjectivity:

“Fit, healthy employees are more productive, boosting your business profits” (iTriFitness 2012, p.1).

“Bodysmart helps people to get fit, lose weight and stay healthy at work. Group exercise programs will assist to increase concentration, focus and alertness of workers and help to decrease fatigue and error” (Bodysmart Health Solutions 2011, p.1).

“Businesses with a health and fitness programs (sic.) gain from having:
- Less sick days
- More motivated staff with more energy
- A friendlier and happier workplace
- Greater staff retention rates
- Great way to attract quality staff” (Edge Fitness 2011, p.1).

These examples emphasised the importance of sound evaluation of outcomes to add credibility to claims made.

Exercise incentives were available for the community in general. Such community facilities, activities and events may already be being used by employees. Organisations may be able to learn from employees’ involvement with these incentives and this may help prevent duplication of effort and unnecessary expenditure. Additionally, community organisations are employers in their own right. Some examples, again from Western Australia, are now provided.
For ten years in a row, more bicycles than cars have been sold in Australia (Cycling Promotion Fund 2010) and the number of cyclists riding into the Perth central business district has increased by five per cent in the first half of 2010 compared to 2009 (Acott 2010). Exercise incentives may be a contributing factor. The City of Fremantle in Western Australia has recently obtained funds to construct or improve bicycle paths within council boundaries and to provide end-of-trip facilities such as showers to encourage bicycle transport. Funds were provided from a statewide program administered by the Western Australian Department of Transport. The City is examining creative ways to support the use of bicycles, and currently provides free bike hire for adults and teenagers (City of Fremantle 2010). Similarly, it was reported in a local newspaper that the Perth City Council recently received over 1200 responses to a request for feedback about its draft bicycle plan and had delayed publication while the material was examined fully; widespread interest was evident (Bastians 2010). In other examples, the Town of Victoria Park in Western Australia provides gymnasium equipment for free use at several parks and a free bicycle pump station at local shopping centres and various parks across the town (Town of Victoria Park 2011), while the City of Gosnells provides outdoor gymnasium equipment and an exercise trail at no cost (City of Gosnells 2010). Other local councils provide similar incentives.

Incentives provided for community use need not be expensive or time consuming. Overall, a collaborative approach was emphasised in the literature:

Those whose structure enables them to serve as “living laboratories” can collaborate with academic, government and other partners to conduct pilot projects in community environments, thus contributing to the evidence base (Doyle et al. 2009, p.329).

As mentioned, organisations can be considered as communities in their own right and therefore provide an important contribution to evidence, as mentioned by these researchers.

2.9. Consolidated Themes

Despite considerable variations at times in the intended audience, research intent, outcomes and objectivity of the literature examined, there was widespread agreement of
the urgent need to sustain and improve the health of Australians. Organisations can provide an important contribution through exercise incentives; however, it was clear that further research is needed to better understand the opportunities.

From the literature review, three consolidated themes were developed; these, and the implications of each, were as follows:

**Terminology:** While health-related terminology varied widely, such variation need not be a reason for confusion or inaction. The variety of terminology and the examples provided in the literature suggested a qualitative research method, supplemented with some quantitative information.

**Employee perspectives:** Current information about employee exercise was needed, with an emphasis on both existing and potential exercise incentives. It was necessary to determine employees’ experience of exercise, the background to this experience and changes which had occurred over time. Such information would help organisations to better understand, evaluate and develop exercise incentives. Research needed to be conducted in a rigorous manner.

**Health outcomes for employees and for organisations:** While some organisations were already offering or making use of exercise incentives, further detail was needed from a Western Australian perspective to help maximise health outcomes and promote alignment between the needs of employees and organisations. It was important to develop a process so the researcher could work with each participating organisation over time to test empirically the analysis as it was conducted. This would allow for research activities to be adjusted if necessary and enhance the value of the study.

In the previous chapter, various objectives for the research were provided. These objectives were identified then expanded through the literature review, and are addressed in the consolidated themes. The consolidated themes confirmed many of the researcher’s own professional observations and, significantly, influenced the design of the research questions and research instruments developed in Chapter Three, and the Integrated Hypothetical Model, next.
2.10. The Integrated Hypothetical Model

The problem, however, is that bright ideas, as long as they are unintegrated into a theory, and certainly as long as they are untested, are not very helpful. More significantly, a good theory will give birth to productive ideas (Antonovsky 1996, p.14).

In Chapter One, the theoretical framework reflecting a potential relationship between health, exercise incentives and a salutogenic approach was presented. In this framework, it was acknowledged that there may be other incentives beyond the scope of the research which can influence health. The Integrated Hypothetical Model (Figure 2-1, below) makes use of these elements in conjunction with findings from the review of current literature and can be used as a basis for testing the major research question.

In the model, the themes of health and ill-health are critical to the investigation of exercise incentives. It can be seen from the open borders that the components on the vertical continuum may vary in size and character; these, and the model as a whole, were tested through the research methodology. The entire model is supported (framed) by a salutogenic perspective.

Figure 2-1: Integrated Hypothetical Model
Employees’ experience of exercise incentives, expressed in the model in terms of outcomes and obstacles, was captured and explored to provide information and recommendations for organisations, the research community and beyond. Indirectly, the research enquiry sought information as to employee health and organisational health in the participating organisations. An updated and revised model which incorporated the research findings is provided at the end of Chapter Five.

**2.11. Conclusion**

In this chapter, a review of relevant literature has been provided. The intent of the literature review was outlined and various types of literature examined. Various themes were investigated, beginning with health, then ill-health, the health of Australians, physical activity, exercise, 21st century organisations, organisational health and lastly employee health. These themes were all used to establish the importance of exercise incentives and the need for further investigation in Western Australia. Three consolidated themes for the research were identified, linked with the research questions, methodology and desired outcomes. An Integrated Hypothetical Model was developed which was examined and tested through the research data analysis in Chapters Four and Five.

In Chapter Three, the research methodology is discussed in detail; furthermore, literature related to research methodology is reviewed in the chapter. The decision-making process leading to the selected research technique and method will be explained, the contributing organisations will be introduced, and arrangements made to support the rigour and relevance of the research will be discussed further.
Chapter 3 – Research Methodology

3.1. Introduction

In Chapter Two, a review of relevant literature was provided to support the Integrated Hypothetical Model to be tested through the research technique. The influence of various philosophical assumptions guided the selected methodological technique, which is explained in detail in this chapter. An account of the data collection activities and various logistical and ethical considerations are provided, methodological assumptions made in the research are presented, and potential limitations of the research technique and method are discussed.

The decision-making processes required in selecting a research technique and method involved three related challenges. Firstly, it was necessary for the researcher to examine the affect of his personal and professional experience on the research. Secondly, the overall objectives of the research and, particularly, the need to directly involve others were additional important considerations. Thirdly, in keeping with the researcher’s desire for the process and outcomes to be relevant and timely for stakeholders, it was necessary to identify, explain and negotiate various logistics. The management of these challenges supported the overall credibility of the research.

3.2. Underlying Research Philosophies

A researcher’s own research philosophy influences decisions made and directions taken, and must be acknowledged (Conroy 2003; Punch 2005; Creswell & Plano Clark 2007; Smith et al. 2009); thus, for the researcher, this involved a period of reflection about various perspectives and the impact of these on his experience and his plans for the research. Table 3-1, on the next page, captures some aspects of each approach.
### Table 3-1: Potential Research Approaches

<table>
<thead>
<tr>
<th>Approach</th>
<th>Characteristics</th>
<th>Potential relevance/considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positivist / postpositivist</strong></td>
<td>A long-standing approach with an emphasis on facts, on research being free of values and on measurement, relationships and hypothesis testing.</td>
<td>Likely to provide detailed and specific information and potentially reduce issues of interpretation and subjectivity.</td>
</tr>
<tr>
<td><strong>Advocacy / participatory</strong></td>
<td>This approach gives consideration to particular (often marginalised) groups in society. Subsets include critical theory, feminist theory or the needs of particular races or those with disabilities.</td>
<td>Often associated with qualitative research. A current situation or theory can be the impetus for further research work. The approach acknowledges and values political considerations within groups or organisations.</td>
</tr>
<tr>
<td><strong>Constructivist</strong></td>
<td>Emphasises the unique experience of individuals. Involves theory generation and an inductive approach.</td>
<td>Acknowledges that individual experience can be complex and subjective and must be considered in conjunction with the researcher’s own opinion and experience.</td>
</tr>
<tr>
<td><strong>Pragmatism</strong></td>
<td>Encourages a practical approach to investigate, understand and make use of outcomes from a particular research problem.</td>
<td>This view can promote considerable flexibility for researchers (although with associated risks) through the use of varied data collection and analysis techniques.</td>
</tr>
</tbody>
</table>

Sources: Adapted from Patton 2002; Liamputtong & Ezzy 2005; Punch 2005; Creswell & Plano Clark 2007; Creswell 2009.

A pragmatic view, as outlined by Fuller (2010, p.17) was emphasised in early planning discussions and during the development of the research proposal:

A predominantly qualitative approach is proposed, to promote “actionable knowledge” (Denyer & Tranfield 2006 p.218). I envisage that a predominantly qualitative approach would also provide flexibility of design and methodology (Cassell, Symon, Buehring & Johnson 2006).
Often, the researcher’s experience in organisations was pragmatic in nature; however, he has made use of advocacy, participation and constructivism by listening to the experience of others, interpreting information and acting upon such information; for example during organisational change. With this in mind, it was encouraging to read of crossover between philosophies:

Pragmatists agree that research always occurs in social, historical, political and other contexts. In this way, mixed methods studies may include a postmodern turn, a theoretical lens that is reflective of social justice and political aims (Creswell 2009, p.11).

The opportunity to make use of this interplay is a further focus in this chapter, in keeping with the variety of health and exercise-related literature examined in Chapter Two.

3.3. Methodological Assumptions

The method selected was intended to provide effective, recent, detailed and substantial information about employees’ experience of exercise incentives. The decision-making process which led to this technique is outlined throughout this chapter. A mixed method with a predominantly qualitative approach was taken in the current study.

The researcher’s professional experience has regularly required him to consider and manage the needs and expectations of employees in various situations. Fundamental questions were a topic of discussion with colleagues at times: Why are things seemingly so easy or difficult for some people? How can one person see things so differently to another? Is an employee’s perception his or her reality? However, while exact answers were not always forthcoming, the researcher has always believed that a willingness to listen to the experience of others was as valuable as the information which was revealed. Similarly, he believes that not all situations can be defined in ‘black and white’, or need resolution or an end-goal. Furthermore, disagreement, appropriately handled, can be valuable at times. These are constructivist and value-laden sentiments which greatly influenced the research and particularly the technique and method. However, the researcher needed to look beyond what was immediately
obvious or which appeared logical simply because of his own philosophy and experience.

A strongly interpretative approach was taken to the research. It was assumed that knowledge about an employee’s reality could be developed by examining that employee’s experience. On one level was the employee’s interpretation of a particular situation from their place inside and outside of the organisation while, on another level, the researcher overlaid this with his own view, experience and role as a researcher in order to understand and communicate it to others (Liampputtong & Ezzy 2005; Smith & Osborn 2008; Smith et al. 2009). Influences on the researcher such as values and bias could not be excluded easily from this process.

The aspects of validity and reliability took on a particular flavour as a result of these assumptions and the technique which was developed. In general, validity and reliability involve the extent to which the researcher and others can be confident in the process and in the outcomes. To establish validity (that is, whether the research is measuring what it sets out to test), the research problem, the research question and the philosophical assumptions made remained at the forefront of considerations while various research techniques were investigated. Effectively, this circle of intent enabled the researcher to confirm that the data gathered would be relevant to the research topic and the research problem.

The focus on reliability was changed from the extent to which something was repeatable over time, to a broader concept of dependability; viz., “the coherence of the internal process” and “the way the researcher accounts for changing conditions in the phenomena” (Bradley 1993, p.437). The researcher worked towards dependability, for example, by cross-checking materials for consistency and accuracy, providing consistent interview discussion points and by rechecking interview transcriptions. Further background is given later in this chapter. Within the limitations of an unfolding research method, the researcher attempted to keep employees informed so as to minimise concerns about data usage and the value placed on the research. Developing a climate of trust and respect was critical.
3.4. Research Objectives

In all its many different forms, the central aim of research is knowledge development. The processes of knowledge development are framed by the types of knowledge that are sought and are, of necessity, rigorous, demanding and meticulous. These processes must be scrupulously applied throughout the entirety of a study, to ensure that the knowledge that is developed is not flawed, and therefore of little use to the discipline that it purports to inform (Caelli, Ray & Mill 2003, pp. 4-5).

Because of the experiential nature of the research, it was likely that the subject matter would generate subjective, personal responses. These needed to be managed in “the dynamic of purpose” (Newman, Ridenour, Newman & DeMarco 2003, p.172) involving exploration, description and explanation. The researcher wanted to provide organisations with information and support to understand employees' experiences and expectations of exercise incentives in ways that would contribute to future organisational strategy and decision-making. A further objective of the research was to update and expand existing organisational theory to reflect the contributions of exercise and of health. Again, the research techniques and methodology were influenced by these aims.

3.5. The Selected Research Design

Two research techniques with significant differences in history, philosophy and application have been used over time: quantitative or qualitative in nature. However, the development of mixed methods approaches (Punch 2005; Creswell & Plano Clark 2007; Greene 2008; Creswell 2009) has allowed the two methods to be combined in various ways. In terms of a simple difference between quantitative and qualitative research, the former involves the use of data in a numerical form, while the latter does not (Punch 2005). However, as acknowledged by Punch and many others, this difference alone is insufficient. Quantitative research involves relationships, variables and the testing of hypotheses and, often, aims for the transferability of findings for verification (Morse 2005; Byrne 2007). Qualitative research, by comparison, often includes extensive, open-ended forms of inquiry and aims for specificity rather than transferability of findings. In quantitative research, the researcher figuratively remains in the background; in qualitative research, the researcher is more personally involved.
(Conroy 2003; Johnson & Onwuegbuzie 2004; Leech & Onwuegbuzie 2007; Smith et al. 2009). This can have implications in terms of researcher objectivity.

Quantitative research dominated the social sciences area until the middle of the twentieth century, with qualitative research methods being further recognised, debated and developed in the latter part of that century (Punch 2005; Leech & Onwuegbuzie 2009). As will be seen throughout this chapter, each approach has potential benefits and downsides. Potentially, a mixed methods technique, outlined in the next subsection, captures benefits from both.

### 3.5.1. A Mixed Methods Technique

As the title suggests, a mixed methods technique makes use of both quantitative and qualitative data and should be considered as a distinct technique in its own right (Johnson & Onwuegbuzie 2004; Creswell & Plano Clark 2007; Driscoll, Appiah-Yeboah, Salib & Rupert 2007; Greene 2008; Leech & Onwuegbuzie 2009). Alternative terminology has been used, including ‘multimethod research’ (Elman 1995, p.77), ‘mixed methodologies’ (Tashakkori & Teddlie 1998, p.3) and ‘mixed research’ (Johnson, Onwuegbuzie & Turner 2007, p.112).

In the first half of the twentieth century, sociologists and anthropologists made use of both quantitative and qualitative data in the same research, well before mixed methods techniques were formalised and accepted by researchers (Johnson et al. 2007). Later, social scientist Donald Campbell and psychologist Donald Fiske developed the ‘multitrait-multimethod matrix’, designed to enhance research validity (Campbell & Fiske 1959; Johnson et al. 2007). Recently, journals such as the *Journal of Mixed Methods Research, Quality and Quantity* and the *International Journal of Mixed Methods for Applied Business and Policy Research*, as well as online special interest groups (e.g., the ‘Mixed Methods Network for Behavioral, Social and Health Sciences’ n.d.) have promoted awareness and application of mixed methods techniques.

By collating and evaluating academics’ statements about mixed methods research, Johnson *et al.* (2007) proposed a definition of the term:
Mixed methods research is the type of research in which a researcher or a team of researchers combines elements of qualitative and quantitative research approaches (e.g., the use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration (p.123).

Their sentiments are in keeping with other researchers (e.g., Sale, Lohfeld & Brazil 2002; Morse & Chung 2003; Newman et al. 2003).

Similarly, Greene (2008, p.7) observed that mixed methods research provides an opportunity to balance “dispassionate neutrality as well as engaged advocacy”. While a mixed methods technique is contentious to some and must be well managed (Creswell & Plano Clark 2007; Morgan 2007; Greene 2008), there can be many benefits:

Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone (Creswell & Plano Clark 2007, p.5).

Critically, a mixed methods approach requires more than simply the use of quantitative data at one point and qualitative data at another. The process must be dynamic, involving decisions as to the priority of methods, timing and the overall logic of the activities (Punch 2005; Creswell & Plano Clark 2007; Greene 2008).

In the current research, a mixed methods technique was judged as most likely to support the research objectives. By way of example, because employees’ experience of exercise involved aspects which can be quantified (such as times, amounts or levels) as well as those which are more subjective (such as opinions, attitudes and influences) it was appropriate to make use of both perspectives. While it was recognised that mixed methods could be more time-consuming and resource-intensive, a richer research outcome (admittedly a subjective term) appeared likely.

3.5.2. Triangulation Design

Having decided to use a mixed methods technique, further combinations of design and research sequences were considered: triangulation, embedded, explanatory or
exploratory designs (Creswell & Plano Clark 2007). Briefly, a triangulation design involves the use of multiple data sources, combined in a considered way to strengthen the research (Jick 1979; Punch 2005). An embedded design allows particular research questions to be matched to quantitative or qualitative data; a process of “dovetailing” with “one methodology located within another, interlocking inquiry characteristics in a framework of creative tension” (Caracelli & Greene 1997, p.24). In an explanatory design, quantitative data collection is followed by a qualitative phase for explanation and expansion of the research. Finally, an exploratory mixed methods design is appropriate when instruments are not in place or require validation, if the research topic is unclear or under-researched, or if generalisation of results is sought (Creswell & Plano Clark 2007).

The current research involved qualities from each of these options. For example, the research problem, purpose and questions required exploration and explanation. While the decision can be problematic, a researcher must choose one design (Punch 2005). Critically, the chosen design never supplants the researcher, for he or she is “left with the task of making sense of the evidence regardless of what the outcome is” (Mathison 1988, p.15, author’s emphasis).

Triangulation, used as a verb and as a noun, promotes “a more complete, holistic and contextual portrayal of the unit(s) under study” (Jick 1979, p.603, author’s emphasis). The Mixed Methods Triangulation Design (Creswell & Plano Clark 2007) used in the current research involved the four phases: pilot testing, surveys, interviews and ongoing research validation. Pilot studies guided the development of research instruments; data was valuable in its own right and, as discussed in Chapter Four, was examined in conjunction with later information. Quantitative (survey) information was analysed descriptively, and Interpretative Phenomenological Analysis (IPA, as discussed later in this chapter) supported a thorough review of qualitative data. While each phase provided valuable information, it was necessary to converge the data, as discussed in Chapter Five, to fully address the research problem and purpose (Jick 1979; Mathison 1988; Punch 2005; Bryman 2007).
It can be seen in Figure 3-1, above, that quantitative data collection, involving the majority of survey questions, was embedded within a “qualitative dominant” approach (Johnson et al. 2007, p.124):

Qualitative dominant mixed methods research is the type of mixed research in which one relies on a qualitative, constructivist-poststructuralist-critical view of the research process, while concurrently recognizing that the addition of quantitative data and approaches are likely to benefit most research projects.

The weighting between qualitative and quantitative data, shown by the use of upper and lower case (Creswell & Plano Clark 2007) was driven by the nature of the research topic and research questions, by the outcomes sought from stakeholders and, generally, by the pragmatic view adopted by the researcher.

3.6. Participating Organisations

While the transferability of outcomes was not a key driver for the research, nonetheless it was important to involve a diverse participant base. Diversity covers aspects such as age, cultural background, ethnicity, language and disability status (APSC 2008). In
turn, this would be most likely to yield a maximum variety (not necessarily a maximum number) of experiences to analyse. Four Western Australian organisations were involved in the research and from these organisations, employees were invited to participate. Two further organisations, a large national public sector department involved with travel and a medium-sized private organisation in the mining sector, were invited to participate but declined due to organisational commitments during the research period. A national organisation involved with insurance was invited to participate but the research timeframes were unsuitable for both parties.

**TEI (organisation one)** is a tertiary educational institution located in Perth, Western Australia. The organisation is closely involved with the local community and other educational institutions; it attracts students from wide backgrounds including overseas.

**SGD (organisation two)** is a state government division that provides support for organised sport and for the community, with departments located across the Perth metropolitan area. The organisation regularly hosts local, national and international activities in a range of settings.

**LGA (organisation three)** is a local government authority located in a suburb of Perth with various departments in surrounding suburbs. The organisation performs a variety of functions to support the local community and collaborates with similar organisations for larger tasks or in unexpected situations.

**PTC (organisation four)** is a private, publicly listed technology company with the head office in the inner-city of Perth. The organisation caters for the needs of business and the community and, in recent years, has provided an increasingly diverse range of products to the marketplace.

In an organisational sense, purposive sampling (Punch 2005; Smith *et al.* 2009) was used to select research participants. The researcher sought to involve those organisations which performed a variety of community functions across different sectors. In line with an inductive, generational approach to the gathering of
information, it was not intended that these organisations would represent organisations in general, nor would they be necessarily the same as other organisations performing similar functions. However, this did not lessen the contribution of each.

Snowball sampling (Teddlie & Yu 2007; Kuper, Lingard & Levinson 2008) also occurred to strengthen the pool of potential participants. It involves one participant providing a referral to another participant who then suggests a third participant, and so on. The approach offers an informal and non-threatening way to “uncover aspects of social experience” (Atkinson & Flint 2001, p.4); snowball sampling was used across potential organisations and within the participating organisations, discussed shortly.

Initial contact was made with two organisations as a result of referrals to the researcher during pilot testing and from one of the other participating organisations. While it could be argued that this approach could introduce bias, the organisations which subsequently became involved were considerably different in terms of business activities, employee roles and (in one case) location. The referrals, therefore, enhanced the diversity of the research. In TEI, SGD and PTC, one senior manager was the key contact for the researcher; in LGA, two managers, one from the administration area and one from a department at a different location, were involved. These managers are subsequently referred to as organisational contacts.

From within each organisation, employees were invited to participate. In some organisations, employees from all sections were provided with information while in other organisations, only particular departments were involved. There were various reasons for this, including activities which were taking place at the particular time and previous research which had been conducted; organisations wanted to avoid employees becoming ‘surveyed out’. In several organisations, an internal snowball approach occurred whereby the researcher’s initial telephone contact and involvement with one department led to the inclusion of other departments in the same organisation once they became aware of the research.

Any sampling plan must be coherent with the research objectives, questions and technique (Punch 2005). While snowball sampling is relevant “on its own right and
merit, and not as a default option” (Noy 2008, p.331, author’s emphasis), the combined use of purposive and snowball sampling was most appropriate in the circumstances. The different strategies allowed the researcher to secure wide involvement and interest within the required timeframe. As shown in Chapter Six, the networks established (organisations and particular participants) have extended beyond the research into updates, future formal research directions and other collaboration, further validating the chosen plan.

The sampling process enabled the researcher to focus on those participants who chose to be involved rather than working towards an arbitrary or pre-determined sample size. The number of participants, particularly those who contributed to the interview phase, was influenced as well by the data analysis methods used, as described later in this chapter.

3.7. Research Method

In Chapter One, an overview of the various research phases was provided. In terms of data collection and analysis, this involved phases one to four, as shown in Table 3-2.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Preliminary</th>
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<td>Literature review and comparison with emerging data</td>
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<tr>
<td>Research proposal</td>
<td>Pilot testing (focus groups and interviews)</td>
<td>Surveys</td>
<td>Interviews</td>
<td>Data analysis</td>
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<td>Ethics application</td>
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<td>Ongoing research validation</td>
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<td>Initial contact with organisations</td>
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<td>Writing and submission of thesis</td>
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<td>Results distribution</td>
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3.7.1. Pilot Testing

In order to clarify, develop and refine the research methodology, pilot studies or pre-testing provide an important contribution (van Teijlingen & Hundley 2001; Sampson 2004). Pilot testing, conducted in TEI, consisted of focus groups and interviews which provided feedback about the research topic and information for survey development and refinement. Additionally, academics from the researcher’s university had provided information and input in response to queries and feedback from the research proposal presentation. Pilot testing outcomes, including their contribution to the development of the survey and interview, are discussed in the next chapter.

3.7.2. Surveys

Survey outcomes are affected by structure, sample size, extent of distribution and the format of delivery (Gottliebson, Layton & Wilson 2010). Following discussions with other researchers, the use of an online survey method was investigated as having the potential to provide great flexibility as employees could complete the survey in their own time and at a location of their own choosing. The researcher spoke with colleagues from various universities and with the organisational contacts to find out about their experiences. Several organisations had made use of online surveys in recent years with different survey types, participant numbers and data requirements. Survey Monkey, an online subscription-based data collection, storage and analysis program (SurveyMonkey 2010) was mentioned regularly. A review of relevant literature was undertaken.

At this point, four considerations were emphasised, though in no particular order: privacy of data, ease of access for participants, program features and overall flexibility. For example, it was important to ensure the survey could be designed and constructed in an appealing manner and there was the ability to export data to relevant computer applications. All these aspects related to the utility of the process.
3.7.2.1. Online Surveys in the Literature

In a review of various existing surveys, Evans and Mathur (2005) provided a sound overview of potential benefits and weaknesses from online research. Online surveys were considered most effective when large participant numbers were available, when surveys were already being used frequently or when there was a desire to use different forms of audio-visual information. Benefits included the ability to reach participants across locations and time zones, opportunities to manage participant samples productively and to involve large sample numbers if desired. A further benefit was the opportunity to manage the order in which participants responded to questions, whether particular questions were answered or not and to ensure compulsory answering of questions, if required. However, online surveys could be seen as impersonal, and offering a paper survey option could help negate any resistance to the use of technology. While not exclusive to online surveys, a further limitation was the inability of the researcher to probe for further information based on responses. However, the option of a later interview remained a possibility. Managing these aspects could help establish “respondent commitment” (Mahon-Haft & Dillman 2010, p.43) and a “quality relationship” overall (Andrews, Nonnecke & Preece 2003, p.6).

Response rates from online surveys have varied considerably. For example, in an analysis of 39 studies over ten years, Shih and Fan (2008) noted that, overall, printed surveys resulted in higher responses than those which were online; however, the potential number of participants varied widely. Response rates ranged from ten to 89 per cent and ten to 88 per cent for printed and online surveys respectively. In a review of recent research involving over 100 000 organisations and 400 000 participants, Baruch and Holtom (2008) found an average response rate of 52.7 per cent with a standard deviation of 20.4. It was considered important that participants responded out of interest in the topic, rather than as an expectation of one’s employment, for example, as the latter could threaten research quality. In contrast to Shih and Fan (2008), Baruch and Holtom (2008, p. 1139) found that online data collection offered “response rates as high as or higher than traditional mail methodology”. This suggested careful consideration of both options.
A possible downside of online surveys (and indeed other mediums) is the level of involvement of some participants due to a personal disability; for example, Gottliebson et al. (2010, p.401) examined eleven online survey tools (including SurveyMonkey) and noted “regular experiences of exclusion from surveys due to lack of accessible features”. Concerns included participants’ awareness of surveys and then their ability to undertake a survey if desired. SurveyMonkey was considered to provide “a reasonable compromise between accessibility and breadth of functionality” (Gottliebson et al. 2010, p.401).

Overall, existing research, informal discussions and the researcher’s own experience indicated that the decision whether or not to use an online survey, and then which program to use in particular, would involve judgment and pragmatism. However, extant research provided confidence that online surveys were viable when well managed. It was decided to use an online survey predominantly and SurveyMonkey in particular. It was decided that a paper survey would be available upon request, to be sent by mail with a stamped, addressed envelope included for the return of the survey. The survey format is provided in Appendix 8.

### 3.7.2.2. Survey Incentives

The opportunity to offer an incentive for survey involvement was first suggested by one of the organisational contacts. Background reading and discussion was again undertaken by the researcher. Overall, the use of incentives to encourage research participation appears to be increasing, yet remains contentious. It could be argued, for instance, that an incentive simply acknowledges participants’ time and/or effort and the lack of opportunity to complete other tasks (Hewison & Haines 2006). Incentives are often used in medical research. In one example, a gift card was provided to participants “to acknowledge their time” (Tohotoa, Maycock, Hauck, Howat, Burns & Binns 2009, p.3). In research related to doctors and patients, Draper, Wilson, Flanagan and Ives (2009 p.2) noted participants’ “feelings of obligation and the perceived benefits of participation” towards research. While each participant spent similar time involved with the research, their opportunity cost (lost time) for doing so differed considerably based on their occupation and circumstances:
Many researchers may feel that it is right to acknowledge in some way the contribution made by participants to their research and, perhaps, to incline potential participants towards participation without offering rewards so great as to be irresistible and therefore coercive (Draper et al. 2009, p.3).

Following discussions with various academics and with the organisational contacts, it was decided to offer four department store vouchers in a random prize draw. Survey participants were able to provide their contact details in a separate online section or separate printed page, without being under any obligation to do so. In this way, possible concerns about the provision of identifying information would be minimised and identifying details were removed before data analysis took place.

3.7.3. Interviews

Considered a key tool in qualitative research, interviews are “one of the most powerful ways we have of understanding others” (Punch 2005, p.168). Developing a suitable “research persona” when interviewing (Smith et al. 2009, p.67) involves action, reflection and acknowledgment that interviewing is not simply about the exchange of information. The researcher holds high responsibility and trust because interviews can elicit substantial, detailed and often personal information which must then be credibly analysed and explained (Smith et al. 2009; Adolfsson 2010).

Broadly, interviews can be broken into three types: structured, semi-structured or unstructured (Punch 2005; Smith et al. 2009). The choice is influenced by the type and the intent of the research being conducted; structured interviews suggest greater researcher neutrality and consistency across participants (Creswell & Plano Clark 2007), while unstructured interviews can allow the researcher to clarify information received and to develop additional lines of inquiry during the discussion (Punch 2005). Semi-structured interviews, while potentially drawing upon the strengths of the other styles, require careful attention to planning, balance and ‘flow’ during the discussion; indeed, “it seems deceptively easy to do, but is hard to do well” (Smith et al. 2009, p.67). The researcher’s substantial professional exposure to interviewing was critical. Further detail is given in Chapter Five.
3.7.4. Ongoing Research Validation

Because of the variety and detail of information expected from participants and considering the research objectives, it was critical that there was regular communication and exchange of information with the organisational contacts. This ensured that findings and recommendations were as complete, relevant and usable as possible and it provided a further form of data triangulation before thesis publication.

At all times, care was taken to emphasise the emerging research process to the organisational contacts. It was essential that organisations did not extrapolate premature or incomplete conclusions about research findings prior to the complete analysis, and the organisational contacts were reminded regularly of the research timeframes and milestones. Outcomes are provided in Chapter Five and in Appendix 20.

3.8. Qualitative Data Analysis

Having decided upon the mixed methods technique, the means of analysis was the next consideration. In reading and in discussion about the research, including during an on-campus unit, the term ‘phenomenon’ was regularly mentioned. This led the researcher to consider possible theoretical frameworks, or the lenses through which the research is viewed (Denzin & Lincoln 2005; Smith et al. 2009). The topic of investigation and the desired research outcomes were important considerations at this point, to build the rigour of the research (Liamputtong & Ezzy 2005; Punch 2005; Creswell & Plano Clark 2007; Creswell & Plano Clark 2010).

Various qualitative options were considered. Ethnography, for example, involves a detailed examination of the culture and experience of a particular group over time (Patton 2002; Alvarado & Iniguez-Rueda 2009). A case study approach, involving a particular situation and the development of insights over time (Patton 2002; Punch 2005) was considered, as was action research with an emphasis on support for a research problem and ongoing involvement with a particular situation. During the writing of the research proposal, grounded theory had been considered due to its
emphasis on theory generation and a perceived balance between structure and flexibility for the researcher (Punch 2005). Appreciative inquiry, a recent method which emphasises positive change which can result from an investigation and ‘appreciation’ of positive, successful aspects of a particular situation (Cooperrider & Srivastva 1987; Grandy & Holton 2010) likewise held appeal.

Overall, phenomenology appeared most suitable because it involved an exploratory, inductive (data generating) approach, an appreciation of the unique and subjective situations experienced by research participants and a significant opportunity to contribute to knowledge by investigating a situation thoroughly. It captured many of the benefits ascribed to other methods of analysis as well.

Because the mixed methods approach involved an emphasis on qualitative data, phenomenology is now discussed in further detail, followed by an overview of the quantitative process used.

3.8.1. Phenomenology

The term “phenomenology” is a compound of the Greek words phainomenon and logos. It signifies the activity of giving an account, giving a logos, of various phenomena, of the ways in which things can appear (Sokolowski 2000, p.13, author’s emphasis).

Phenomenology: “the science of phenomena as distinct from that of the nature of being” and “an approach that concentrates on the study of consciousness and the objects of direct experience” (Oxford University Press 2012, p.1).

Phenomenology was developed by Austrian philosopher and mathematician Edmund Husserl, who wanted to move beyond a positivist, scientific approach to research and instead, examine personal experiences in detail (Moran & Mooney 2002; Patton 2002; Laverty 2003). Husserl was influenced greatly by the work of Franz Brentano, an academic and former priest who sought to make use in psychology of the rigorous approach he had observed in scientific research. Brentano emphasised the importance of description and made the particular distinction between psychical and physical phenomena. Psychical action involves a particular intention (reason or direction, involving intentionality, linked to consciousness), whereas physical phenomena do not
Therefore, it is valuable and challenging to research mental phenomena through a process of ‘epoche’ or bracketing of themes during “the phenomenological reduction” (Giorgi 2005, p.77).

A Professor of Psychology, Amedeo Giorgi has written widely about phenomenology, noting that it allows researchers to set aside pre-conceived ideas (including their own experiences) in order to investigate the experiences of others as presented. Phenomenology is a rigorous activity, and indeed research into human experience is as valuable as it is unpredictable, in order to: “grasp the subjective meaning … in an objective way” (Giorgi 2005, p.82); therefore, it is philosophical in nature (Sokolowski 2000). Phenomenology has been used widely across disciplines, including health, with strong future potential when well-considered and rigorously conducted (Moustakas 1994).

A particular example reinforced the contribution of phenomenology to the current research. Brearley (2001, p.75) examined the use of phenomenology to recognise the “texture and complexity” of participants’ experience. Different levels of meaning were revealed, and it was suggested that “engaging with creative forms within phenomenological research invites people to make connections with the research, with each other, and with themselves” (Brearley 2001, p.82). This dynamic and respectful approach fitted well with the intent of the current research, and led to further investigation into the particular phenomenological approach, below.

3.8.1.1. Interpretative Phenomenological Analysis (IPA)

IPA is a recent approach which has been used widely in health, psychology and education; it involves a dynamic approach to the construction of meaning through exploration, interpretation and elucidation (Reid, Flowers & Larkin 2005; Smith & Osborn 2008; Smith et al. 2009). The focus is on a small sample of participants, on exploration of similarities and differences, and an approach of specificity rather than generality. Semi-structured questions are encouraged in line with “the exemplary method” (Smith & Osborn 2008, p.57) whereby, within each interview transcript,
themes are sought and connected. This, then, occurs across all transcripts, with the overall aim of preserving the integrity of the original information.

Conroy (2003) used a spiral model to emphasise the flow and relatedness of IPA. The tracks of participants and of the researcher unavoidably cross over at times, because the researcher cannot help but bring his or her experience to the task as well (Reid et al. 2005; Smith & Osborn 2008; Smith et al. 2009). Researchers need to exercise sensitivity and intelligence in order to identify when and how the findings can be used.

Accordingly, IPA is not immediately tidy or logical. It involves different levels of interpretation, with the researcher at times positioned very closely to the participant so as to unpack the essence of what is spoken, while at other times trying to stand dispassionately at a distance to uncover missing parts and to comment more objectively (Eatough & Smith 2008; Smith et al. 2009). The iterative approach offered by IPA, therefore, held considerable appeal and practical application for the researcher. Further discussion about the use of IPA in pilot testing, sections of the survey and particularly the interviews is provided in Chapter Five.

### 3.9. Quantitative Data Analysis

As mentioned earlier, quantitative research is associated with the use of numbers, the testing of research hypotheses and the examination of chosen variables (Punch 2005; Creswell & Plano Clark 2007). Because the current research was not experimental and did not require statistical correlations or generalisability, descriptive analysis (Punch 2005; Byrne 2007; Creswell & Plano Clark 2007) was the most suitable approach. It was planned that relevant survey data would be analysed quantitatively using statistical measures such as the mean, standard deviation and range of responses to demographic questions and the EBBS (Sechrist et al. 1987). Data was analysed with the use of SurveyMonkey and PSPP (covered in Chapter Four) and an interpretative analysis was made then with reference to the research questions and discussion of inferences and implications. This process allowed statistics relevant to the research questions to be examined and later combined with qualitative data analysed through IPA, as discussed in detail in Chapters Four and Five.
3.10. Combining the Data

Bryman (2007), who interviewed researchers familiar with mixed methods, acknowledged that the task of combining data was challenging and greatly influenced by the researcher’s personal preference and expertise. Furthermore, the extent to which methods are combined effectively is often a matter of subjective judgment. Some researchers admitted that they did not always think well about the process of data combination. The “prospect of integration” (Bryman 2007, p.9) involving challenges between the qualitative and quantitative methods was not always well-recognised, but could not be ignored. Several researchers acknowledged that it was difficult to find examples where data had been thoroughly integrated. While these sentiments were not new to the researcher, Bryman’s (2007) suggestion that researchers should not lose focus on the reasons for conducting the research in the first place, was encouraging.

The researcher examined existing mixed methods research across various disciplines; several examples warrant mention at this point. Corden and Hirst (2008), for example, researched the financial consequences following the death of a partner by making use of both “circumstantial and experiential” information (p.211). The former term referred to specific and generally quantifiable information, while the latter was highly subjective and personal in nature. An active, participatory technique was used in which emerging data was considered in the planning of subsequent activities. Overall, a pragmatic approach aimed at policy development and a contribution to practice was adopted; “constant iteration” (p.218) was emphasised. The activities were self-reinforcing and logically and philosophically connected.

In a further example, von der Lippe (2010) used mixed methods to examine the male experience of the decision to become, or not to become, a father. He made use of an existing longitudinal survey, examined quantitative data and worked with qualitative data from a small set of interviewees drawn from the survey. A process of data “juxtaposition” (von der Lippe 2010, p.210) was used, involving the overlaying and matching of information by locating appropriate narrative comments alongside statistical measures. Von der Lippe suggested that the research involved a new process which could not be located in existing literature but was designed to “grant each
approach its genuine reconstruction of truth and reality” (von der Lippe 2010, p.201). Though not claiming to use a new technique or method, a genuine reconstruction of data was sought in the current research.

In the current research, data was integrated in several ways. Wherever possible, qualitative and quantitative data were compared to assess similarity and difference, in effect as a form of validation. The comparison of data obtained from different locations (within and across organisations) was a further form of triangulation. Qualitative data obtained during pilot testing was analysed thematically and then coded in order to assess the relevance of items to include in the survey phase, in particular the EBBS (Sechrist et al. 1987), and for the development of interview questions. Quantitative survey data related to participants’ exercise involvement was coded thematically for further elaboration and comparison with interview data. All of these techniques enabled the researcher to consider participants’ experience of exercise incentives from many different perspectives, and promoted the usability of the research. Further information is given in Chapter Five.

3.11. Planned Limitations

As with any experience, the process of research itself is subject to sundry, often unexpected influences which can affect the outcome in many ways. Even though credible research is detailed and time-consuming, outcomes can be unpredictable and require considered interpretation. For example, interview questions which were designed to yield a variety of responses can elicit a mere one or two words from some participants and extended sentences of reflection and discussion from others. Thus, in planning the research documents it was evident that a degree of flexibility was needed to allow for individual variations in the types of response. In addition, administrative issues resulted in interviews being rescheduled at the last minute, participants recording an incorrect date or time and organisational commitments that meant that participation could no longer be effected. The researcher had no way of knowing his influence (one way or the other) in this regard.
Limitations such as these encouraged the researcher to look more closely at the information and the situations in a process of continuous improvement. The value of regular contact with participating organisations, the importance of a mixed method using an evolving approach which could deal with the unexpected and the need to ‘stay in the moment’ often were emphasised. The chosen technique and method helped to dilute potentially limiting effects of particular circumstances.

The researcher had different levels of control over the promotion of the research. In some organisations, access was provided so that the researcher could speak with employees personally to provide verbal and written background to the research. For some employees, such an approach might be encouraging, while others might find it intrusive. In other organisations, it was only possible to distribute information electronically. Beyond the anecdotal level, there was the potential difficulty to assess reasons for responses or non-responses. An ongoing tension (not exclusive to this research) was noted between personal contact with the limitations of human effort and interest versus the use of technology with a wider but more impersonal reach.

The research topic itself had the potential to be a limitation. Consequently, it was decided to present a positive perspective in promotional material as ‘Your Health in the 21st Century: Exercise Incentives in the Workplace’; emphasis was placed on the view that involvement was welcomed regardless of whether the employee exercised ‘a little, a lot or not at all’ (refer Appendix 6). It was possible that the use of an organisational setting for the promotion of the research may have influenced the outcome; while some participants stated that they appreciated the opportunity to provide feedback on their organisation, others may have been reluctant to become involved because of perceived consequences.

In terms of the respondents’ information, participants were expected to rely on their memory for various responses; a situation with the potential for introducing a degree of inaccuracy. There were no indications that this was of concern to participants, however. All information was invited and provided in good faith and every attempt was made to create a positive and supportive research environment.
On the whole, there was a high level of interest and engagement in the process with some respondents spending considerable time hand-writing several pages of personal anecdotes and suggestions relevant to the research. While the length and detail of interviews varied, without exception it was clear that each participant had reflected soundly on their experience. Many participants have stayed in contact with the researcher and have requested progress updates and notification of publication of the final report; positive aspects which have confirmed the value of the research.

3.12. Conclusion

In this chapter, many considerations leading to the chosen research paradigm have been presented. In particular, the need to remain respectful to participants’ experience and to manage both qualitative and quantitative information was influential to all decisions. Further, extant literature related to research methods was outlined, the objectives for the research were noted and the contributing organisations were introduced. The research phases were discussed, procedures for dealing with logistical challenges and ethical concerns were given and potential limitations with regard to method were considered. These considerations well prepared the researcher to test the chosen method and technique, thoroughly investigate the research questions, and move the research from methodology to models to recommendations and implementation, as covered in the next two chapters.

In Chapter Four, next, details and commentary from the quantitative data analysis are provided. Considering the mixed method adopted, the analysis provided substantial but partial information to address the research questions. To begin, software applications used and formatting conventions adopted are outlined. Pilot testing outcomes are followed then by key survey findings, with supporting information given in the Appendices. An emerging model of exercise incentives developed from the quantitative analysis is given at the conclusion of Chapter Four; while relevant, this required testing and expansion in Chapter Five through the IPA qualitative analysis.
Chapter 4 – Pilot Testing and Survey Findings

4.1. Introduction

Findings and analysis from pilot testing and the surveys are provided in this chapter. To begin, an explanation is given of the software applications which were used, followed by the pilot testing rationale and outcomes, including the major and subsidiary research questions. The population and sample of survey participants is discussed, with supporting information provided in the appendices. Because the overall research technique was mainly qualitative and some survey questions provided background and context, not all findings are discussed in detail. Priority is given to parts of the survey most critical to the research questions and, in keeping with the mixed methods triangulation technique, verbatim or handwritten comments from pilot testing and surveys are given where appropriate.

An emerging model of exercise incentives derived from the findings is provided at the end of the chapter; the model was a significant outcome. It was later compared and contrasted with interview findings to develop the overall Exercise Incentives Model as discussed in the next chapter.

4.2. Applications for Data Collection, Analysis and Storage

Technology was used widely to facilitate the data analysis. It was necessary to maintain the integrity (character and completeness) of individual participants’ information while concurrently being able to compare and contrast their material using a clear and well-explained process. With technology, as with the research technique and method outlined in Chapter Three, a pragmatic approach was taken.

Technology provides many advantages to researchers, including regular and automatic record keeping, expediency of analysis (particularly with large amounts of quantitative data) and support for data triangulation when particular applications are used together. In terms of qualitative data, technology allows analysis to be taken further than it would
manually (Curry, Nembhard & Bradley 2009; Rademaker, Grace & Curda 2012). However, there can be downsides. Technology, for example, might cause the researcher to become detached from or ambivalent to aspects of the data, and nuances could be compromised during data collection, review and editing. The intent and direction of the researcher must remain paramount, and data analysis can only ever be supported, never fully conducted, by technology.

The decision to use some open-source applications was practically and philosophically driven (particularly cost and availability) and it was believed that the applications chosen would enhance and not compromise the research. The following sections provide an overview of applications used.

4.2.1. SurveyMonkey

SurveyMonkey (a commercial, subscription-based online application) provides many ways for data to be collected, analysed and presented. For example, a ‘snapshot’ of responses can be obtained even while additional surveys are being completed. Information can be combined or filtered to reflect different participant groups, and reports can be developed for particular questions (SurveyMonkey 2010).

An update which provided access to a text analysis tool occurred to the researcher’s subscription after data collection; it enabled qualitative information to be coded and then sorted to determine trends and frequency of responses (SurveyMonkey 2011). In a sense, this provided a quantitative perspective, which was investigated and used. Considering the other analysis required, it was decided to export most qualitative information into Weft QDA for analysis, as outlined shortly. Data can be exported from SurveyMonkey in various forms including PDF and Excel files and a form (.sav) usable to SPSS and PSPP (SurveyMonkey 2010).

4.2.2. PSPP

Offered as a “free replacement for the proprietary program SPSS” (Free Software Foundation Inc. 2007, p.1), PSPP enables a user to analyse quantitative data through a
graphical user interface (GUI) or other methods. Data can be imported into the application from spreadsheets, text documents and other repositories. Microsoft Excel was used in this case. PSPP, under ongoing development, enables many mathematical functions to be completed quickly (Free Software Foundation Inc. 2005). Considering the mixed method and predominantly qualitative technique used in the current research, PSPP was used to a lesser extent than Weft QDA, as noted below.

4.2.3. Weft QDA

Weft QDA, used for qualitative analysis, was developed by Alex Fenton, an English anthropology researcher. It makes use of a graphical user interface; documents are imported into the application in either plain text or Adobe PDF (document form), and information can be categorised into “themes, ideas, coincidences and variables that you use to describe and inter-relate passages of text within documents” (Fenton 2006, p.17). Categories can be reviewed further and inter-connected by the researcher. Detailed searches can be conducted and research notes stored; data can be exported for presentation or use in other applications.

Weft QDA provides two viewing windows, operated together but moved independently. The ‘documents and categories’ window provides details of all files stored, as well as the hierarchy of categories and sub-categories that have been determined by the researcher. Documents can be viewed individually or alongside one another. This was helpful to ensure that material was not overlooked, as was the opportunity to look quickly at coded text in the original transcripts.

4.2.4. TrueCrypt

PSPP and Weft QDA data files and all sensitive information were encrypted and stored with TrueCrypt, which is open-source and available for most operating systems (TrueCrypt 2010). The application enables hidden computer folders to be built and accessed only by strong passwords. Computer data security (including additional passwords) as well as the physical security of all electronic and paper documents supported the ethical requirements made.
It took time to become familiar with each application and transfer information within and across these. However, the process was worthwhile as it enabled the researcher to become more familiar with the data itself (similar to transcription, explained shortly). Proprietary (closed source) applications, particularly Microsoft Word and Excel and Adobe PDF, were used as appropriate as they were widely available and well recognised.

In summary, the use of SurveyMonkey for survey data collection and some analysis, PSPP for quantitative analysis, Weft QDA for qualitative analysis and TrueCrypt for information storage and security, together with the ongoing use of Microsoft Word and Excel, was considered quite appropriate to a mixed method study.

4.3. Transcription

An electronic voice recorder was used to capture all focus group and interview responses for transcription into Microsoft Word; later these were converted solely by the researcher into plain text for use in Weft QDA. While commercial transcription applications and professional services were available, the researcher found the manual process time-consuming but valuable for developing familiarity and later reference with the material. Participants were able to view and comment on transcriptions, but not all chose to do so. To confirm transcript accuracy further, a random transcript was selected some months later and compared with the original recording; no change was needed. Again, the importance of trust and respect for personal information was emphasised.

4.4. Pilot Testing

Overall, pilot testing helped the researcher “to obtain an entry point into the universe of reference and socialisation in which meaning making occurs” (Baptista Nunes, Tiago Martins, Zhou, Alajamy & Al-Mamari 2010, p.74). While pilot testing is often emphasised in highly positivist research, for any technique the process can support researcher reflexivity, help the researcher to understand the topic of investigation and
ensure as much as possible the ‘freshness’ of each research interaction. Although in a maritime environment, the example of Sampson (2004) was timely:

I was certainly more of a mirror in undertaking my first voyage than in my fifth, by which time I had unconsciously become transformed into a filter, my innocence replaced by experience, if not cynicism (p.389).

All attempts were made to prevent the effects of filtering. Pilot testing allowed the researcher to be open to the potential of the topic and various methods, to invite feedback and to promote an interactive and trustworthy approach, again as noted by Sampson (2004, pp.399-400):

Where pilots simply stop at the exit ‘gates’ of the research site or at least after limited reflection back in the home, or office, much of their potential value is lost. It is only on a proper interrogation of the findings via systematic coding and analysis of data that a pilot really begins to yield dividends.

Pilot testing involved familiarity with the employees, organisations and surroundings through observation and discussion which included subjective aspects such as impressions, interest levels and apparent enthusiasm and contributed to a “more articulated view” (Baptista Nunes et al. 2010, p.83) to establish the scope of the research. As discussed in Chapter Three, TEI contributed to pilot testing, commencing with focus groups.

When thoroughly planned and well-managed, focus groups can help clarify research dimensions, promote participant responses because of the group setting and provide initial data to support later activities (Czaja 1998; Onwuegbuzie, Dickinson, Leech & Zoran 2009). In the researcher’s experience, it had been necessary to help participants provide depth to their responses through considered discussion points and structure, and suitably to manage and value different opinions when offered.

The focus groups were promoted through email and flyers (see Appendix 3) hand-delivered to as many employees as possible by the researcher. At this time, several employees stated in a positive way that they had nothing to contribute, or they expressed concern that they were not physically active enough to provide credible input. While some participants stated that they appreciated the opportunity to be
involved, others may have been reluctant to do so because of perceived consequences. This was an important consideration. An information sheet and consent form (see Appendices 1 and 2 respectively) were sent by email or provided in paper copy for participants’ prior review. Those who were unable to attend a focus group were offered an interview.

Initially, three focus groups across different days and times were planned. One was cancelled due to a low number of responses. The first focus group was attended by five participants, while the second was attended by two due to last-minute cancellations. In this regard, the focus groups were really small group interviews (Onwueguzie et al. 2009). Participants’ general involvement, evident interest and response levels were high. Considerable information was provided, some responses were prompts for others to contribute, and conflicting opinions were presented at times. These outcomes were positive and useful. Focus group questions are provided in Appendix 19.

Semi-structured interviews were conducted with six additional employees who were unable to attend a focus group. Interview topics (see Appendix 19) were aligned with focus group discussion points, with some variation because of the different settings. For clarification, follow-up questions were presented to some interview and focus group participants.

Thirteen TEI employees were involved with either a pilot testing focus group or interview. Because the organisation had agreed to participate in the surveys and later interviews, focus group participants and interviewees were asked to encourage colleagues to contribute in future.

4.4.1. Thematic Analysis

Thematic development is central to qualitative research as it strengthens and provides focus to a detailed investigation (Smith et al. 2009; Bernard & Ryan 2010). While it may be tempting to seek a linear, progressive, step-by-step process of data analysis, it actually can be circular, repetitious or stop-start while themes are identified and
explored. To the researcher, this was a positive aspect rather than a deficiency. Figure 4-1, below, highlights the approach taken.

**Figure 4-1: Progress of Interpretation**

![Diagram showing the cycle of interpretation]

Source: Adapted from Miller & Crabtree 1999; Conroy 2003.

The “dance of interpretation” presented by Miller and Crabtree (1999, p.127) was a timely resource at this point. Several activities are involved, including “organizing”, “connecting” and “corroborating / legitimating” (p.130). In the organising stage, as the name implies, the researcher develops ways to manage and categorise information, leading to refinement and understanding. The connecting stage contributes to an “ongoing iterative spiral” (Miller & Crabtree 1999, p.135) in which associations between the information are established and assessed. Sometimes, this is a deliberate process. At other times, connections may become evident with little apparent effort. The next stage, a process of “re-viewing” (Miller & Crabtree 1999, p.136) allows the researcher to further examine the data, to “corroborate the multiple ‘truths’ or perspectives” (Miller & Crabtree 1999, p.136), and to be satisfied that findings, plans and recommendations are well-considered.

Pilot testing analysis through Weft QDA uncovered themes for investigation which were used to refine the planned survey instrument and interview questions. Initially, large text sections from transcripts were identified and coded. With experience, selections were made more carefully to uncover further similarities and differences. The ability to remove and recode material and to reorder categories within Weft QDA was useful. Because of plain text formatting, it was necessary to check information against original transcriptions at times (for instance, with tables taken from whiteboard activities during focus groups) for accuracy.
Some examples from participants are now given.

### 4.4.2. Confirming the Relevance of the Research

An important early consideration was the extent to which participants were challenged by the questions and activities. Pilot testing responses confirmed the value of the questions and the potential for further investigation:

> That was the only one that I really had to think about because the other ones, kind of, I had an answer off the top of my head.

> I was trying to figure out what I think.

> It is a great question.

> I am struggling, finding words to put it together well.

Such comments indicated an honest effort to engage with the questions and an interest in the topic overall, which was encouraging. By reflectively analysing the detail and context of pilot testing feedback (refer Fig. 4-1), and through the ongoing review of literature, the research topic and proposed questions were better understood by the researcher.

### 4.4.3. Terminology: Exercise or Physical Activity?

During pilot testing, the final decision as to the use of either ‘exercise’ or ‘physical activity’ had not been made. Regardless of the use of particular terminology in literature (Chapter Two), it was essential that participants were able to understand and apply terminology to their experience.

Some participants appeared to use the terms interchangeably while for others, the distinction was clear. For example, when asked about what physical activity meant to them, responses included:
I think, again, physical activity is context-specific and related to function.

I suppose, we are really talking about formal exercise, exercise that you are taking for its own purpose, for its own benefit. It is not necessarily being done as a ... not purely as a way to get to work or, you know, work in the garden. It is being done because you say: ‘I am doing this activity because I enjoy it and I know that it is good for my health’.

I guess it would mean exercise, with the purpose and intention of maintaining one’s health.

That is probably the lay person’s consideration – that physical activity equals exercise.

For me, physical activity is all about movement and it is not just about exercise.

And I think the obvious thing is that there needs to be tangible resources to enable people to engage in physical activity. And I am talking more perhaps about exercise.

These responses led to a further review of literature and then the decision to use the term ‘exercise’ rather than ‘physical activity’ to reflect intentionality and the potential to develop and target certain incentives.

The Australian Bureau of Statistics has developed a conceptual model which acknowledges the overlap between various terms (including physical activity and exercise) and aims for greater comparability across surveys. The model cross-matches four levels of activity (sedentary, low, moderate and high) against various time categories. It was recognised that research involving such concepts would be enhanced when four variables were examined: the nature of the activity itself, the time commitment, the reasons for the person’s involvement with the particular activity and identification of the benefits which result from participation (Australian Bureau of Statistics (ABS) 2008). All of these areas were examined in the current survey, supplemented by the EBBS, as explained shortly.
Along with the early analysis of focus group and pilot testing interview data, six different employees in TEI were invited to provide feedback about the draft survey initially submitted with the research proposal. Feedback was used to assess the likelihood of completion and to identify areas of concern. Some questions were reworded, reordered or otherwise modified, and several questions were added. By providing open and closed questions, the survey was refined to cater for the different learning styles of participants. This was valuable to enhance content validity, presentation and overall quality. The final survey (see Appendix 8) consisted of seven sections (see Table 4-1). Pilot testing relevant to the various sections is now discussed.

Table 4-1: Survey Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Research overview and background information</td>
</tr>
<tr>
<td>Survey information</td>
<td>Logistics, contact details and acknowledgements</td>
</tr>
<tr>
<td>A</td>
<td>Demographic information</td>
</tr>
<tr>
<td>B</td>
<td>Exercise Benefits / Barriers Scale (EBBS)</td>
</tr>
<tr>
<td>C</td>
<td>Short-answer responses</td>
</tr>
<tr>
<td>D</td>
<td>Unstructured responses</td>
</tr>
<tr>
<td>E</td>
<td>Further discussion, information request and prize draw</td>
</tr>
</tbody>
</table>

4.4.5. Survey Development

The pilot testing process did not significantly influence Section A of the survey, except for the addition of question four (number of children).

For Section B, several of the researcher’s colleagues had recommended a review of existing instruments related to the research problem and topic; instruments already tested for validity and reliability. If appropriate, such an instrument could provide structure and clarity to the final survey. Pilot testing themes were examined against
various instruments, including the EBBS (Sechrist et al. 1987) which captured experiential aspects of exercise in a quantitative manner. The reference to the influence of interventions such as incentives in the current study also held appeal.

The scale was tested first on a convenience sample of 650 adults between 18 and 88 years of age involved in varying levels of exercise in the United States. A majority of respondents were employed full-time (Sechrist et al. 1987). Factor analysis of the correlations between questions was undertaken in order to promote the efficiency of the questionnaire and reduce duplication. The researchers progressively categorised various questions and combined many of these into topic areas, ultimately confirming "the conceptualization of the instrument as measuring two phenomena" (Sechrist et al. 1987, p.362), being perceived benefits and barriers to exercise.

The final scale was evaluated using Cronbach’s alpha where a high score was sought which reflects the internal consistency of an investigation, though the measure should not be used in isolation as it is insufficient to reflect the complexity between variables (Cronbach & Shavelson 2004). The alpha achieved was 0.952. Test-retest reliability (the extent to which results were consistent over time using the same instrument) was confirmed through the involvement of participants at a two-week interval, with a correlation coefficient of 0.889 (Sechrist et al. 1987). These results refer to the full instrument, though the benefits and barriers scales can be used separately.

Sechrist et al. (1987, pp.363-364) noted:

The EBBS appears to possess sufficient reliability and validity to warrant its use by researchers evaluating the effects of perceived benefits of exercise and barriers to exercise on exercise behavior, describing exercise perceptions of various populations, or evaluating the results of interventions aimed at modifying perceptions of exercise.

The EBBS is scored numerically, with potential totals between 43 and 172. Each response of ‘strongly agree’ (SA) is scored as four, while ‘strongly disagree’ (SD) is one. The wording of the barrier questions is such that they are reverse-scored. A higher total score indicates a greater perceived benefit to exercise compared to perceived barriers (Sechrist et al. 1987).
The scale has been used widely, and several examples provided particular direction. Grubbs and Carter (2002), for instance, examined the exercise behaviour of university undergraduates through a “descriptive correlational study” (p.78) using a structure similar to the current survey involving demographic questions, information about participants’ current exercise involvement, the EBBS and then open-ended responses. They examined the EBBS findings in comparison to self-reported exercise by coding participants as either ‘exercisers’ or ‘non exercisers’ by making use of “established criteria for regular exercise” (p.79). Average perceived benefit and barrier scores were calculated and compared for exercisers and non-exercisers; this appeared a useful approach to extend the analysis and to provide further context. Their research uncovered four main benefits and barriers to exercise, leading to suggestions for interventions and promotion.

Research by Ransdell, Detling, Hildebrand, Lau, Moyer-Mileur and Shultz (2004) investigated physical activity interventions involving mothers and daughters in different locations of home and university. Again, the possibility of additional benefits or barriers beyond the survey itself was indicated. In this research, a particular intervention was tested and the EBBS was adapted to include aspects such as cultural implications and safety. Areas identified as highly beneficial or as strong barriers were used to develop recommendations and future directions.

During pilot testing, further confirmation of the relevance of the scale was provided:

*Almost a business approach, which sounds very trite, is to look at barriers to entry. If I was running this place or any organisation I’d say: ‘Well, ok, I’d love to encourage staff to be healthy. What is standing in their way?’.*

The categories identified through Weft QDA, as well as a full re-reading of transcriptions, were used to develop the list of influences to exercise, listed in Appendix 4. These influences were matched then to the 43 questions in the EBBS. Not all influences matched the scale, but all EBBS questions could be matched to at least one of the influences. This suggested that the scale was appropriate for further use. Additional influences not covered by the scale indicated possible points of comparison, contrast or further theory development. It was recognised, though, that this was an early analysis. Furthermore, some influences could be considered as both benefits and
barriers, and once a question was coded it was not examined further. Additional, detailed investigation was again indicated.

Permission was granted for the unchanged scale to be included in the planned survey, and the validity and reliability of the EBBS was not further investigated in the current research. The draft survey was further revised, and it was again provided to several employees in TEI for their feedback. The three organisational contacts at that time, as PTC had not yet become involved, were invited to offer suggestions. Only minor adjustments to terminology were made at this stage; there were no changes to the EBBS. Construct validity was strongly established.

In terms of the third part of the survey, pilot testing participants were invited to suggest how organisations could provide support for employee health through physical activity. Responses highlighted questions for testing:

What they could do in any case, small or large, is, you know, talk to their staff about physical activity and the benefits of physical activity, perhaps audit what their staff do, find out what people do at the moment and find out what people would be interested in doing.

You would hope that if there is a true dedication to this sort of program there would be a data acquisition element of it, there would be some evaluation, some pre and post-assessments to see that the people are happier and they’re fitter and their work performance is better, so it is part of an organisational activity not just an individual activity.

These responses prompted the decision to include specific questions about exercise frequency (Section C question one), duration (Section C question two) and whether this took place in one or more instances across particular day/s (Section C question three). Pilot testing, likewise, confirmed the need for information about exercise supported by organisations and/or undertaken independently by employees. Later questions invited information about the types of exercise, recent changes and influences, as discussed shortly.

Because the focus groups and pilot testing interviews provided time for unstructured responses, and considering the amount, detail and relevance of information obtained, it
was decided to include a similar opportunity in the survey. Participants were invited to write as freely as possible to outline their experiences of exercise, incentives to exercise, the contribution of their employer and suggestions for improvement.

4.4.6. Further Use of Pilot Testing Data

In her discussion of Interpretative Phenomenology, Conroy (2003) referred to a respectful and dynamic process of research. She emphasised that the researcher’s own purposes, such as pilot testing discussed here, should not cloud the possibility of collected data being valuable in other ways. It seemed premature to limit the use of pilot testing data only to survey and interview question development, and logical to find a way to include this in later analysis. While the data did not address all later topic areas, it was vital to make maximum use of the information. The mixed method triangulation technique chosen for the research (Figure 3-1 in Chapter Three) suggests that all data is of value, regardless of when it was obtained. In pilot testing, time was spent on topic clarification, research design and on planning, rather than on detailed analysis.

It could be argued that pilot testing data could ‘contaminate’ later information; this might occur with use of varied questions or areas of investigation. A further consideration was whether or not to invite pilot testing participants to contribute to the surveys and interviews. Some participants stated that they wished to do so, having had time to reflect on their input so far. Considering the participants’ interest and the quality of information, it was decided to include the data in later analysis and consider pilot testing as “pre-analysis” (Reiter, Stewart & Bruce 2011, p.36) rather than as an end point; potential outcomes outweighed possible downsides by doing so.

A particular concern was whether or not responses about physical activity should be analysed with questions related to exercise, as the decision to use the latter term was made after pilot testing. It was decided to do so because exercise is a subset of physical activity; however some responses proved to be less specific. As will be seen in later sections of this chapter, this decision was appropriate.
4.5. The Research Questions

As mentioned, the major research question, confirmed after pilot testing, was:

| What is the employees’ experience of incentives to exercise (‘exercise incentives’) provided by organisations in Western Australia? |

The subsidiary research questions were:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What do employees and organisations understand by the term ‘exercise incentives’?</td>
</tr>
<tr>
<td>2</td>
<td>What exercise incentives do the organisations currently provide?</td>
</tr>
<tr>
<td>3</td>
<td>What influences the employees to use exercise incentives?</td>
</tr>
<tr>
<td>4</td>
<td>What are the implications for organisational strategy and practice from the research findings?</td>
</tr>
</tbody>
</table>

Consolidated themes from the literature review about terminology, employees’ experience of exercise and the urgent need to support the health of employees and organisations offered strong direction when developing the research questions. The major research question provided information to enhance theory and practice, while findings from the subsidiary research questions added to the limited literature about exercise incentives and organisational health, particularly from a Western Australian perspective.

The research questions are investigated throughout this and the next chapter. The focus of the analysis was to determine and explore the employees’ experience of exercise incentives. Potentially, the term ‘experience’ is very subjective and widely used in existing research. For example, experience can lead to or result from particular consequences of wide effect (Dann, Drew & Drew 2005). Experience can involve familiarity with a particular situation which could influence later interest or involvement (Bluemke, Brand, Schweizer & Kahlert 2010). Experience, with reference to technology, was found to be changeable, personal and affected by context and prior situations (Law, Roto, Hassenzahl, Vermeeren & Kort 2009). Much of the data analysis involved those aspects of experience about exercise incentives which could not be quantified easily. As stated earlier, this was achieved through a phenomenological
technique (pilot testing data, Section D of the surveys, the interviews and ongoing research validation) supported by descriptive quantitative discussion.

As shown in Figure 4-1, the research design and progress (involving coding, iteration and theorisation) was designed to be logical and sequential, but flexible. By moving from individual detail to “more general claims” (Smith et al. 2009, p.32), the researcher managed the large variety of information received. Each iteration of coding and reflection (whether qualitative, quantitative or in the later process of combining the data) strengthened the researcher’s understanding of the topic. While all survey or interview topics were aligned with the research questions, some topics such as exercise participation levels provided additional information or context in their own right.

4.6. Surveys

4.6.1. Survey Population and Sample

A variety of survey promotional methods were used; as introduced in Chapter Three, the researcher had different levels of control over survey promotion and distribution across the organisations. In TEI, the research was promoted through personal contact and email distribution via at least fifteen senior managers. At least eighty flyers were either delivered personally to employees or placed in employee mailboxes. The text of the email and the flyer is provided in Appendices 5 and 7 respectively. From this organisation, 52 employees undertook the survey.

In SGD, the researcher visited one site to meet with as many employees as possible to promote the study. Then, the most senior manager in the participating department endorsed an email which was sent via a whole-department mailing list. Flyers were distributed personally by the researcher to employees or via senior managers in some departments. This process helped manage operational requirements, particularly those employees who worked outside of weekday hours. 40 employees undertook the survey.

In LGA, employees were invited to participate through posters and flyers displayed in prominent office locations, in the regular all-staff email newsletter and, in one site,
through flyers included with payslips. The poster / flyer (which used similar text to the all-staff email) is given in Appendix 7. 27 employees participated in the survey.

In PTC, communication was formatted in the organisation’s corporate style and distributed by email. For privacy, this has not been included as an example. For operational reasons and time constraints, seven employees completed the survey.

126 surveys were returned from across the four participating organisations. 116 surveys (92.1%) were completed in full. Approximately two-thirds of all survey participants were female and one-third were male; all participants answered the relevant question (Figure 4-2, below):

![Figure 4-2: Gender of Survey Participants](image)

Because a representative sample across organisations was not sought, demographic questions (survey Section A) were used to assess the diversity of participants. Notable aspects are listed in Table 4-2:

<table>
<thead>
<tr>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>The highest percentage of respondents were those aged between 20 and 24 (19.6%), followed by those aged between 35 to 39 and 40 to 44 (13.4%).</td>
</tr>
<tr>
<td>A majority of respondents were married or partnered (58.7%).</td>
</tr>
<tr>
<td>A majority of participants did not have children (60.3%).</td>
</tr>
</tbody>
</table>
**Finding**

<table>
<thead>
<tr>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar numbers of participants from public and private organisations contributed to the surveys.</td>
</tr>
<tr>
<td>The highest percentage of survey participants were those employed full-time, considered to be 38 hours per week or more, at 59.2%, followed by part-time (24.8%).</td>
</tr>
<tr>
<td>The highest percentage of participants had been with their organisation for one year or less (32.0%).</td>
</tr>
</tbody>
</table>

Full details are contained in Appendix 9.

The demographics showed a diverse participant base in terms of age, experience and work roles which was the intent of planning and pilot testing. Over two thirds of survey participants were female, whereas the opposite occurred in the interviews. The influence of various demographic factors on exercise, and incentives to exercise, is noted in the later discussion.

During the first week of the survey in TEI, telephone contact was made from a participant who was unable to access the survey online. The researcher promptly spoke with the employee in person and confirmed that the problem related to the caching (storage) process of the website URL (universal resource locators) at the particular computer. This was solved immediately and then monitored. While it was not expected that this would be a widespread concern, the situation highlighted the vagaries of technology, despite the researcher’s best intentions.

Survey participants were able to request an interview at a later date by providing their contact details (refer to Appendix 8). In addition, interviews were conducted with each organisational contact. Discussion points (contained in Appendix 19), an information sheet (Appendix 1) and consent form (Appendix 2) were provided in advance.

On the whole, there appeared to be high interest and engagement in the process, with some respondents spending considerable time hand-writing personal anecdotes and suggestions.
4.6.2. Incentive Vouchers

As explained in Chapter Three, it was decided to offer an optional prize draw to survey participants. In late 2010 after all surveys were received, the researcher and the principal supervisor arranged for a third party to draw numbers which were later matched with contact details on SurveyMonkey. Four vouchers were awarded. Other employees were informed that the draws had been held, but not winners’ names.

4.6.3. Preparing for Survey Analysis

Survey data was exported from SurveyMonkey in Microsoft Excel (.csv) form and then reviewed for usability in PSPP. This involved the editing and deletion of various columns, rows and titles, the removal of identifying information and adjustments to qualitative data, particularly in Section C (as discussed later in this chapter) to support quantitative analysis.

During data analysis, the original survey instrument was examined regularly to ensure accuracy between the question, response and codes which were developed. As mentioned, SurveyMonkey provides various analysis options, and PSPP outcomes were compared against these for validation. Figure 4-3, below, provides an overview of the information examined through pilot testing, surveys and interviews and how this was used to assess participants’ experience of exercise incentives (the major research question):

**Figure 4-3: Overview of Information**
4.6.4. Terminology: Survey Discussion

With the exception of the survey title and background information (refer Appendix 8), the term ‘exercise incentives’ was not used in survey questions as it was specific and could be confusing to participants. The terms ‘exercise supported by your organisation’ and ‘independent exercise’ (or similar) were used in the survey document and in the discussion of survey findings.

As per the major research question, it was the intention in the current research to develop theory about the term ‘exercise incentives’. An Interim Exercise Incentives Model (intended to capture participants’ experiences rather than focus on terminology) is provided at the end of the survey discussion. In the interviews (Chapter Five), the terms ‘exercise’ and ‘exercise incentives’ are investigated in detail.

4.7. Survey Questions: Exercise Benefits / Barriers Scale (EBBS)

As mentioned earlier, the EBBS contained 43 questions. Each question was scored between four (‘strongly agree’) and one (‘strongly disagree’) with the exception of 14 perceived barriers questions, which were reverse scored when inferential analysis was conducted. A higher score indicates the individual’s higher weighting of exercise benefits compared to barriers (Sechrist et al. 1987).

There were two reasons for using the scale:

1. For information about employees’ perceptions of exercise, to be explored through detailed and open-ended survey topics and the interviews (linked to the major research question).
2. Along with other data, to determine any additional benefits or barriers to exercise not reflected in the EBBS, and the implications, covered at the end of Chapter Five and in Appendix 21.

As recommended (Sechrist et al. 1987), surveys with more than five per cent of responses missing were removed from the EBBS analysis. For responses with less than
five per cent missing but not all questions answered, the median score for the respective question was substituted. 120 survey responses were used.

The EBBS contained various sub-scales for the benefits and barriers categories (refer Table 4-3 below). For example, the ‘exercise milieu’ sub-scale included distance to exercise facilities, personal aspects such as appearance or embarrassment, and availability of locations to exercise (Sechrist et al. 1987):

<table>
<thead>
<tr>
<th>Perceived benefits (29 questions)</th>
<th>Perceived barriers (14 questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life enhancement</td>
<td>Exercise milieu</td>
</tr>
<tr>
<td>Physical performance</td>
<td>Time expenditure</td>
</tr>
<tr>
<td>Psychological outlook</td>
<td>Physical exertion</td>
</tr>
<tr>
<td>Social interaction</td>
<td>Family encouragement</td>
</tr>
<tr>
<td>Preventative health</td>
<td></td>
</tr>
</tbody>
</table>

EBBS findings can be used to better understand influences to exercise and support decision-making where activities (perhaps exercise incentives) are being considered or revised (e.g., Shin, Hur, Pender, Jang & Kim 2006; Lovell, El Ansari & Parker 2010). Four options were given to participants; without a ‘neither agree nor disagree’ category or similar, they were required to commit one way or the other.

### 4.7.1. Perceived Benefits from Exercise

For this sub-scale (refer Table 4-3), higher scores showed stronger agreement with the question. A mean score of three or over was achieved for 26 of the 29 questions, indicating many perceived benefits. All results are listed in Appendix 10.

Results from the first three sub-scales (‘life enhancement’, ‘physical performance’ and ‘psychological outlook’) and the last sub-scale (‘preventative health’) were higher than
those for the ‘social interaction’ sub-scale. For example, level of physical fitness (question 15), cardiovascular function (question 18), muscle tone (question 17) and muscle strength (question 7) were recognised strongly as benefits of exercise. This may show recall of community health campaigns (a positive outcome in itself) or experience with particular types of exercise targeting these outcomes.

Beyond these questions, the highest perceived benefits from exercise involved mental health (question 3), personal accomplishment (question 8), reduced stress and tension (question 2), enhanced feelings of wellbeing (question 20) and physical endurance (question 31). These were important benefits for employees and organisations, particularly considering the interplay between work and home as mentioned in earlier chapters.

The lowest score was given to question 39 (‘exercising increases my acceptance by others’). Perhaps this aspect was important to participants but not achieved through exercise, or possibly it was just considered less relevant. This distinction could apply similarly to entertainment from exercise (question 38) and the opportunity to meet others through exercise (question 30). However, social contact was seen as beneficial (question 11). Exercise was beneficial when friends were involved, but it was viewed less so as a way to meet others. The difference in terminology (‘friends’ and ‘persons’) in question 11 was interesting as it captured both directed interaction (between friends) and the influence of persons exercising at the same time and location, but less well known. There could be benefits from having persons other than friends present when exercising, perhaps as motivation or for safety. This was explored further through the interview responses.

Organisations can help employees to sustain and build upon many of the benefits identified here. Overall, positive responses suggested an open mind by employees to exercise and, by association, to health. However, it is ambitious and probably impractical to make decisions based on such a variety of benefits. Because of cost, time, staffing and other factors, it is necessary that efforts are targeted and well-considered. These responses were only a starting point in addressing the research
questions. It was critical to examine the barriers sub-scale, below, to assess other influences.

### 4.7.2. Perceived Barriers to Exercise

As mentioned, the 14 questions about exercise barriers are reverse scored when inferential analysis is conducted. Because a descriptive analysis only was used in the current research, this was not necessary. All results for this sub-scale are shown in Appendix 11.

Overall, many statements were not seen as significant barriers to exercise. Considering the physical nature of exercise, it was not surprising that aspects such as tiredness, fatigue and effort scored more highly than other questions, but they were still in the neutral range. This could reflect particular types of exercise or be linked with effort involved with other work or home activities. Importantly, as shown in the next chapter, these outcomes are only short-lived for some people (fatigue was reduced and energy increased because of exercise). The physical benefits of exercise as identified in the benefits sub-scale are likewise relevant here.

The lowest sub-scale scores involved feelings of embarrassment about exercise (question 12), followed by family encouragement (question 33) and the appearance of people when exercising (question 28). While the location (question 9) and amount (question 42) of exercise facilities were not seen as strong barriers to participation, the scheduling of exercise facilities (question 16) and the time needed (question 4) were of concern, particularly considering the high standard deviation of the latter. These aspects may be inter-related and be considered by organisations.

While family members were seen as more encouraging of exercise than a spouse or partner (questions 33 and 21 respectively), neither group was seen as a strong barrier to exercise. In the questions, a distinction was made between family relationships (question 24) and responsibilities (question 37). However, the responses were similar. It was not possible to determine whether exercise was reduced because of time commitments, or whether exercise was given priority ahead of other activities. One
option, presented in the next chapter, involves organisational support which may be creative in encouraging and assisting family exercise.

None of the responses to this sub-scale suggested significant or urgent concerns for organisations; on the contrary, many benefits from exercise were emphasised.

An interesting perspective was provided later by an employee who viewed exercise barriers as benefits:

*I will always exercise myself to fatigue, and will always do work that is hard for me, because that’s what I enjoy doing, so while other people may answer the questions pertaining to those two qualities thinking they are negatives, I have answered those as positives.*

Considering the urgent and worsening health situation of Australians (Chapter Two), it was vital that EBBS information was supplemented with additional data. Nonetheless, it was clear that outcomes from exercise linked to performance, psychological benefits and preventative health, along with social aspects, were already well recognised by participants. For contemporary organisations looking to attract, retain and maintain the health of employees, these outcomes alone are critical. Towards the end of Chapter Five and in Appendix 21, a review of the EBBS from the current research findings is given.

### 4.8. Survey Questions: Background and Detail

So far, survey findings confirmed participants’ awareness about the topic of exercise and overall recognition of greater benefits than barriers to exercise. This was a strong foundation.

The next questions provided further background and detailed information. Firstly, participants’ exercise frequency and duration was assessed. This is summarised shortly, with detailed information provided in Appendices 12 to 14. Secondly, participants’ involvement with exercise supported by their organisation and then independent exercise was collected and evaluated. This was a critical task because it enabled the researcher to determine activities with which employees were currently
involved and the support given by their organisation. Thirdly, supporting information such as changes to exercise and impacts (influences) on exercise were examined. This information is relevant to the subsidiary research questions with supporting information provided in Appendices 16 and 17. At various points, appropriate open-ended responses from survey Section D are included for context. Information was used to inform the Interim Exercise Incentives Model, discussed at the end of this chapter.

Initially, the questions were intended to be read sequentially, but it was considered that organisations may wish to review particular questions to establish background when deciding on strategy and action. For example, question five (and Appendix 15) details many exercise types which organisations might consider when assessing future options for employees, their competitive position or when allocating funds.

### 4.8.1. Frequency and Duration of Exercise

<table>
<thead>
<tr>
<th>Q1</th>
<th>In the last year, <strong>on how many days each week</strong> have you undertaken some form of exercise?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One day (per week)</td>
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<tr>
<td></td>
<td>Four days</td>
</tr>
<tr>
<td></td>
<td>Seven days (that is, every day).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>On average, how long do you spend <strong>on exercise</strong> on the particular day/s?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than 15 min.</td>
</tr>
<tr>
<td></td>
<td>30 min. to less than 45 min.</td>
</tr>
<tr>
<td></td>
<td>One hour or more.</td>
</tr>
</tbody>
</table>

Five participants did not answer questions one and two. Across the responses, most participants (23.1%) had exercised three days per week in the last year, closely followed by four days (21.5%) (refer Appendix 12).

As discussed earlier, information about participants’ frequency and duration of exercise allowed for comparison with the recommended levels of physical activity for Australians which suggested that adults participate in at least 30 minutes of physical activity, of which exercise is a subset, at a moderate level across most (ideally all) days of the week. Further health benefits can be provided with additional or more vigorous
activity (Department of Health and Ageing (DHA) 2010). Participants’ exercise levels were examined against this recommendation.

To assess exercise levels against the recommendations, it was necessary to examine the duration of exercise (question two). From participants in all organisations, one hour or more of exercise on the particular days was most common (34.7%), followed by 30 to less than 45 minutes, then 45 minutes to less than one hour (27.3% and 25.6% respectively). Further information is in Appendix 13.

69 out of the 121 participants who answered question one (57.0%) exercised on four days per week or more in the last year. This could satisfy the recommendation to exercise most days of the week; as shown, some of these participants exercised every day. Of this group, 63 (52.1% of all participants who answered both questions) exercised for thirty minutes or more on the particular days.

While some participants may undertake physical activity beyond exercise (e.g., incidental activity), which could affect these figures positively, when considering both frequency and duration, **just over half of the survey participants (52.1%) are likely to meet the Australian recommendations.**

With appropriate and timely information, organisations can make an informed decision about their contribution here. By enabling employees to exercise more frequently across the week and/or for longer duration on each occasion, benefits acknowledged through the EBBS can be enhanced. Here lies the intent, and an important potential contribution, from the current research.

By cross-tabulating responses to the two questions, it was evident that the percentage of participants likely to meet the recommended levels of activity for Australians could be changed for the better. For example:

- If participants who exercised three days per week were included in the above calculations, the percentage from all organisations meeting the recommendations would increase to 71.9% (from 52.1% mentioned earlier).
Or, if participants who exercised for between 15 minutes to less than 30 minutes were included in calculations of four days per week or more, the percentage meeting the recommendations (again from all organisations) would increase to 56.2% (from 52.1%).

These would be valuable changes. If employees want to, these (and other) participants can be supported further to achieve the recommendations. Exercise incentives can provide a vital contribution, as introduced in Chapter Two and shown in detail in later discussion.

4.8.2. Single or Multiple Instances of Exercise

<table>
<thead>
<tr>
<th>Q3</th>
<th>Is the exercise mentioned in the last two questions <strong>most often</strong> completed in one instance or broken into several times across the particular day/s?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One instance</td>
</tr>
</tbody>
</table>

It was necessary to investigate whether participants exercised mostly in one instance or at several points on particular days. Participants’ experience (such as types of exercise, facilities used and expectations in general) could differ depending upon the approach taken. As long as exercise sessions are at least ten minutes long, single and multiple instances of exercise across the day will contribute to the recommended daily activity levels (DHA 2010). Exercise, therefore, need not be time consuming; nor, considering the variety of exercise types currently available (discussed shortly), need it be repetitive either.

73.9% of participants (n=119) exercised on one occasion on the particular days and 26.1% of participants made use of several instances across the days (refer to Appendix 14 for full details). Organisations could assist the second group with short exercise activities (which need not be strenuous) to increase the total time spent on exercise for these employees. As discussed in the next chapter, potential exists to incorporate options into health and safety activities for all employees; for example, regular ‘stretch breaks’, time away from computer screens and instances of movement across each working day are widely recommended now (Department of Sport and Recreation (DSR) 2011).
Exercise involves directed effort towards an outcome important to the individual (Caspersen et al. 1985). Responses to the EBBS and to these three questions suggested reasons why exercise decisions and arrangements are made. However, the questions referred to all exercise. Questions four and five helped refine the findings and contributed strongly to the emerging Exercise Incentives Model.

### 4.8.3. Organisational Support

| Q4 | Please list the exercise which your employer **supports you to do**. In the next column, indicate the type(s) of support provided (for example: financial, time, verbal approval, facilities). Please be specific. |

It is timely to review the major research question and subsidiary research questions one and two:

**What is the employees’ experience of incentives to exercise (‘exercise incentives’) provided by organisations in Western Australia?**

1. What do employees and organisations understand by the term ‘exercise incentives’?
2. What exercise incentives do the organisations currently provide?

Survey question four was particularly relevant to these research questions; however, it was possible that the types of exercise offered by organisations and the support given were not the only components of exercise incentives.

To code the responses, synonyms were combined and each exercise type was listed (see Appendix 15, which also includes responses to survey question five). The variety and frequency of exercise supported by the organisation was examined. Some participants may have prioritised their answers, but this was not re-assessed by the researcher.

Across all organisations, of the 36 different exercise activities where some form of support was given by the organisation, the ten most common were:
Table 4-4: Most Common Exercise Activities Supported by the Organisation

<table>
<thead>
<tr>
<th>Exercise activity</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym</td>
<td>Involved the use of gymnasium facilities; includes many exercise activities.</td>
</tr>
<tr>
<td>Walking</td>
<td>Included walking to or from the organisation or as a form of transport generally, as well as power walking.</td>
</tr>
<tr>
<td>Group fitness</td>
<td>Included general group exercise or fitness classes and particular activities such as body combat.</td>
</tr>
<tr>
<td>Personal training</td>
<td>Held at various locations and times. Includes supervised gymnasium sessions or specific training at a gymnasium.</td>
</tr>
<tr>
<td>Cycling</td>
<td>Refers to bicycle riding generally. A subset was cited, below.</td>
</tr>
<tr>
<td>Weights</td>
<td>Refers to weight lifting, weight training or similar activities.</td>
</tr>
<tr>
<td>Swimming</td>
<td>Locations and other details were not given by participants.</td>
</tr>
<tr>
<td>Running</td>
<td>Included outdoor running or running on a treadmill or similar equipment.</td>
</tr>
<tr>
<td>Cycling to work</td>
<td>A subset of cycling, above. Involved activities such as riding to work independently, participation in ‘bike to work’ activities or similar, and the provision of corporate bicycles for employee use.</td>
</tr>
<tr>
<td>Staff classes</td>
<td>Referred to involvement in employee fitness activities conducted in a gymnasium. Included involvement in exercise classes in order to assess the performance of employees conducting such classes.</td>
</tr>
</tbody>
</table>

These categories show a variety of activities offered by the organisations. For each organisation, exercise activities mentioned more than once were as follows:

Table 4-5: Exercise Activities by Organisation

<table>
<thead>
<tr>
<th>Exercise activity</th>
<th>TEI</th>
<th>SGD</th>
<th>LGA</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most often</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gym</td>
<td>Gym</td>
<td>Gym</td>
<td>Gym</td>
<td>Gym</td>
</tr>
<tr>
<td>Group fitness</td>
<td>Group fitness</td>
<td>Walking</td>
<td>Cycling</td>
<td>No other exercise activities were mentioned</td>
</tr>
<tr>
<td>Circuit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weights</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardio.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less often</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 other exercise activities were mentioned</td>
<td>Running</td>
<td>Personal training</td>
<td>Group fitness</td>
<td>Personal training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 other exercise activities were mentioned</td>
<td>Aerobic</td>
<td>Step</td>
<td>Seven other exercise activities were mentioned</td>
<td></td>
</tr>
</tbody>
</table>

114
Because participants were able to specify exercise activities rather than choosing from a list, it was likely that there was some crossover between responses; for example, some activities mentioned less often may have been included by other participants in the ‘gym’ category, which would affect these rankings.

The findings can be used by organisations to:

- Assess whether exercise activities offered by the organisation are recognised and being used by employees (this was examined in the ongoing research validation, discussed in the next chapter)
- Consider activities currently available to employees from other organisations
- Compare and contrast these exercise activities with other types of employee exercise by using findings from the next question.

In TEI, 31 participants (59.6% of those surveyed) were involved with at least one type of exercise supported by the organisation. In SGD, LGA and PTC, the figures were 70%, 74.1% and 42.8% of respondents respectively. These are positive outcomes which will support employee health. Employees may wish to become further involved, or to undertake additional or different activities.

Some responses from survey Section D are included here for background to the activities which were mentioned. One participant mentioned the availability of facilities and expert assistance from her organisation:

*Generosity to provide access to gym resources has been very welcome. Knowing a trainer is waiting also helps provide motivation. If this was not available, I would not be exercising except for the weekly (_) dancing which is fun but not sufficient enough to effect any lasting change.*

For others, though, available exercise activities were unsuitable and not motivational. While participants’ ability to exercise was not assessed (but may have been shown through the frequency and duration, as discussed earlier), there appeared to be value in a flexible approach to encourage participation:

*It is also very ‘one-sided’ - mainly gym and focussed on those who do exercise already! A variety of things / sport is missing. Even to the point where you only start ‘walking’ for 30 minutes to get your fitness to the point where one can join a class!*
My experience exercising at work has not been a positive one. As a fairly self-conscious person I feel intimidated when it comes to exercising at work as I am surrounded by very fit and healthy people ... Consequently I have avoided exercise and now no longer enjoy it or have any desire to do it.

Both of these employees wanted to exercise but found available exercise activities and/or the exercise environment unsuitable for their needs. Arguably, the exercise of such employees is at risk and greater support would be useful. Not all employees held the same expectations:

I don't think it's my employer's business. I work when I'm at work and I exercise in my own time. If anyone should give me an incentive to exercise it should be Medicare, the Australian Government and/or my private health insurer because I save them money and contribute to the economy by being fit and healthy.

I think people who are overweight and/or embrace unhealthy living should be made to pay more taxes to support the cost of providing them with medical services.

If employees had different expectations, they might be more or less inclined to investigate and make use of available activities and support. The second part of this question investigated support given by the organisation for the employees to exercise. The most common types of organisational support were:

<table>
<thead>
<tr>
<th>Support type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most often</strong></td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>Facilities</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>Nature of the job</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Flexibility</td>
</tr>
<tr>
<td></td>
<td>Transport</td>
</tr>
</tbody>
</table>

(cont.)
<table>
<thead>
<tr>
<th>Support type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal trainer</td>
<td>The availability of a personal trainer (qualified or in training), usually at agreed days and times to supervise and provide exercise advice.</td>
</tr>
<tr>
<td>Activities</td>
<td>Included particular exercise activities for employees such as organised walks or gym events.</td>
</tr>
<tr>
<td>Free</td>
<td>Facilities, equipment, events or similar can be accessed by employees at no cost in their own time.</td>
</tr>
<tr>
<td>Locations</td>
<td>Where different locations or times for exercise were available to employees.</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Provision was made for exercise in work schedules or similar.</td>
</tr>
<tr>
<td>Specific exercise types</td>
<td>The availability of particular exercise activities, accessible widely across the week.</td>
</tr>
</tbody>
</table>

Financial support and facilities were mentioned twice as often as the other examples. This was not surprising, as for many activities, money and facilities are both needed and access to facilities can lessen or remove the need for financial outlay; in effect emphasising the available support.

Common types of support for each organisation were as follows:

**Table 4-7: Types of Organisational Support**

<table>
<thead>
<tr>
<th></th>
<th>TEI</th>
<th>SGD</th>
<th>LGA</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most often</strong></td>
<td>Facilities</td>
<td>Financial</td>
<td>Personal trainer</td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td>Facilities</td>
<td>Facilities</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>Time</td>
<td>Transport allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal trainer</td>
<td>Flexibility</td>
<td>Specific exercise types</td>
<td></td>
</tr>
<tr>
<td><strong>Less often</strong></td>
<td>Approval</td>
<td>Free</td>
<td>Flexibility</td>
<td></td>
</tr>
</tbody>
</table>

Additional feedback from survey Section D was relevant here. Whether deliberate or not, organisational values and strategic direction were shown to influence the available exercise and the support given:

*I work in an environment that is very pro-exercise. The employer supports it as do the employees.*

*Overall, my employer has been great to encourage exercise. I feel that I am supported to do this, as long as my work commitments are met.*
My employer is benign in its approach to my overall health but is developing a work/life balance policy.

My employer doesn't really encourage any exercise other than outside of work time at own expense.

I wish that my employer would allocate us paid time to exercise, or get involved in health/mental health activities during working hours. This could only be for one hour per week and would be a great incentive. I used to live in (__) and it is a common practice there.

An organisational contact and a participant acknowledged the need to put good intentions into action:

Staff are encouraged to do lunch time workouts. I need to lead by example more in my role and take time out to exercise in lunch breaks.

As I work in a gym, though, I find it is important that I practice what I preach and make sure that staff and members see that I exercise.

Three broad categories of organisational support were identified from the various examples, with overlap between each. As shown later in this chapter, this information contributed to the Interim Exercise Incentives Model.

**Figure 4-4: Organisational Support Model**

![Organisational Support Model](image)

The aspects of ‘Finance’, ‘Structure’ and ‘Endorsement’ formed the main categories of employee support identified so far. ‘Finance’ refers to any direct or indirect financial support for exercise which reduces or eliminates employees’ own financial outlay, while ‘Structure’ refers to facilities and equipment used directly or in conjunction with
exercise. ‘Endorsement’ involves that which is spoken, written, agreed or arranged to support exercise.

While all categories required further investigation, the ‘Endorsement’ category appeared to be highly personal and influential to the other support types. Participants’ responses from survey Section D confirmed this connection:

Time off during working hours was allowed once along with gym instructor, this was just a great help to many where I work. But with a change in senior staff and with those who did not agree, the opportunity was discouraged and all dropped off. New senior staff are now looking at it again.

I would like an incentive to exercise at lunch time at least two times a week.

Contribution by employer is good. For me, having someone organise a particular activity that I’m interested in and encourage me to come along would have a great impact.

In the next survey question, independent exercise not supported by the organisation in any way was assessed.

4.8.4. Independent Exercise

| Q5 | Please list the exercise you do which is not linked with your employment in any way: |

The aim of this question was to uncover types of exercise with which participants were involved, separate from their organisation. Again, the ordering of responses was not assessed; the question four matrix (Appendix 15) was used and added to as appropriate.

Several perspectives were considered when developing this question:

- As shown in Chapter Two, exercise supported by an organisation is only one aspect of employee and organisational health.
- All exercise contributes to the Australian recommendations.
- Information about independent exercise could assist organisations in decision-making about the types of exercise offered and support given.
- As shown in the feedback, while some participants may wish to exercise separately from their organisation, for others, recognition of independent exercise and an offer of support could enhance the employment relationship.
19 participants (15.1%) did not respond to this question, suggesting that they were not involved with independent exercise. 58 different exercise types were mentioned, with 37 being different to those in question four, showing potential for organisations to assist with additional activities if appropriate and practical:

**Figure 4-5: Most Common Types of Independent Exercise: All Participants**

Further to the exercise categories provided in Table 4-4, ‘Sports’ in Figure 4-5 includes large and small team activities or exercise with a partner.

Five exercise types featured in the top ten categories for both questions four and five; viz., cycling, gym, running, swimming and walking. From one perspective, this indicates that organisational support for these activities is relevant. However, as shown in the EBBS and through participants’ statements, exercise involvement can be complex. One employee could be interested in different types of exercise between work and home while another might want the same:

*Have trained in martial arts for many years – delighted when training opportunity arose within (_) workplace.*

Across the organisations, the breakdown was as follows:

<table>
<thead>
<tr>
<th>Table 4-8: Most Common Types of Independent Exercise by Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most often</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Walking</td>
</tr>
<tr>
<td>Cycling</td>
</tr>
</tbody>
</table>
As with earlier categories, crossover again occurred; for example, ‘gym’ and ‘group fitness’ terminology may be used interchangeably, such as participation in a group fitness class at a gym. Again, the crossover of terms in interview examples allowed further examination in Chapter Five.

A brief comparison of the take-up rates from questions four and five indicated that 75 participants (59.5% of those surveyed) cited at least one exercise activity supported by their organisation in addition to independent exercise. This suggested a complementary, whole-of-life approach for many participants.

In TEI, SGD and LGA (organisations with the largest number of survey participants), the majority of employees surveyed made use of both exercise methods. However, the information was gathered at one point in time and it could not be assumed that particular exercise arrangements were suitable or would be lasting. For each organisation, the breakdown, as a percentage from that organisation, was as follows:

<table>
<thead>
<tr>
<th>Most often</th>
<th>TEI</th>
<th>SGD</th>
<th>LGA</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running</td>
<td>Running</td>
<td>Swimming</td>
<td>Treadmill</td>
<td>Bush walking</td>
</tr>
<tr>
<td>Swimming</td>
<td>Netball</td>
<td>Dance</td>
<td>Cycling</td>
<td>Cycling</td>
</tr>
<tr>
<td>Gym</td>
<td>Gym</td>
<td>Group fitness</td>
<td>Yoga</td>
<td>Dance</td>
</tr>
<tr>
<td>Dance</td>
<td>Group fitness</td>
<td>Gym</td>
<td>Yoga</td>
<td>Gym</td>
</tr>
<tr>
<td>Yoga</td>
<td>Harlem</td>
<td>Yoga</td>
<td>Sports</td>
<td>Sports</td>
</tr>
<tr>
<td>Canoeing / kayaking</td>
<td>Canoeing</td>
<td>Badminton</td>
<td>Group fitness</td>
<td>Martial arts</td>
</tr>
<tr>
<td>Surfing</td>
<td>Surfing</td>
<td>Boxing</td>
<td>Tennis</td>
<td>Outside play</td>
</tr>
<tr>
<td>Circuit classes</td>
<td>Circuit classes</td>
<td>Cycling</td>
<td>Weight</td>
<td>Weight</td>
</tr>
<tr>
<td>Cross training</td>
<td>Cross training</td>
<td>Group fitness</td>
<td>Group fitness</td>
<td></td>
</tr>
</tbody>
</table>
Next, it was necessary to consider changes that had occurred. Through the next question, this information established a trend towards or away from exercise with organisational support, again contributing to the Interim Exercise Incentives Model and providing background for decision-making and action.

4.8.5. Changes to Exercise

| Q6 | What changes in questions four and five have occurred in the last year? Please give details: |

Having considered the amount and the types of supported and independent exercise, it was important to assess changes which had occurred to help determine whether organisations’ influence on employee exercise was changing, and the nature of any change, for decision-making about:

- The organisation’s desired level of involvement
- Types of support given to employees (as discussed earlier)
- Communication to employees about these decisions.
Because responses were open-ended, some responses were more easily coded than others. Some participants referred to no change, to starting exercise or to an increase or decrease in the amount of exercise, and other specific examples were given. The results are summarised in Figure 4-7 below, followed by explanation. Details for each organisation are given in Appendix 16.

**Figure 4-7: Exercise Changes**

![Pie chart showing exercise changes]

As shown throughout this chapter, exercise can be varied and complex, and this was evident in the responses. For example, a situation of no change to exercise (18.2% of participants from all organisations) could be appropriate and desirable for one person and frustrating and undesirable for another. The tone of responses provided direction here. Considering the recommended levels of physical activity for Australians mentioned earlier (DHA 2010), it was positive that only 4.0% of participants recorded a decrease in exercise over the last year.

By categorising the responses further, additional background for the Interim Exercise Incentives Model was revealed. Three broad types of change were mentioned:

- Awareness
- Exercise activities
- Personal outcomes from exercise.

**Awareness:**

While awareness of possibilities is needed before change can occur, becoming aware of an option is a change in itself:
Have access to wide facilities but am yet to use.

It is vital that employees are aware of exercise activities currently available in their organisations; otherwise, planning and implementation can be ineffective and wasteful. Early planning discussions and pilot testing showed that information often was given to employees on commencement at the organisation, but follow-up was needed over time. Later responses from two participants in the same organisation showed the importance of awareness and correct information:

All staff have free use of our fitness centre and swimming pools and are offered discounted use of our other facilities.

Currently working at (_) but get no discount/incentive to use their facilities.

It was important to uncover any gaps between availability, awareness and take-up of activities; this occurred during ongoing research validation, as discussed in the next chapter.

Exercise activities:

As shown earlier, across all organisations 10.3% of participants increased their exercise over the past year. Considering the Australian recommendations, this is positive, and in some cases the organisation was influential:

Since I began working with current employer my exercise has happened more often and has varied a lot more.

My employer has enabled me to join a gym.

For these participants, there was a direct, positive link between exercise and their organisation. For others, the changes which had occurred involved an increase in one activity and a decrease in another, though the latter need not be of concern if recommended activity levels are still achieved:

Less exercise out of work hours... but as the employer provides a free staff gym, my exercise during the working day has increased.

Joined Zumba. I now do not walk home as well as to work.

Other statements showed risks to current exercise levels:

I have not walked as much as I used to because of where I now live ... Also, my previous workplaces had more flexible work hours which gave more time to exercise.
Gym is less available than last year ... more difficult to fit into a part-time working schedule. I used to go straight to the gym on arrival before starting work.

Doing more gym exercise initially due to employer support but then reduced due to being busy with workload.

I try and do exercise in my own time. I really need to start doing more. I live far away from work ... I spend two hours in the car driving each day.

Critically, this information showed that organisations are negatively influencing some employees’ exercise. While other factors may be in play, and personal responsibility is a factor, there are options to consider, as discussed later in this chapter.

**Personal outcomes from exercise:**

The third level of change involved personal outcomes from exercise. These can all contribute broadly to health:

- *I am fitter and stronger.*
- *I feel fitter and more confident in myself to try new exercises.*
- *Better time management – exercise as a form of travel to / from work.*
- *Working with a personal trainer to achieve specific fitness goals.*
- *Complimentary gym memberships are very handy during the off season of hockey to keep fit.*
- *I have begun to be more active.*
- *Starting to walk more often.*
- *Started fitness and dietary regime.*

These are important and hopefully lasting outcomes. Regardless of the levels of exercise, it was evident that organisations are influencing exercise in a positive way.

Some participants’ statements from survey Section D are relevant at this point. While the contribution of the organisation was recognised, circumstances or choice led to different arrangements or reduced exercise involvement:

*The work environment is positive towards exercise and fitness. However, I like to exercise early morning before I go to work.*
Employer provides a free access to the fitness centre, pools and classes, however time is an issue and willingness to put myself through pain to get to the right fitness levels.

Whilst the gym facilities and exercise classes are available I am often not able to attend due to work commitments. I therefore complete my exercise out of work time. I would use the facilities at work if they were available more frequently.

The increased health benefits may lead to it being in the interests of employers to allow employees to stagger or vary lunch intervals, work starting or finishing times etc. to allow employees greater scope to exercise outside of peak times.

In the Organisational Support Model (Figure 4-4, earlier), three components (finance, structure and endorsement) were introduced. Responses to this question allowed the components to be verified and explored further, particularly structure and endorsement. For example, in situations where work commitments are intruding on exercise, positive and negative outcomes occur. In the short term, the organisation may well benefit from the work output, but the consequences to health and, potentially, to work outputs in the longer term must likewise be considered.

It is important for organisations to determine their contribution here. This could involve assistance for employees’ time management, agreement for employees to take time away from the workplace to exercise, or adjustments to schedules and workloads to allow employees to exercise. These are complex decisions, and recommendations are given at the end of the next chapter.

Overall, while some participants noted the changing, positive influence of their organisation towards exercise, it was clear that for others, there was still work to be done to support their needs and expectations.

The next question, involving influences to exercise, concluded this section of the survey. A summary of survey findings and implications is then provided, followed by the Interim Exercise Incentives Model and the conclusion.

4.8.6. Impacts to Exercise

| Q7 | Please list five things that impact on your ability to exercise. Number one has the strongest impact, while number five has the lowest impact: |
Pilot testing confirmed the need to assess impacts (influences) on participants’ exercise. This was intended to provide further direction for organisations in the planning and implementation of incentives. Participants were asked to prioritise their responses from highest to lowest impact. Again, categories were not provided. The number of impacts given varied considerably:

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>114</td>
</tr>
<tr>
<td>Two</td>
<td>105</td>
</tr>
<tr>
<td>Three</td>
<td>90</td>
</tr>
<tr>
<td>Four</td>
<td>60</td>
</tr>
<tr>
<td>Five</td>
<td>47</td>
</tr>
</tbody>
</table>

Table 4-9: Number of Impacts

For some participants, the difference between strongest and lowest impacts may have been great while for others, different impacts may have existed at similar levels of influence. The analysis method took these aspects into account.

As with earlier questions, impacts were categorised and combined (see Appendix 17). 34 different impacts were mentioned. A frequency analysis was used to determine the ten most common impacts mentioned at any point. All responses were recoded to capture the impacts and the number at which they were listed. The ten highest impacts were:

Table 4-10: Ten Highest Impacts on Exercise

<table>
<thead>
<tr>
<th>Impact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most common</td>
<td>Time: Included time available for exercise (most often a lack of time, but also considerable free time) and work start and finish times which can affect exercise involvement.</td>
</tr>
<tr>
<td></td>
<td>Own health: Involved employees’ current state of health, including disease or injury which affects exercise. Examples include asthma, chronic illness, the flu or a cold, being too unfit or overweight. The desire to improve health proactively (e.g., to prevent illness or disease) was separate and did not feature in the top ten.</td>
</tr>
<tr>
<td>Less common</td>
<td>Motivation: Included intention, willingness and attitude to exercise.</td>
</tr>
<tr>
<td></td>
<td>Logistics: Included travel to an exercise venue, convenience of the particular location, safety, availability of particular exercise activities and space for exercise, as well as facilities such as bicycle racks.</td>
</tr>
</tbody>
</table>

(cont.)
<table>
<thead>
<tr>
<th>Impact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logistics (cont.)</td>
<td>Several participants stated that this impact was linked with time (e.g., time needed to change and shower when exercising).</td>
</tr>
<tr>
<td>Work commitments</td>
<td>Involved work, workloads, rostering and similar. Periods of leave were mentioned, as was the impact of meetings scheduled over breaks (perhaps reducing or eliminating exercise).</td>
</tr>
<tr>
<td>Family commitments</td>
<td>For example, school holidays, obligations (including exercise commitments) of family members, absence or separation from a partner and assistance with transport or study commitments.</td>
</tr>
<tr>
<td>Energy</td>
<td>Included fatigue and tiredness.</td>
</tr>
<tr>
<td>Weather</td>
<td>Included weather conditions generally, particularly rainy or non-rainy days and the influence of daylight hours and seasons on exercise.</td>
</tr>
<tr>
<td>Money</td>
<td>Involved any mention of money, affordability or lack of funds as well as particular costs such as membership of facilities and registration for exercise events.</td>
</tr>
<tr>
<td>Other commitments</td>
<td>For example, activities to be completed at home or engagements during free time, chances to socialise or situations where there had been a late night prior (possibly before planned exercise).</td>
</tr>
</tbody>
</table>

It is noteworthy that many of the impacts are linked with organisations in some way. For example, the impact of time on exercise was mentioned regularly during early planning discussions and by other researchers (Fletcher et al. 2008). It was not surprising that it featured so strongly in the survey. This finding was different to the EBBS barriers’ sub-scale of time expenditure, in which a medium score only (not strongly in agreement or disagreement) was shown in questions regarding exercise and time. As mentioned earlier, though, two of the EBBS questions related to family influence or effects which may have been less important to younger or single participants.

Time appeared to be a negative impact, except for several participants where free time provided chances to exercise and new options to consider. While organisations can be influential, individual priorities come into play, as suggested in a later survey section by two participants:

*Everybody should make time to exercise either in their lunch time or to and from work. It's easy to do that way!*

*It actually annoys me when I hear people blaming their work or their family for not being able to exercise.*
Another participant suggested some creative options to manage time and exercise (and to provide other benefits):

*Take a walk with your clients / customers instead of having a sit down interview. Or, depending on the nature of your business, have your meeting at the beach, at the park, play pool at the pub. Have fun while doing your business. It will increase the rapport you have with your client by sharing an experience.*

While this example may not be suitable for all roles or organisations, it would certainly promote movement and variety during work hours.

An important finding from this question was the impact of exercise on participants’ own health. As shown in Table 4-10, this impact did not involve exercise to improve or maintain health; rather, it captured the affects of existing health status on exercise. This is a vital consideration for organisations. Participants outlined a variety of chronic and short-term health conditions which may well be affecting their quality of life and contribution in the workplace. While a sensitive topic for many, it is important that organisations are aware of such situations for good employment practice, duty-of-care and occupational health and safety reasons. Furthermore, it may be relevant to particular job roles.

Any exercise needs to be carefully managed and well-monitored so that maximum benefit is obtained with minimum risk. If the organisation contributes in some way, it must share the responsibility and the risks; for example, it could be useful to have third-party involvement such as health professionals to support the employees. This impact was a particular discussion point with organisational contacts, as covered in the next chapter.

Motivation featured as the third impact overall, and was connected with other impacts. Again, relevant comments were provided later in the survey:

*My greatest motivation for exercise is keeping my health issues under control - healthy heart, reduced blood pressure and controlling diabetes two symptoms to a minimum.*

*I know the benefits of exercise. However it always boils down to motivation and determination on my part. I am not as motivated and determined to engage more in exercise even though I know it is good for me.*

When circumstances suit the employee, the outcomes can be strong:
My employer also offers flexible work hours which means I can juggle my work hours around my personal training so it’s much easier to fit it in during the day. I personally find it difficult to exercise after work as I have trouble sleeping when I do that, so my employer’s flexibility means I can make time during the day to attend.

Was motivation a precursor to the investigation and use of incentives? If exercise activities were available and known about, did this increase motivation to exercise? As shown through the EBBS, the challenge was to convert good intentions into action. Again, the interviews helped address these questions.

An additional impact for organisations, beyond those in Table 4-10, was that of employees’ proactive health. As noted earlier, this was supplementary to the second impact of participants’ own health. Proactive health involved maximisation of health outcomes such as fitness, weight loss and longevity as well as prevention of health concerns over time. These must all be of interest to organisations. While it was important to ensure that participants’ own health was not compromised, particularly because there can be immediate and often substantial consequences, so too is it vital to ensure that longer-term risks are managed and addressed. As noted in Chapter Two, the current health status of many Australians is already compromised, so longer term impacts must be considered.

While it did not feature prominently, a further impact was especially relevant to organisations: the impact of children on participants’ exercise. As shown in Chapter Two, organisations have spent considerable time and have consulted widely in recent years to help employees balance work and home, including specific policies and arrangements (Nankervis et al. 2005; Stone 2008). The impact of children on participants’ exercise involved time spent playing with or looking after children, attending sporting commitments, or responsibility when children were unsettled or sick. These could have been incorporated into the ‘family commitments’ impact; nevertheless, there may be ways for organisations to assist, as per one participant’s example:

Within the family context, unless the family can share the sport / exercise together (which is the ultimate) it is better for an individual to try to focus on a ‘compact’ exercise / sport. By that I mean a one to one and a half hour activity. Something like squash, badminton etc. This provides the individual with his exercise / ‘break’ but at the same time does not deprive the family of too much of his attention /
time. Golf and other half day / all day sports would, for me, be more selfish options in the family sense.

As shown in the next chapter, some organisations have involved family members (beyond the employee) in supported exercise. This can help employees with their own exercise levels, provide variety when looking after children and, importantly, can arouse interest and encourage children – future employees - to exercise.

4.9. Summary of Survey Findings and Directions

Belli (2009, p.65) captured the intent of the pilot testing and surveys in the current research:

the primary focus for the research is to describe some phenomenon or to document its characteristics. Such studies are needed in order to document the status quo or do a needs assessment in a given area of interest.

The survey information provided background about exercise and about exercise incentives, but also confirmed the need for more detail. Table 4-11, below, captures findings and some directions for employees and organisations.

**Table 4-11: Findings and Directions**

<table>
<thead>
<tr>
<th>Finding</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall recognition of benefits rather than obstacles to exercise (through the EBBS) and personal outcomes from exercise, supportive of health generally.</td>
<td>Provide a strong foundation for efforts by organisations to support employee health through exercise.</td>
</tr>
<tr>
<td>52.1% of participants indicated meeting the Australian recommendations for physical activity.</td>
<td>Organisations can help employees sustain and improve this level of involvement and use information from the current research to support the activity of other employees.</td>
</tr>
<tr>
<td>36 different exercise activities supported by organisations.</td>
<td>Many exercise activities are currently available to employees. Employees are involved with many exercise types unrelated to the workplace and organisations may wish to provide support in future. Options are available for participating and other organisations to consider (Appendix 15).</td>
</tr>
<tr>
<td>58 exercise types undertaken separate to the organisation, with 37 of these different to those above.</td>
<td></td>
</tr>
</tbody>
</table>
Finding Different types of organisational support for exercise, particularly financial, facilities and time, captured in the Organisational Support Model (Figure 4-4).

Ten key impacts to exercise were mentioned. Time, participants’ own health and motivation were most often mentioned.

Interim Exercise Incentives Model (Figure 4-8) has been developed. This provides early direction so organisations can best support employee exercise and health.

These findings contributed to the major research question: employees’ experience of incentives to exercise.

4.10. The Interim Exercise Incentives Model

From the survey findings (Table 4-11, above), the Interim Exercise Incentives Model (Figure 4-8, shortly) was developed, thereby expanding the Organisational Support Model (Figure 4-4), discussed earlier. The matrix below (Table 4-12) shows how findings for the various survey questions contributed to the interim model.

Table 4-12: Model Development: Surveys

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Finding/s in summary</th>
<th>EA</th>
<th>END</th>
<th>FIN</th>
<th>STR</th>
<th>EIAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Demographics</td>
<td>Diverse participant base</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>B</td>
<td>EBBS</td>
<td>Greater perceived benefits than barriers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>C</td>
<td>1-3: Exercise frequency, duration, character</td>
<td>% likely to meet Australian recs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (cont.)</td>
</tr>
</tbody>
</table>
## Survey

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Finding/s in summary</th>
<th>EA</th>
<th>END</th>
<th>FIN</th>
<th>STR</th>
<th>EIAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>4: Supported exercise</td>
<td>36 different activities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Types of support</td>
<td>Three main support forms</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>5: Independent exercise</td>
<td>58 different exercise types</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>6: Changes</td>
<td>Categories of change:</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Awareness</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Exercise activities</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal outcomes</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Impacts</td>
<td>Ten highest impacts:</td>
<td></td>
<td></td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Time</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>• Own health</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Motivation</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Logistics</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Work com.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Family com.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Energy</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Weather</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Money</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other com.</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Note: EA = Exercise activities, END = Endorsement, FIN = Finance, STR = Structure, EIAM = Employees’ interest, ability and motivation.

While the term ‘exercise incentives’ was not specifically discussed until the interviews, the model shows that incentives to exercise involve different but inter-related factors. Importantly, while employees’ interest, ability and motivation to exercise was influenced by the other three factors, it was shown to exist independently for some participants. Exercise activities investigated in question four form the core of the model:
As mentioned earlier, ‘Finance’ refers to any direct or indirect financial support which reduces or eliminates employees’ own financial outlay, while ‘Structure’ refers to facilities and equipment used directly or in conjunction with exercise. ‘Endorsement’ involves what is spoken, written, agreed or arranged so that exercise can occur.

While usable at this stage, further development and verification was required, as shown throughout the next chapter.

4.11. Conclusion

In this chapter, software applications used were explained. The pilot testing rationale and outcomes were given and key survey findings were presented. The information received provided a powerful, detailed background which showed the extent of participants’ current involvement in exercise and the need and potential for exercise incentives; however, further qualitative perspectives were critical to fully address the research questions and for the usability of findings and recommendations. While the Interim Exercise Incentives Model was usable at this stage, additional qualitative evaluation and testing were required to ensure that the model was as comprehensive as possible.

In Chapter Five, using IPA, a detailed review of open-ended pilot testing data, survey written comments and particularly the interviews is conducted. Ongoing research
validation, which involved the testing of emerging models, findings and recommendations with the organisational contacts, is then discussed. The mixed method process for the combining of data is explained and used to address the research questions. Next, the final Exercise Incentives Model is provided and recommendations for employees, organisations and other stakeholders are offered. The Research Outcomes Model, which encompasses the entire investigation, precedes the conclusion to the chapter.
Chapter 5 – An Interpretative Phenomenological Analysis

5.1. Introduction

In this chapter, findings from the interviews, supplemented by pilot testing focus group feedback and open-ended survey comments, are given. To begin the chapter, the interview participants, sequence of activities and practical considerations are discussed. Then, as components of the term ‘exercise incentives’, participants’ responses about the term ‘exercise’ are examined, and a definition from the current research is provided. The interview themes are presented, findings are compared and integrated with survey outcomes to address the research questions, and the final Exercise Incentives Model is provided. Next, the Research Outcomes Model developed from all the research findings is introduced and compared with the initial Integrated Hypothetical Model (Chapter Two). Findings led to four recommendations for organisations and three suggested models for the implementation, management and evaluation of exercise incentives.

In the same way that outcomes from the literature review (Chapter Two) were ‘suspended’ during analysis of the survey questions, so too were findings from survey Sections A to C put aside as much as possible during the detailed qualitative analysis. While some qualitative information was given in Chapter Three, all qualitative information was assessed using IPA to ensure comprehensive thematic development and credit given to participants’ experiences. Future reference to interview analysis in discussion should be read as including this data.

As noted by Smith et al. (2009, p. 80), IPA is not prescriptive or quick:

The route through them will not be a linear one, and the experience will be challenging. At the outset, it is important to bear in mind that ‘doing’ such analysis is inevitably a complex process. It may be an experience which is collaborative, personal, intuitive, difficult, creative, intense, and conceptually-demanding … There is no clear right or wrong way of conducting this sort of analysis …
The process chosen was designed to ensure the research questions could be answered fully, and that findings would be timely and useful for participating organisations and for the research community.

Uncovering the interview themes was a time-consuming but rich and enjoyable activity. As shown in Figure 4-1 (Progress of Interpretation) earlier, analysis was circular and repetitious at times but this was necessary to properly evaluate the information. Decisions about inclusion and exclusion from over 100,000 words of transcription were deliberate but often difficult; the aim was to give priority to the ‘voice’ of participants and present their experiences truly. A related aim was to present the findings in a manner consistent with the intent of IPA (as discussed shortly). The discussion of themes was a form of analysis in its own right.

5.2. The Interview Participants

The survey population (employees from the four participating organisations) was invited to contribute by way of interview, to ‘discuss this topic further’ at their convenience (refer Appendix 8). Contact was made via telephone or email to arrange these. Interviews could also be requested without completing a survey (contact details were provided in emails and on the flyers / posters). No such requests were made beyond the pilot testing.

Considerable thought was given to the interview planning. For example, it was recognised that the location for interviews and the researcher’s demeanour and flexibility when making interview arrangements could significantly influence the process. Interviews were conducted in a variety of locations chosen by participants, but most often an office or other quiet section of the organisation or at a nearby café (noise and tables permitting). The researcher attempted to establish a friendly and welcoming environment and while always dressed professionally, he adjusted his attire slightly for each organisation based on observations from previous visits. This was all intended to help manage any concerns about power difference.
Interview discussion points, which were the same for all participants, were provided via email in advance, together with an information sheet and a consent form (Appendices 19, 1 and 2 respectively). 18 phase three interviews were conducted, including one with each organisational contact. Two pilot testing focus group transcripts and six pilot testing interview transcripts were included for analysis, as per the rationale given earlier. Additionally, 76 participants provided open-ended survey comments (Table 5-1, below):

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TEI</td>
</tr>
<tr>
<td>One</td>
<td>Pilot testing focus groups</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Pilot testing interviews</td>
<td>6</td>
</tr>
<tr>
<td>Two</td>
<td>Survey open-ended comments</td>
<td>35</td>
</tr>
<tr>
<td>Three</td>
<td>Interviews</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>

While IPA sample sizes can vary considerably, the necessary time for researcher “reflection and dialogue” can become problematic as the number of interviews increases (Smith et al. 2009, p.52). Though the number of interview participants exceeded that of some published examples (Brearley 2001; Groenewald 2004; Fitzgerald & Howe-Walsh 2008), this was not of concern. Instead, a positive outcome was the wide but manageable participation level across the organisations. There was no need for the researcher to seek out additional interview participants and no requests for interviews were declined by the researcher.

More males than females participated in the pilot testing interviews and the phase three interviews; the opposite occurred in the surveys.
Initially, participants were invited to give a short personal background. The interviewer did the same, and this was intended to start the discussion process. Some information has been included in the discussion of research themes but in many cases it was too specific or identifiable to include.

To begin, as recommended by Smith et al. (2009), the first interview transcript was examined in detail. Notes were made, sometimes related to the research questions or other topics of interest, or because of similarities or contradictions across the material. Several readings were conducted across two days. Even at this early stage, themes were evident, consisting of “phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual” (Smith et al. 2009, p.92).

As discussed, Weft QDA provides many ways to organise data. From the first transcript, categories for each interview question and the emerging themes were developed. These were chronological at first as the transcript was read and, as with the quantitative coding, synonyms were combined as analysis progressed. Transcripts were marked (linked) by category as appropriate and background notes were again made using the memo function.

Throughout this process, the idiographic nature of IPA was evident, particularly the need to capture different themes while remaining true to the information provided. Some themes were expressed in concrete terms while others were more abstract. Each theme required explanation and elaboration, as shown later in this chapter.
Once the first transcript was complete, the themes were placed in alphabetical order and the quotes contained within each theme were reviewed. The intent was to ensure that the participant’s experiences were fully and accurately recorded. A critical decision was made at this point: whether or not to start with new categories for each transcript, as noted by Smith and Osborn (2008, p.73):

Whichever approach is adopted, one needs to be disciplined to discern repeating patterns but also acknowledge new issues emerging as one works through the transcripts. Thus, one is aiming to respect convergences and divergences in the data – recognizing ways in which accounts from participants are similar but also different.

It was decided to use the themes from transcript one in the analysis of the next transcript, then themes from the two transcripts with the third transcript, and so on. As acknowledged by Smith and Osborn (2008), similarities across transcripts could be readily identified with new themes added at any stage.

As transcripts were examined, the themes were developed and refined. By using the search functions in Weft QDA, themes were examined across transcripts to compare and contrast information and in context of the original position in the transcript. As with the ‘Progress of Interpretation’ diagram (Figure 4-1), emerging themes were tested through a re-reading of the transcripts. This ensured that all themes relevant to the research questions were captured.

5.3. Practical Considerations

The researcher worked to maintain a reflexive stance by:

- Suspending consideration of the survey findings so that interview analysis was a new starting point.
- Limiting the number of interviews which were re-read and analysed each day in a location which was not distracting.
- Identifying assumptions made during analysis and re-reading the material for clarity.
- Allowing transcript information to inform thematic development rather than the opposite.
While bracketing was not used in a strict phenomenological sense (refer Chapter Three), the current research operated with similar intent for rigour and later comparison, as discussed towards the end of this chapter. Overall, the aim was to present the interview findings in a manner consistent with the intent of IPA, particularly:

- A way to prioritise and value participants’ experience through reflection and interpretation (Reid et al. 2005; Smith et al. 2009).
- The use of “substantial verbatim excerpts” from participants (Reid et al. 2005, p.22). These were relevant and informative in their own right.
- Balancing insider and outsider positions by closeness in sourcing and uncovering participants’ experiences and then professional distance in assessing implications and recommendations (Reid et al. 2005; Smith et al. 2009).

The formatting conventions for participants’ quotations (given at the beginning of the thesis) again were used in this chapter.

5.4. Building a Definition of Exercise

Before commencing the IPA analysis, it was necessary to examine further the term ‘exercise’ through participants’ feedback, as it was a component of the Exercise Incentives Model under development. An interview question was used, and the term mentioned widely during the discussions.

Firstly, exercise was shown to include a variety of activities:

*Broadly, something other than sitting sedentary, doing nothing. So walking, sitting on a pushbike, going for a run, swimming, riding, anything that doesn’t involve sitting on your backside doing nothing.*

*I suppose exercise, to me, means anything about being active, getting your heart rate above probably ... yeah, ninety beats a minute. Getting the blood flowing. It can take on different things from walking, gardening, up to you know, running, cycling, swimming, playing sport, hiking, a variety of things that we do.*
You can’t really sum up what is exercise because it is different for everybody.

Next, exercise involved a decision to act:

But when I tell people that I am going to exercise, I tend to mean more planned physical activity outside normal things. Like I know walking to work or something could be considered exercise, but that is just part of day-to-day. I wouldn’t tell someone that that is part of my exercise regime.

Exercise, I think is a more formal term and usually has more of a vigorous component to, you know, getting puffed, the huffing and the puffing, sweating type component with the word ‘exercise’, compared to physical activity which can be just walking around, so... just that more formal component.

So the way I use it would be more if I am going to go do exercise ... it is going to be something where I am planning to do something physical. Not necessarily weights or anything, you know, just sport or something like that. I suppose it is the planning part, outside normal day-to-day activity.

Exercise was influenced by desired outcomes for self or others:

Yeah, that I will go and do something active with, I guess, a bit of a view towards my health.

So exercise for me is about keeping fit, looking after my family, making sure that I can do everything that I want to do for my family and provide for them. And it is also a way that I can have ‘me’ time. I think ‘you’ time is a really, really important thing in the modern day, and I get that from exercise.

I have actually made a very distinct dichotomy between what is exercise and what is just random activity. For me, exercise has to be something that I have planned out to do for the purpose of increasing my fitness, whereas random activity would be like, you know, any walking around, even if that ends up being for several hours, anything that I have to do while teaching my classes, so even if I am teaching a full workout, if I am teaching to my class, that is not for me and I don’t count that as my exercise.

For the third participant, the distinction between exercise and other activity was clear. For others, using the term and making a separation was problematic:

I see the distinction ... it is not so much for me, but I think that you know, when you use the word ‘exercise’, people may not immediately think that it is the same as mowing the lawn which is a household chore that they have to do, or walking to work which is something that they might do, as exercise. They might just see
that ... Especially children or people who don’t own a car or something, might see ‘ok, the way that I get from point A to point B is that I walk or I ride my bike or I will walk to the bus stop, I will get off the bus and then I have to have another walk’. Now they may not see that as exercise, but from my point of view as a ( ), that is all really important stuff that they are doing. And if you counted it all up and it was sufficient, they may not need to exercise anymore.

A practical approach also was taken by others:

The lifestyle that we lead now in the 21st century, especially with sedentary jobs and computers and stressful lives is that unless we want to fall apart or grow enormously large, we have to set aside part of our time to do gratuitous exercise that has a specific function.

I think we get so focussed on doing our half hour a day that we forget about the other fifteen hours a day that we are sitting at a computer or sitting in front of the tellie or sitting and not moving.

One participant quoted previously considered the influence of technology and machinery in homes and organisations; she suggested that the focus needed to be on all activity, not just exercise:

I think of it more in terms of physical activity because I think that, well for a start, sometimes you don’t like doing exercise, and also if people can get sufficient physical activity as part of their normal life without having to take extra time out of their normal life to build up that level of physical fitness and health, then that is probably a good thing to my way of thinking.

The need for a careful approach to exercise in organisations was recognised:

If one pushes that barrier too hard, and the tone at the top is: ‘we value you only if you do these healthy things’, it can actually have a very negative effect and some very valuable people may start losing self-esteem, losing self-respect and all those things we are trying to create.

In Chapter Two, a seminal definition of exercise (Caspersen et al. 1985, p.128) was presented. Exercise was shown to be a subset of physical activity, planned and conducted with a purpose linked to “one or more components of physical fitness”. In the current research, broader health outcomes including personal space and the ability to protect others were mentioned. Incorporating these findings, an updated definition was developed, shown below. This provided a foundation for discussion of the interview themes and for theory development.
Exercise is a component of physical activity. It involves movement which is planned for in some way. Exercise is undertaken in support of health or other outcomes important to the individual.

5.5. The Major Research Question

What is the employees’ experience of incentives to exercise (‘exercise incentives’) provided by organisations in Western Australia?

The discussion and analysis of interviews, including pilot testing focus groups and open-ended survey comments, was the major activity which answered this question. The themes which were uncovered (Table 5-2, below) are presented with quotations and narrative comments. For each theme, discussion and analysis is given with a focus on implications for employees, for organisations and the research community.

Table 5-2: Superordinate and Subordinate Themes

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The term ‘exercise incentives’ is used in the following discussion as it was specifically mentioned during the interviews (refer Appendix 19). It is intended to be read as an emerging definition. On conclusion of the research, the final definition was provided in subsidiary research question one. The term ‘exercise activities’ refers to particular types of exercise.

5.6. Superordinate and Subordinate Themes

In keeping with an IPA approach, themes are presented through carefully selected quotations (Reid et al. 2005), followed by discussion of topics raised and implications for employees, organisations and for researchers.

5.6.1. Superordinate Theme One: Drive / Direction

In the first theme, participants’ past experiences of exercise were explored, followed by influences and plans for future action. Two subordinate themes are presented: ‘Looking Back’ and ‘Forward Steps’.

5.6.1.1. Looking Back

Participants’ past experiences of exercise formed the starting point and provided important context to the IPA analysis; this was provided willingly and in some cases with considerable detail. For example, one participant explained how his friends had helped him move away from an inactive lifestyle:

I suppose as a kid, sitting at home and playing computer games all day, it passed the time but it wasn’t really fun. It seemed like it at the time, but when you actually started getting out and doing something I found that more fun in and of itself. And of course the benefits to your life, you feel more energetic. It makes me happier ... Didn’t like sport for ages but eventually I met my group of friends who played a lot of sport. And they’d try to get me involved and I would sit there and it would be like: ‘I don’t like sport. I am no good at it’, and they turned around and said: ‘you don’t need to be good, just come and be involved. What is going to annoy us and make us not like you is if you come and don’t want to be a part of something. If you come and you suck at it, we don’t care’ ... Now a lot of people say that and it doesn’t really mean much when a lot of people say that, but with my friends it really did mean it.
Another participant’s involvement in exercise first changed as a teenager, but was sporadic over many years:

*As a sub-teenager, we used to throw all the other kids off the playing fields ... Went from primary school to high school. Overnight it changed. The big summer vacation, it changed. I lost interest in sport at that stage.*

After a relationship break-up some years later, she explained how the encouragement of a friend led her to become a life-long exerciser. She has now built a *very part-time* career around exercise:

*A friend of mine said she was going to the gym and I thought that’s just what I need to get me going. Something to keep me there. So we arranged that she would ring me when she was leaving home and I would meet her there. This only happened about three times because something happened. I didn’t need it then, something happened and I was self-motivated.*

Another participant had worked hard to convert a negative childhood experience of exercise into something positive and affirming:

*My experience in the past of exercise has not been fantastic, but from that I have learnt that there are other ways around it and to learn to enjoy sport, whereas I didn’t enjoy it before and enjoy exercise and it wasn’t a chore and now I almost love it ... Yes, so making it from a negative up to a positive, I guess, making it into a positive rather than being a negative, because that could have quite easily stayed with me.*

Periods of study led to reduced exercise and health for another participant, prompting change:

*Part of the reason for moving into this industry was when I was younger I played rugby, went to university, didn’t play sports at university, put on a quite a lot of weight, left university feeling particularly lazy, unfit, out of shape and I just started doing a very small amount of running. And gradually started to see the weight coming down, started to do some more running, started to enjoy it, seeing the weight come off, seeing myself become fitter and then that had a knock-on affect to keep me going.*

For another participant, national service required constant exercise but this was not sustained after resignation:

*And then I joined the (_) when I graduated from high school, and I was always number one or two in our unit as far as our physical assessments and that sort of stuff. I mean, the (_) physical assessments were certainly nothing too physically*
strenuous ... And I just always ... I had no problems with that at all. And then I finished with the ( ), I went to university and all of a sudden I didn’t do too much physical activity.

Others shared an ongoing involvement and interest in exercise, sometimes with restrictions:

Always bought up with exercise. In primary school I did BMX, tee-ball, football, running, athletics, most sports ... I suppose that also led to me studying sports science as well, my love of exercise and being active.

I have played sports my entire life; I have been going to the gym, working out on my own for the last ten years. Currently I think I am racking up about nine hours of exercise per week.

I like the feeling of sun on my skin. So for me, if I am doing something that is physically active, I like it to be outdoors. I could not think of anything worse than doing something physically active where I am inside. You know, like a gym or something like that.

To me, all my exercise has to be functional. So there is no point in me going and doing an exercise class because I don’t know how I can replicate that. How is that going to help me in everyday life?

An organisational contact explained how her involvement with exercise was ongoing but had changed over time:

When our kids were young, my husband and I ... we’d sort of alternate mornings, because I am very much a morning exercise person ... And now, again for many years, once they were old enough we used to go out and leave them sleeping. I don’t actually engage in any formal, organised sport anymore. For many years I played basketball, so now it is more just my own maintaining fitness ... And consequently the kids are all very good at maintaining their own fitness. They all independently exercise but not participate in sports.

The influence of personal history of, and on, exercise is the focus of this theme.

One organisational contact, for example, was brought up with exercise, leading to related study and then employment, and an ongoing love of exercise and being active. He now attempts to share this enthusiasm with others through his role and it has influenced his choice of occupation. Similarly, another organisational contact was
active throughout childhood and then studied formally in a health discipline. For one participant, exercise was just part of a country upbringing (*it all happened naturally*), and exercise had been maintained over time except for a period of *a few health issues*, now mostly resolved.

For one of the participants quoted above, childhood involved indoor activities (particularly computing) with negative consequences to his own health which he gradually came to recognise. He described how the encouragement of friends promoted a change, initially just to consider exercise and then to a lifetime interest, where exercise became *a big part of my life*. The friends offered a safe environment to exercise involving activities, facilities and personal support. Importantly, the friends *really did mean it*. This has allowed him to be confident in future exercise, including that offered by his organisation.

Another participant described how he was *not good at the contact sports or team sports*, and he was regularly left out of teams or chosen last. He acknowledged that these situations could easily have been harmful and demotivating into adulthood, but this did not happen. He has been able to find *other ways* around these situations. He is unsure whether his comfort working in teams in the workplace (and with exercise generally) just improved with age, but he is confident that the negative situations had *shaped* his outlook. He makes use of exercise in his organisation and he exercises independently.

The first participant’s example is collaborative, involving the positive influence of trusted friends which led the individual to consider what would really be useful and sustaining in life. The second example is more individual, involving strength and will, leading to positive outcomes in time. Both examples are relevant to contemporary workplaces, particularly the unspoken, sometimes fragile history that people bring to situations. As shown in these examples, inaction or the wrong action can have long lasting effects.

Other participants’ history of exercise involved breaks from activity through choice (including inaction) or circumstance. Sometimes this was a marked change, such as
between primary and high school (*overnight it changed*) for one participant, or surgery several times after an active childhood for another; but some changes were gradual. An organisational contact described how travel led to a situation where she didn’t *consciously maintain* her fitness through exercise, while other participants described how study, work and travel led to changes in pace and feelings of laziness. For participants, these were powerful memories and, in some cases, they provided an ongoing reminder of why exercise was necessary, as stated by the organisational contact: *I made sure that I never felt like that again.* Some situations were clearly personal and challenging, such as struggling with daily activities after previously being very fit (*this is awful*) or putting on weight (*I got fat. Very fat and lazy, unfit, out of shape*). For another participant who experienced *quite bad mental health*, the memory of the situation provided impetus to exercise to help prevent it happening again.

These participants showed that personal background was strongly influential on developing an interest in exercise in the first place, and then to ongoing involvement. It is critical that individual circumstances, including current health status, are taken into account by organisations (as discussed later in this chapter). While some of the situations that led participants to exercise were negative, it was pleasing to see the positive focus that exercise eventually gave them. Other employees may not have the self-awareness, maturity or life experience to connect previous events with exercise or with health, or they may be in the midst of difficult situations at the time.

### 5.6.1.2. Forward Steps

In conjunction with personal backgrounds were the views taken about future exercise, particularly those factors which prompted action. Many examples were given:

*For me I’d look at it on a quite personal note and go: ‘what are the fundamental incentives to exercise?’ So I want to keep fit, I want to look good, I want to be healthy, so there is a degree of vanity. Anybody who works in the fitness industry and says that they aren’t vain is a complete liar. We have all a case of lack of self-confidence or vanity, so I think that is a big incentive.*

*Personally I do need to have the encouragement of a friend to get me motivated, which I am lucky to have.*
The fact that I have done it is reward enough.

So I think it is a bit carrot and stick for me. Like, there are the good things that I want to do it for, the benefits that I want for myself, but the stick is that you know the bad things that will happen if you don’t do it.

The majority of problems with exercise in the past for me has been procrastination and funds.

Exercise should be fun. If you don't enjoy it, you won't persist. Find a form of exercise you enjoy.

I feel much more motivated if it is something competitive.

Making a choice about what was really important was a focus for some participants:

If I say: ‘actually, I’d really like to lose some weight, but, oh, I think I might go out with my friends tonight’, you are obviously not prioritising it, so... It is not a bad thing but I think it is at the time of your life and what you see is most important and what you want to achieve.

Also, lunch breaks are often used for running errands and socialising with other staff members, and few people would trade that time to exercise.

I think a lot of it is just your morals and your makeup and your personality, your character. It really is your own, kind of your own standards. Your own incentive ... I get quite annoyed at the burden on the ( ) health system by people who don’t give a ( ) about their own exercise, or for those around them or their peers or their children.

For the third participant and an employee from a different organisation, exercise involved particular goals, built upon over time:

I am stronger, I am faster, I am more agile, I am sharper than I was the year before. Every year for the past, maybe eight or nine years ... As I get older, they actually say that it should be going in reverse, but I actually think that every ... specially in my martial arts, as long as I can beat myself, beat the ‘me’ of yesterday or the ‘me’ of the year before, that’s how I am going to keep going.

There’s always going to be a specific performance outcome. So whether that’s, and that needs to be measurable, so I’d be ... With the example of running, I go out running with a view to running faster in a ten ‘k’ race or a half marathon or
whatever or as a component of a multi-sport event like a triathlon but it is always with a view to ... There's a measurable outcome by which you can judge the effectiveness of what you have put in.

An important aspect of this theme was that drive to exercise need not be loud, confrontational or constant. Personal responsibility was critical:

And I think a lot of trainers and students think that boot camp is the only way that you motivate people ... I think a lot of people think, particularly ( ), that it involves yelling at people and: 'come on, come on', and for me, that is what staff say that they actually enjoy not having in our ( ) program.

Like, you know, I can motivate others to a certain extent, but I am not going to succeed if it doesn’t come from within that person as well.

I wouldn’t really come into any job with expectations that they should get me to exercise. I guess exercise is a very personal thing for me. I am motivated myself to do it.

Undeniably, though, sometimes the input of another person made the difference:

Having an exercise program at work is very helpful, but most particularly being paired with a trainer and having a regular commitment really helps to prioritise it rather than opting out due to being busy.

So for me, my motivation for going to the gym here, for example, is that I want to get a bit fitter, at least keep the weight stabilised if not losing any ... Sometimes that is not enough, just by themselves. I am just thinking ... so having a personal trainer there, expecting me to be there, is another motivation.

The ability to recognise and work with changes to personal energy levels and health into the future was important:

To my Gran, being able to open a tin of beans. That is exercise for her and that is fitness for her.

But I think at the end of the day, whether you are eighteen or sixty five, you still want the same thing. So I think it does cater for everyone if we look outside the square and be more innovative and think of different things and so then we can attract more innovative, creative people.
Because if people can’t factor some … form of exercise into their life after work, because you do get to the end of the day and you are tired. Unless you are motivated and it is part of your world, you don’t do it. It would certainly be easier to sit on the couch when you get home at night, because you are tired. So anything that can make it a little bit easier for people to do that, I think is just so important.

I always try to keep it in my life if I can. Even if it just goes down to once a week so I get myself up early in the morning. It is all about having that routine, getting up at regular times so that you go to bed at a good time. Get up in the morning at a good time, and then fitting in exercise into your lifestyle but not completely getting rid of it. But sometimes it has to take a back seat, depending upon what your priorities are.

Different opinions were given as to whether individuals are naturally motivated or not to exercise and for other activities:

Genetically, we … what keeps us alive on this planet and what keeps us doing things is because we set goals for ourselves. Whether we set little goals, big goals, silly goals, sensible goals, our natural state of being is motivated in various ways … I suppose what I am on about is that a human being is not a demotivated person. I think we are motivated because otherwise we wouldn’t have survived this long.

I think human nature is such that we … I think humans are inherently, I don’t want to say lazy, that is putting it too harshly, but inherently inclined to do the minimum that they need to do to achieve an outcome.

Participants pondered the different levels of drive and direction which can exist:

I think there probably is a middle ground between being demotivated which is almost a resistance or a negativity about participation versus being motivated where there is a driver, something that you are striving to achieve or engage in or is prodding you to participate. And then there is those fence-sitters or those people in the middle who are not demotivated but they are not necessarily motivated. They are perhaps just none the wiser.

I think the classic is that people assume people are lazy and to me, it is far more than that. It is, you know, that lack of drive to achieve it and I don’t know why someone can be suddenly motivated and then not.

Perhaps a person’s willingness to exercise was influenced by a negative consequence, or just by something else more engaging at the time:
So it is not necessarily internal. Things outside your control could affect your motivation ... At times there might just be other alternatives that are motivating.

An action and feedback loop between motivation, wellness and exercise was offered by another participant:

I think it is also the state of being well, because that then affects or impacts on your social life, your work life and everything else. If you are not feeling well then you are not going to be motivated.

For others, the decision to exercise involved knowing the benefits and then deciding to act:

I know I should exercise, but it is the motivation to get up and do it.

People say: ‘yes, I know. I’ve got to get fit. I’ve got to exercise, I’ve got to do this, I’ve got to do that’ but don’t actually take the next step ... Or they might just have a burst of enthusiasm and then ... So getting them to convert and stay and change and feel the benefits of being fit and know that the old excuse of: ‘I don’t have time’ is ... ‘it doesn’t take long’.

One participant used the example of children to show how external rewards could be quickly devalued, whereas internal motivation was appropriate and lasting:

You know, I mean, the reason that I do what I do, it is not really to do with what happens outside or how much I get paid. I do it because I want to do it, because there is an internal reward. After I have done it, I feel good about myself. It doesn’t matter what others think or whether they want to give me money. There is a satisfaction in me knowing that I have done it for me ... And somehow I kind of think, perhaps that is actually the strongest driving factor that anyone can have to whatever it is that governments or bosses want them to do and should we not work on that more because that is just so much easier to sustain. Once you get it going, they sustain themselves. You don’t have to give them money or do anything.

A participant in a management role felt strongly about the value of exercise; she emphasised the responsibility of the organisation to provide direction, reinforcement and offered a strategy for the future:

So, you know, that would be another thing that I would say. You just joined the workforce, so if you have got a new employee, to encourage them to form that habit in the first six weeks ... So that they keep going. The employees that have been there for years, well, ‘this is our new ... this is the (_) way, and we are
introducing this new initiative. We want you to form a habit. We are going to do everything possible to help you to get there’.

A motivational but realistic approach was suggested by an organisational contact:

What are their motivations, and work on them. I mean, I love the idea of having exercise at lunch times. I think it is fantastic. But maybe we can look at maybe something a little less strenuous. But then in saying that, you can injure yourself just picking up something off the floor.

Others took a similarly pragmatic approach:

And I think, to waste time, energy and resources on flogging a dead horse is a real waste. You need to … and I am no psychologist, but you need psychological, what’s the word, input, to work out how to motivate people and if you can, I think if you can motivate people, you are in business. If you can’t, you’ve got no chance.

I think if we make it as easy as possible for people to exercise and give them as many opportunities as we can, eventually they are going to use one of those opportunities or take up on that opportunity. I think people just do whatever is easiest.

Participants’ self-awareness was evident throughout the examples given; for example through exercise arrangements which were made:

And I just find, from my experience, I … Like, my day goes well if I exercise in the morning. I am more productive, I use my time more efficiently, and just from experience I am not that good at prioritising. I will always find something to do in the afternoon that could delay me going to the gym, whereas if I get up in the morning, I just go and do it without thinking about it.

It is easy to get out of the trap of exercising but then it is also easy to get back into it. So I like the routine of doing it. And I just encourage people to do it. No matter what shape they are in, I think it is really good.

Each participant made reference to the personal drive which influenced their interest and involvement in exercise. A two-part process was emphasised in many examples; comparing the benefits of exercise relative to the effort that would be needed, and then deciding whether or not to take action.
Following examples in the previous theme were other personal difficulties which led the participants to consider how exercise could be useful, such as the desire to lose weight (*I knew that I could do it by myself*), management of blood pressure, to support family members in a practical way or a family history of illness and premature death (*that is my destiny*). Several work injuries in a short space of time prompted one organisational contact to consider a new role which would allow him to be physically active still, but with greater protection against injury. These must have been difficult situations, and the example of several participants who found manageable ways to incorporate exercise are useful here. For one participant, exercise activities and amounts fluctuated, and preventing boredom or inaction involved *internally breaking that mould all the time*. Ongoing effort was made to be active as often as possible or, as expressed by another, *to do something rather than not doing anything at all*.

Linked with these examples were the perspectives about motivation presented by two participants, as quoted above. One participant wondered whether motivation was inherent and necessary for human survival (*our natural state of being is motivated in various ways*), while another participant believed that humans were *inherently inclined to do the minimum* necessary in a situation. This is a critical distinction, explored through the survey and interview responses.

In pilot testing, participants were specifically asked about the term ‘motivation’ (refer Appendix 19). One participant described an *invitation or an urge* to do something, another participant referred to motivation as *intricately related to action*, while a third participant stated that motivation led to a person wanting to *step out and do whatever it is*. These behaviours were certainly evident in later interview responses.

A three-way perspective was provided by one participant who had observed different types of drive and direction in his personal and professional experience:

- Highly motivated and willing to do anything needed to improve a situation of pain or poor health
- Motivated to act, but only as long as the health concern was likely to last
Initially willing to do what was recommended to resolve the situation and prevent it happening again, but the recommendation was never acted upon.

The participant explained how it was important to identify a person’s level of motivation, that is, their ability and willingness to act to improve a future outcome, as this could avoid wasted or repeated efforts. This targeted approach is useful for organisations to consider, as discussed later in this chapter.

For another participant, past exercise was to be improved on in future (beat the ‘me’ of yesterday) while for another, a specific performance outcome was the focus. Likewise, a third participant acknowledged that exercise was the central focus of my life. All three participants were certainly forward-looking with a similar aim in mind, and there were many positive aspects from these aspirations. Each participant considered themselves to be very physically fit and they had reached levels of achievement which were satisfying and clearly motivational. Importantly, managing the risks of exercise and unintended consequences such as injury as people age and become less physically able must be a consideration for employees and for organisations. Considering the ageing workforce generally (De Cieri et al. 2007; Stone 2008), early intervention with action strategies to support the health and safety of employees should be extended to exercise, as discussed later in this chapter. While some employees may view this as intrusive, not all participants have the self-awareness or the knowledge to recognise when an activity is likely to cause harm; in this case, the best intentions of the employee and the organisation could be quickly compromised.

Other participants explained how their motivation to exercise was affected by situations (how challenged people feel by things) or by other people; for example the companionship of a friend, which I am lucky to have, the way in which they were treated by others (like a little old lady with blood pressure) or the interest of a personal trainer to prevent opting out due to being busy. Several participants explained how they were motivated by not losing money they had spent on exercise memberships, scheduled personal training sessions and the like, where people were expecting me to be there.
For one participant, it was important to remember that encouragement to exercise did not always need to be loud, confrontational or obvious to others. Indeed, these approaches can be demotivating to some people. Giving people the push to want to go and do exercise, perhaps linked with some of the factors in the previous paragraph, must be considered carefully by organisations. Other examples confirmed that an employee who appeared to have low motivation to exercise might actually be highly motivated, but in a different way; he or she could have different expectations or be working towards personal, not easily observable, outcomes such as mental health. The recommendations at the end of the chapter provide further direction.

Another participant described how a relationship breakdown and other circumstances had led to sporadic exercise, which a friend helped her to change for the better. She explained how something happened and I was self-motivated, and then exercised regularly and independently. She described the situation as subconsciously, I know it was going to happen, which is an interesting perspective beyond the individual (intrinsic) and external (extrinsic) components of motivation from earlier examples.

Developing the habit of exercise was emphasised by several participants. This was a matter of choice (what you prioritise), and a distinction between an excuse and a reason for exercising or not. Whatever the influence may be, motivation was seen overwhelmingly as belonging to the individual, expressed by one participant as still your own.

The examples from both themes confirmed that motivation is variable and complex and changes may not be evident immediately. For organisations, while it may seem difficult to motivate employees to exercise, it was evident that there are multiple openings to provide influence in a positive way; it is sort of a line between, obviously you don’t want to force people, you want to encourage them. It is finding out the balance.

It was pleasing to see that participants have given considerable thought to exercise. Even those participants who acknowledged that they were not exercising in their desired way (e.g., in extent or regularity) acknowledged the value of exercise and a
connection to health. For others, looking forward to exercise in a positive and achievable way was critical:

I would like to think that I am a life-long exerciser.

about finding that balance in your life.

always tried to incorporate exercise.

always keep exercise within your life.

doing what I do best.

Regardless of what actually occurs, these outlooks are valuable and indeed healthy.

The organisation’s motivation in supporting exercise and offering activities to employees must be considered so that plans and strategies can be most effective. This is examined in superordinate theme two, ‘Outlooks’, next.

5.6.2. Superordinate Theme Two: Outlooks

Superordinate theme two builds on some of the motivational factors examples with a focus on incentives and on organisations.

5.6.2.1. Messages, Meanings and Motives

Theme two captures employee and organisational perspectives as to why exercise incentives are offered, and the consequences of the messages received. Various reasons were given, often focussed on the employee:

With the (_) came out, they did do a bit of a blurb, not so much about how it benefits (_) but just generally about how better health will benefit people as individuals.

A lot of the other stuff, activities like (_) and the (_), the explanation is more based around the fun that people are going to have doing the event, not so much
around, you know, if you are fitter it will benefit (_). They try and keep the motivation, I think, mostly based within the employees: 'Hey, do this because you’ll feel better'.

I say you want to keep the workforce fit and healthy and in a good mood. You want to keep them happy.

Oh yeah, I know exactly why. We offer it because, the whole point of (_) is to promote exercise for health so we want to make that available and help the staff keep up their health and wellbeing.

If they want to increase their membership base here, then if they want to retain staff, if they want staff to interact with members, then it makes perfect sense that they encourage all the staff to use the facilities as much as possible.

Well, I think people are working ... all the research, if you read the paper, whether you believe that. But people are working longer hours, so if organisations can support their employees doing something, I think it has gotta be good.

For some participants, the reasons were unclear:

No, well, you see there is none of that. There is no why: ‘ah yes, we offer you this, we offer you that’. There is no why. There is no reasoning. There is no simple sort of logic.

And I don’t know why this (_) is offering it. Is it purely a by-product of the fact that we have a (_) and they have these machines there so, well, why not offer it, and there is no greater motivation in mind about trying to increase work output or anything. I don’t know. I don’t know.

As discussion continued for the second participant, she acknowledged that although retention of information from her employer could be an incentive factor, overall, it was not of concern as much of her exercise was independent:

I don’t know, but that doesn’t mean that there hasn’t been. It just could have been that I haven’t read the stuff or perhaps I have read it but not retained it ... I don’t even know, if I wanted to get those ideas confirmed or refuted, I don’t even know who I could go to or ask.

Other participants devised their own reasons for exercise incentives. One participant considered the type of organisation he worked for:
I think perhaps there’s that ... the management perhaps feel there is no need for incentives because generally staff that work within the health and fitness organisation would already be partaking in some form of sport and recreation. So perhaps they don’t think there is any need for any incentives to exercise.

Another participant acknowledged that motives may be present but not communicated to employees:

Well, I don’t think we truly know. I think we can only read into it what we choose to read into it. No one really knows what their thoughts are behind these things.

For others, communication about exercise was occurring and there was no need for further information:

There is some sort of communication there that I will glance over when it comes in the email. I don’t particularly pay attention to it, mind you. I feel I have already bought into what they are selling, so I don’t really have to read it.

I just think it is state of the art facilities, it is free, it is on your doorstep and you can do it in your lunchbreak. How many more incentives do you need to take that up? I mean, it is on a plate and if you are not taking up that offer, it is absolutely on a plate. You really don’t want to do it. You know, like it is right there.

A manager described how he worked hard to give information to his employees. This was difficult at times because employees were in operational roles in the community; some employees did not have a strong education and kept to themselves and an important aspect was the person’s ability and willingness to receive information:

So one of the things in keeping the noticeboard interesting is turning it over, moving it around. We had a guy here recently, he has been here probably six months and the noticeboard is right next to where he signs on, starts, stops every day ... The interesting thing – a really nice guy. Keen, interested, enthusiastic. Just the ideal employee. And my offsider said: ‘well, the information is on the noticeboard’. ‘Where is the noticeboard?’.

Not everyone has the same level of access or interest in technology, such as real-time information or similar. Across each organisation, information about exercise and other activities was communicated mostly by email but supplemented by word-of-mouth, formally and informally:
It is definitely email. We are a very email-savvy organisation. I suppose we also have some change leaders or some organisers within (_) who phone, speak to people, get ... build excitement, tell them: ‘you’ve got to get there’.

I don’t know how widely it is promoted. It was sort of promoted initially in an all staff email, but I think that (_) and people within (_) could, if they believed in it and believed that it could help motivation of their staff, I mean ultimately it could really increase productivity ...

It has spread. ... And it probably needs a bit more promotion again because at the moment we have just employed (_) who is there. We have lost (_) who was the instigator and the driver.

The word spread that there was a gym here.

I think it was her personality that brought people back and willing to support her.

The manager mentioned in the previous example of noticeboards raised concerns that while email is immediate and has wide reach, it was considered by some people in the organisation to be a ‘done deal’:

And we have had such a staff changeover in recent years. People come along and ‘let’s do this’. Why do we want to do that? We’ve already got it. Let’s review what we have put in so much effort and cost over the years. And so (_) has put a lot of effort into providing the (_) and others, but it comes around, quick email, ‘oh, put your name down if you are interested in this’. I don’t think it is sold well enough. We are doing piecemeal effort really.

Similarly, fragmentation could result when good intentions were not communicated clearly or followed up on, or from duplication of effort:

I think that is probably a fair assessment of what is happening at the moment, and in my experience in other organisations that has been what has been happening as well. A key individual who happens to have a particular interest or a desire to put something forward gets someone’s ear, gets a little bit of funding support, gets a tick to go and give it a go, and it goes off. But you might have someone else from another area have another equally good idea and they go off, but they might not necessarily be working in an integrated, collaborative way and they may actually end up then competing with each other or they may actually just not be offering the best potential for success. The whole team sort of approach of together each achieving more, rather people working unilaterally in isolation.

Consistent communication was mentioned in a ‘wish-list’ from one participant:
And the importance given from above; like, you know, if the CEO says (__) is ... part of the (__) way is to have healthy, happy staff and we at (__) want that to happen. So we know that everybody talks about these sorts of things but this is what we have put in place to ensure that it really happens. So that when you talk to other people you say: ‘no we don’t just have classes’. This comes from the CEO who is actively promoting it. His directors are promoting it. The managers are actively promoting it. It is just a culture that we have ... That is what I would like to hear.

Additionally, it was important that the message was not diminished by the method:

*I think for whatever reason the organisation offers it, you have to be quite clear. Because until you are clear, you then can’t evaluate whether you have been successful.*

Some participants were uncertain about actually using exercise activities in the organisation. In one example, the connection between communication and organisational culture was emphasised:

*Certainly there are some exercise programs that you can participate in and that is a good thing and I think part of the success of those sort of programs is promoting them, making them available in the first place but promoting them and then having a culture or a tolerance within the organisation that makes people feel comfortable to leave their workspace to go and participate in those sorts of things. So you need to accept that someone is going to go off for an hour a day, three times a week, to the gym ... But we do, some of us who, (__) who you met in my room today, she goes to yoga so she sometimes gets up and stretches against the wall and if we are in the room we all do it, because she makes us all do it. Partly a joke but partly real, so I think it would be good. I don’t know whether it would be accepted or acceptable or whether the powers that be would go for it.*

Working through breaks, and the affects of this on exercise and other activities, was problematic for this participant and for others:

*It is not a spoken expectation, but this, kind of, people working at their desks through a lunch break is just something that has become quite a norm and quite expected. People do it and so it becomes expected of them by accident and then when they go off for an hour and actually do take their break it is like: ‘oh’. There is sometimes the perception of not being as committed to your job as the person who sits there all through their lunch break, which is not what a break is supposed to be.*

Other participants’ job roles allowed them to minimise communication about absence, but it was recognised that not all employees had the same flexibility:
You know, I generally go during my lunch break but I am fairly lucky in (_) being in and out of the office anyway. People don’t tend to take any notice when I walk out of the office with a bag on my shoulder because I walk out of the office with a bag on my shoulder all the time but I know for some of the other sections, people will ask: ‘why is he leaving his desk?’.

The experience of one organisational contact who worked in several locations across the week was influenced by what was said and unsaid:

It is probably about time, I suppose, having some flexibility in my job to allow and recognise that I can come in later some days. That is ok for me when I am at (_). When I am at (_) it feels a little bit different to me because a lot more of my colleagues and my immediate boss is there as well.

A second organisational contact explained the difficulties faced with particular employee health situations and the potential for messages and genuine concern to be misconstrued:

Yeah, and they can’t get into the truck, they break the chairs, they can’t do their job and what do we do for this person? They can’t say: ‘well when we hired you, you were (_) kilos, now you are (_), sorry see you later’. Well, you know, it is a health and safety risk, damaging property and a damage to other employees.

From the organisational contacts’ perspectives, exercise and other health activities were developed because the organisation recognised various benefits of exercise, wanted to provide different activities and/or needed to meet legal and other responsibilities:

So we are not trying to prepare people to run the next (_) or marathon, we are trying to educate and prepare our employees so that, you know, they are managing their stress, they have got a sense of vitality and wellness and I know that is a really vague thing to say, but basically there is nothing that we are doing that is contributing to them having a poor lifestyle with regard to choices with food, exercise and so forth … As I said before, I think the health and wellbeing of your employees should be the prime concern of organisations, not the productivity levels. If you have got a healthy workforce, then that spills over into better performance and so forth.

I think it is because you are in an exercise industry or an exercise environment. We’ve got so many customers coming through that are there because they want to go to the gym or they want to go for a swim, they want to play basketball, they want to … that we are taking a, you know, encouraging fit, healthy people. I also ... a lot of the studies I have read that the healthier someone is in terms of not only their physical fitness but also their mental health, the more productive they are at work.
I think that the value to the organisation by offering these exercise incentives is really important because of the benefits you get from exercise. People are healthier, they are fitter, they are more energetic, they are happier. They have less time off and don’t get sick as often. They are more disciplined or consistent, things like that. They are all good values.

I think we have got a really neat model. You know, that win-win-win opportunity. Knowing ... At other (___) the big (___) for example have their recreation centres. They have a lot of different programs running but that really is often targeting the students rather than the staff. A lot of staff don’t necessary feel comfortable in going to those sorts of settings. The fact that this program is just for staff to come along and they are in a fairly safe environment but being supported by students if they wish or once they are underway, they can just go and do their own thing.

Broader outcomes and risks were mentioned:

I suppose if you look at it from a financial point of view, let alone a corporate knowledge point of view, you can reduce your recruitment costs, your advertising costs, the time taken for training someone up new. Also that corporate knowledge. As soon as someone leaves, it is all that time that we’ve invested, that you’ve invested. They know the systems, they know the customers, they know the issues, so yeah, I think it is really valuable from that perspective to get it right.

I personally think that if we do the exercise incentives in the workplace well, it can be a really good recruitment and retention tool as well. It is probably one of the things that sometimes people don’t appreciate unless they start looking at other jobs. Have a time where they are weighing up their options and go: ‘well, hang on a tick, I like the sound of this’.

One organisational contact described how the organisation’s intranet was well recognised as an information source about incentives, and there was now a feedback loop in place:

They are widely used. We know that. As soon as some sort of offer changes or so forth and we haven’t updated the intranet site, they go: ‘hey, did you know this offer is on up at (___)’ ... Our employees are often feeding back to us to say: ‘hey, just to let you know that the intranet is not up to date because (___) has got now a new offer going on’ or ‘(___) have done something new’.

For a participant from another organisation, a realistic approach was needed:

I think management have always said they’re open for any feedback, positive or negative, constructive criticism, whatever, but from experience I know when you do provide some form of feedback I know that it does take a number of months for
that to come into action, but I think that is just the nature of a (__) organisation. There is lots of red tape to cut through.

It was important that each organisational contact could assess participants’ information and expectations about exercise incentives against the organisation’s perspective. This occurred through ongoing research validation of findings, as discussed later in this chapter.

In this theme, motivation was again prominent, including from an organisational perspective. The types of communication used by organisations and employees, the meaning that was made of this and the consequences of various decisions were emphasised.

There was agreement among organisational contacts that employee health should precede employee and organisational performance rather than the other way around. As shown in various examples, though, this message is not yet translating to all parts of the organisations. Moreover, unless communication is well-considered and endorsed in practical ways throughout the organisation, there is a risk of such messages sounding glib or simplistic.

When asked why exercise was supported, one organisational contact described how they wanted to provide various options to employees; the intent was to offer reasons why they should be active and encouragement for them to do so. Other objectives included developing camaraderie, building a team and improving morale. Several organisational contacts mentioned the importance of making it easy for employees to exercise. It was necessary to uncover what were the employees’ motivations to exercise and then to work on them. Employees valuing exercise was important.

Change leaders were mentioned in one example; these were employees tasked with creating interest and sharing information about activities in the organisation. This was seen as contributing to consistency of information and employee involvement; for example, where casual employees or staffing rosters were involved. This occurred also in another organisation but in a less formal way, with employees getting involved with
exercise and then encouraging others to do the same. The second approach was less targeted and was driven by individuals across the whole organisation rather than by senior managers. Change leaders are discussed further at the end of this chapter.

As explored further in the next superordinate theme and as expected considering their management roles, the organisational contacts mentioned business considerations for offering exercise activities such as risk mitigation and duty-of-care. Comments showed a genuine concern for employee needs in and out of the workplace, hopefully leading to employees who were fit and healthy and in a good mood. Organisational contacts shared how important it was to give employees the same exercise opportunities as customers (where appropriate) and to learn from the experience of other stakeholders.

While most participants offered reasons, often linked with health, for exercise incentives being offered, not all employees were clear about the reasons. One participant referred to no simple sort of logic, while another participant wondered whether an exercise activity was just a consequence of other activities such as a need for students to gain practicum hours rather than something dedicated to employee needs from the outset. This activity is explained further in superordinate theme three; it is, likewise, relevant to departments from several of the other participating organisations that provide exercise facilities to the public, community groups and to sporting organisations. Because exercise activities are already in place, it was suggested by some participants that there was a logical connection between the offering of exercise incentives to employees; or that it is counter-intuitive not to see a logical connection. While this may be true, not all employees recognised the connection, particularly considering the variety of work functions and disperse locations and working hours across some organisations.

As may well occur with other organisational decisions, some participants constructed their own reasons for exercise incentives; reasons that could reinforce or undermine the organisation’s rationale or, indeed, may be other angles to consider and incorporate. The statement that no one really knows what their thoughts are was concerning, as was the statement of another participant who didn’t know who to ask about exercise. While this employee was already well involved with exercise and was not concerned about the
organisation’s role, other employees may be ambivalent about exercise and it is important to minimise assumptions and inconsistency of messages.

Email and the use of the organisation’s intranet were the most common forms of communication mentioned in each organisation; posters and noticeboards were also used. These methods often were supplemented by word-of-mouth, *the word spread*; but this was not always a deliberate decision by the organisation. While this method can be motivational and inclusive, it can enhance or hinder communication depending on who is involved and how the messages are handled; word-of-mouth can be difficult to control. Furthermore, some employees worked independently or across different hours and did not have ready access to emails, a company intranet or an office environment where information was regularly shared. The manager’s interest and support for exercise was critical though, as shown in various examples, and this was not always well-communicated or evident. The change agents mentioned earlier could be helpful here.

If captured and shared appropriately, participants’ experience of exercise could be interesting and motivational to others. Participants acknowledged the influence of colleagues who promoted exercise in their organisations, *brought people back and willing to support her*, and people are already providing powerful examples and support.

If employees cannot remember being told about the background and reasons for activities, as was the case for several participants, it is likely that the chances for reinforcement and renewal of exercise involvement, as discussed previously, will be reduced. This will be less important for those employees who are already exercising, those who have *bought into what they are selling*, but the information could still help them to encourage and support their colleagues.

The need for consistent and available messages about exercise incentives from all levels of the organisation was emphasised, but particularly a ‘top-down’ approach. While each organisational contact confirmed that senior executives were supportive of exercise and aware of decisions made, the message was not reaching all employees. In
the earlier situation where the employee observed inconsistent breaks across her organisation and didn’t know whether impromptu team yoga would be accepted, information from senior officers would provide reassurance and even the option to pursue the matter if a line manager was inactive or unsupportive. As recognised by employees and the organisational contacts, different consideration may be needed across organisation levels so that all employees have access to exercise incentives; this involves more than just whether an employee can easily be away from his or her work area.

It is important that information is given to employees on commencement at an organisation and repeated over time. Concern was expressed about the pace of communication, and as emphasised by one participant, the sending out of an email doesn’t mean that a decision is a done deal.

Employees and organisational contacts acknowledged the importance of a coherent approach to exercise and to health. Despite positive intentions, some exercise activities were seen as piecemeal rather than well-organised and consistently supported. As suggested by another participant, an integrated, collaborative way is preferable to a situation where incentives end up then competing with each other, potentially leading to wasted time and resources.

Employees’ expectations about the role of organisations in personal exercise differed considerably. Responses ranged from a desire for no involvement at all, through to disappointment that the organisation did not show an interest or contribute to health in any way. For one organisational contact, employees were interested in exercise and wanted to be involved, but there wasn’t yet an actual expectation. This was also a participant’s view; she stated that she wouldn’t start at an organisation and ask where’s the exercise incentives? In line with existing research (McEachan et al. 2008; Coulson et al. 2009; Bennie et al. 2010), there was certainly general agreement with few exceptions that organisations are both a suitable and necessary setting to promote exercise and physical activity.
Considering all of these views, it is still understandable that organisations might be hesitant to evaluate exercise activities; however, it is critical that this occurs. The process can send an important message to employees; viz., that the organisation considers exercise important enough to determine what is working and what could be improved. While the current research contributed to this process, evaluation must be ongoing.

In some ways, exercise incentives appeared no different from other decisions and activities that are subject to scrutiny, to financial considerations and often alternative or even conflicting opinions of stakeholders in organisations. In a situation of high employee turnover, as experienced recently in Western Australia and ongoing in some sectors, it is a significant risk and a loss of corporate knowledge to invest responsibility for exercise with individuals rather than with organisations, a department or through a particular role. In some of the participating organisations, this is a recommended focus area to maximise efforts already made.

Organisations may involve third-parties in employee health, and not just to satisfy duty-of-care. Qualified health professionals can provide different perspectives and support to managers about decisions; for example, those difficult conversations with people, such as the employee who had gained a considerable amount of weight and was becoming more and more inactive. Several organisational contacts mentioned the value of professional networks with which they were involved in assisting to manage such situations. As acknowledged by one organisational contact, the quality of the actual communication about exercise, what was stated and what was unsaid, was as important as any activity offered.

5.6.2.2. Valued and Included

The previous theme illustrated the types of communication that took place about exercise incentives and the rationale understood by participants. In this next theme, the consequences of exercise are examined, particularly the ways in which employees felt valued, invited and included.
Different levels of confidence about exercise incentives were displayed. One participant described how he made the decision to join the organisation after hearing about various activities from friends who were already employed:

Not so much thinking that this is an employer that will encourage my fitness, but just that it sounded really fun to me. A really fun place to work with good activities. That was actually a big part of my wanting to join the company, was being able to get involved in the activities that they offered ... As I said, being somewhere that likes exercise and everything like that, when I started seeing all this work-related exercise that I could do, I thought it was great. I mean, a lot of it is not within my work hours. It is still outside of work, but it opened up doors for me to things like the (.). I have never tried a triathlon before and I would never have known about it if it wasn’t through work.

In another example, a manager recalled how an overseas trainer had come to the organisation to share how exercise was conducted in a confined airline environment. This captured his interest:

And at the time I thought: ‘what will we do for a bloody hour, ugh’ but I tell you what, he certainly had our heart rate up in a short space of time. We were all pleased to see the hour was over, but it was quite interesting what you can do in a confined space with very little.

For a third participant, an important exercise activity involved a regular workout with a colleague who was also a personal trainer. This was valuable for the exercise itself and for the learning experience:

I do a (_) session every week with one of the trainers – one of the (_) guys, because I only have (length and type of qualification), although I have now got a wealth of more experience. He has got years of experience and a degree. And he is very, very good. So I do a (_) session with him not just to work out but to learn.

In each of these examples, the participants’ confidence in seeking out and making use of the incentives was important. In discussions, several managers shared how important, and sometimes difficult, it was to have exercise activities which were suitable for different backgrounds, levels of fitness and experience. This was a learning experience:

Some have said that: ‘I joined the local gym and I have never been to a gym in my life because I lacked the confidence’. That was a new one for me, because I assumed that anyone can just go to a gym and join up, but they don’t because they don’t know what to do and they don’t want to feel stupid. So in this sort of more
supportive environment they think: ‘I now feel like I know enough to actually join a gym’ and that surprised the hell out of me.

Similarly, for an organisational contact from a different organisation, it was critical that any incentive was inclusive and encouraging:

If you come to our gym it is not a (_). There is not going to be a whole load of eighteen year olds running around in skimpy dress. We are a Bassett’s allsorts gym, bit of everything in there.

For some participants, being valued and included in exercise involved a match between employee and organisational needs:

So it wasn’t: ‘great, they’ve got that incentive, I am going to take advantage of it’. More just that it matched my values.

Sometimes, though, the match was inconsistent or other factors were involved:

I mean, to give an office worker an opportunity to have a membership at the gym, from the point of view of a CEO or a board or upper management, they would go: ‘wow, gym. Can’t really do more than that’. So I think that they think they are doing that. But there is … the percentage of people that actually take advantage of that to what are given ... Everybody is given it, but it would probably be, like, maybe two percent.

It is very hard to… in the past with the (_) part of it was that you took an extended lunchbreak and you had some of that in the middle of the day. Now that became a thing because obviously the field staff couldn’t really do it as such.

My employer supports exercise for their full time (and I think part time) employees, however as a casual (_) employee I don’t get the same benefits. For example, they are able to use the gym facilities on (_) and attend staff exercise classes for free. If it was offered to us, even if it wasn't free but for a small charge then I think it would be popular and would improve staff morale and relationships.

My employer doesn’t do anything to add to our health or make sure that we are exercising.

In discussion, several participants shared personal factors which were highly influential to their use of incentives:
I think the other thing, intangibly, that comes as a consequence of exercising is respect. Not on myself, but other people respecting you. For instance, when I started, I can only relate it to myself, but when I started this silly stuff in the gym people were saying: 'good on you (_), that is great' and teasing me, but there were those that you really felt as if they were a little bit proud of you.

It gives people a positive attitude too which gives you a positive attitude to yourself.

My experience with my employer has been a very positive and beneficial one.

Based on the factors that I have said before in terms of cost, accessibility and encouragement which were not particularly great at at the last (_) I worked at, it has actually been a breath of fresh air here.

Similarly, participants discussed the delayed benefits of exercise which were experienced. While two participants mentioned that exercise was physically difficult and even draining at the time, later it actually led to increased energy and a desire to repeat the exercise:

And yet if I was being perfectly honest, I hate the concept of going to the gym. I really don’t look forward to it. The time that I am in the gym, I do not enjoy any second of it. I hurt like hell, and I think: ‘what am I here for? I am too old to be doing this stuff’. It is only about an hour after the gym that I start feeling better.

I find that the fitter I am, the more energy I have. So even though, if I up the ante on my physical activity initially there is a little lag phase and you’ll feel a bit ‘tireder’ because you have taken something else on, but ultimately if you follow through on it you have got more energy to conduct your day-to-day activities.

Others explained how they sought recognition and personal reward from exercise incentives. In the first example, a casual employee shared how incentives were particularly important because she had less access to other terms and conditions of employment than others:

We do work eight hours, ten hours, whatever it is that we have worked, and then enjoy going to the gym, going for a swim, being pampered a little bit, make us feel like we are valued members rather than those who come in from nine to five, they have the time to come in before work or are able to take a longer lunch break than we can because we are shift workers. We are more regimented in our work structure than they are. So we need to feel validated as much as they do.
In terms of what the outcome is, keeping the employee happy, improving the health of employees, giving some time out, stress management as well, and just showing that they are doing something for you. That we are not just taking from you, we are going to give something back.

In a previous organisation, a participant had no activities to use, and felt undervalued overall:

Because their expectations is, you know, managerial; you know, they’ve got targets to achieve, and I hate to say it, I still think even in the (_) setting, you are still a number, and I very much felt like that. You know, as a (_), you’re disposable. I didn’t feel particularly like they had my best interests at heart. It was the organisation.

The employment status of another participant meant that she could not use some activities:

We are employed by the (_) as second class employees because the only extra benefit we get for working (_) (apart from working (_) which is convenient) is a better pay rate than we would probably get in any other unskilled casual job while the full time and part time employees receive the use of the gym, cheaper parking etc.

As mentioned in the previous theme, another participant described how incentives needed to be fully and openly supported across the organisation. This example captured many aspects of inclusion:

I wish there was more support from top down, like we were talking about before, in the way of not just community involvement and stuff like that but incentives to join up memberships and things like that. I think that if any organisation wants to have the atmosphere or the community feel of: ‘yes, please be involved in physical activity’, it really has to come from above down. It also comes down to probably the facilities too. If we had facilities that were more accessible, then they would be more convenient for people.

Another participant was concerned about inconsistency between employees and other stakeholders; inconsistency discussed in terms of exercise and more widely:

Just, you know, double standards, but very much from this employer’s point of view, the pastoral care of students is very, very important and I sometimes wonder where the same support for staff exists. Not that it doesn’t exist and wouldn’t be acted on if necessary, but ... yeah, the same flavour for all, I guess, to me would seem ideal.
An organisational contact working in an exercise-related role described how he had always experienced a pay difference; other managers with similar levels of responsibility seemed to be valued more by the organisation in terms of remuneration at least:

*Across the board. Public, private, every organisation I know. If you were to compare the co-ordinator’s role here with one in ( ), they are supposed to be in line, but they are not. They get paid more over there.*

Many of the comments and experiences shared in this theme involved respect expressed in different ways. One participant described his involvement with an exercise incentive which, while difficult at the time, had an important ‘affirming’ element to it: *you really felt as if they were a little bit proud of you.* This motivated him to continue and to share his experience with others. For another participant, being valued was comparative, as he found his current organisation and the support for exercise a *breath of fresh air.* For the first participant, being valued was an outcome of being included in exercise while the second participant knew he was able to be included in incentives, even though the time was not right at the moment. Other aspects of the workplace, particularly flexibility and regularity of hours, compared to the previous organisation were favourable factors for him. Being valued was shown to play an important supporting and sustaining role for the exercise of employees. This involved the employees themselves; it was valuable for them to exercise and be healthy. In addition, the components needed to exercise were worthwhile; for example, the time away from the workplace and the effort in undertaking exercise activities.

A casual employee who felt *second class* was of concern, though, because she had different access to facilities than ongoing employees, and was unable to exercise in the desired way. While there may be reasons for this distinction, which also occurred in other participating organisations, it is important that the situation and rationale is clearly explained; there may still be ways to provide some exercise options. Another participant questioned whether there was a difference (*double standards*) between attention given to employees and customers. While she acknowledged that employee concerns *would be acted on if necessary,* she did not see that the current situation
matched the organisation’s values. The recommendations at the end of this chapter provide some strategies for this situation.

As mentioned, being valued and included extended beyond the individual employees. For one participant with many years of exercise experience, becoming aware that some people felt uncomfortable joining a gym was a new one for me. She explained how she has always worked hard to promote exercise to others, regardless of their circumstances, but she had never considered that others might not feel comfortable to attend in the first place. This example was confirmed by several other participants including one employee who had used the organisation’s gymnasium but then stopped her involvement due to discomfort with the environment and the exercise ability of others compared to her own. While some participants’ exercise involved deliberate, ongoing and often improving performance outcomes, many participants did not aim for such levels.

This example highlights two related points – comfort levels with an exercise activity in the first place, then a person’s ongoing ability to remain involved. Opportunities for reinforcement, support from colleagues, a personal trainer, gym co-ordinator or similar, could be useful. This is explored further in a later theme through the example of personal training. It is particularly relevant for organisations in consideration of the emphasis on employee diversity in recent years, and as shown in the current research results.

For other employees, being valued and included involved being trusted, or in some cases just left alone, to make their own decisions about exercise and to act in their own way. Alongside statements of no or low expectations (I don’t really expect anything and I actually don’t expect very much), were value-based phrases (I think you should invest in your staff and smart employers with capacity would provide incentives). For one participant who saw her organisation as inactive about health, making sure that employees exercised was important. While others, similarly, might expect such vigilance, although no other responses were as specific, many participants expected some level of interest from their organisations, expressed in terms such as to be encouraged, opportunities, availability and a suitable type of environment.
As shown in various examples throughout this chapter, personal contact, encouragement and ongoing communication was critical, particularly face-to-face. Particular arrangements could be seen as invitational, such as the gymnasium incentive available in one organisation which had a deliberate and advertised focus on wide participation across age, experience and fitness levels (*bit of everything in there*).

For some participants, being valued and included meant exercise became self-sustaining and self-reinforcing. One participant referred to *deeply held* connections between organisational and individual values leading to interest and action, while another explained how exercise incentives had *opened up doors* to different activities and to meeting new people. These perspectives could flow on to the workplace in other ways as well.

### 5.6.2.3. Guilt

Feelings of guilt about the use of exercise activities were mentioned. For one participant, this involved family commitments and the expectations of others:

> Time away from family, for me, is a big issue. I don’t have an issue with it, but my husband does. Taking time out for yourself means time away from the family and putting pressure on someone else.

She recognised an interplay between guilt and motivation:

> So motivation isn’t, I don’t think, just an expectation of yourself. I think it is a reaction of others’ expectations of you and that reaction, in my mind, is a guilt reaction ... Guilt about spending time for myself at the expense of something else.

Feelings of guilt extended to the experience and needs of colleagues and of friends, as explained by one of the organisational contacts:

> I suppose more people need to be encouraged to exercise or have the benefits of exercise but it is really hard, especially if you have got friends and things like that and you know they have got problems and you know they can be easily fixed by exercise but what can you do about it? You can’t do anything.
Another participant expressed her needs about exercise and other activities when she started her current role. She acknowledged that not all employees will have the foresight or the confidence to do so:

I don’t think it should be perceived as a luxury, and people shouldn’t feel guilty to leave their desks. I have always, when I started work with my new boss, I went from a (_) job which was, kind of a pretty simplistic job up to the job I am doing now, and I just sort of said: ‘on (_) and (_) I do a (_) class from (_) till (_)’.

One participant described how dedicated he was to his work and how difficult it had been to deal with feelings of guilt about taking time to exercise:

Being away from the workplace, and there is always a blame attached to it as well. If something is not right or something is not done or if you haven’t done enough or if you are perceived as lazy, all these aspects come into play and they make your mind play tricks on you ... But I think it is that the people are perceiving you as being lazy because they are not looking at the exercise. They are looking at - you are not in the workplace, doing what you need to be doing within the work environment. But I think it is improving, though. I think as time goes on and the emphasis is much more on exercise and good health and promoting health and that sort of thing, I think it is slowly changing; for the better.

Another participant explained how she experienced tension between personal and organisational needs. She wanted to exercise but felt she was needed in the workplace during opening hours:

Just speaking from experience here, having the gym facilities available at lunchtimes, it would be nice if it was available a bit more, but at least it is available three times a week. So when it first started it was open every lunchtime and I found that ... I would, yeah, then I didn’t feel so guilty perhaps.

The situation seemed simpler for the next participant who allowed herself time for preferred activities once the exercise was complete:

So I can veg. out on the weekend and read a book and not feel guilty.

For an organisational contact, it was difficult at times to manage his own expectations and others’ opinions about time spent on exercise:

I always feel better after I go for a run. I suppose it is just that initial movement of doing it when there is a few things going on and not feeling guilty about it ... It
is probably also about guilt or being mindful that there is a perception there that people think that that is what you do all day.

It is unfortunate that guilt about exercise was a focus for some participants. This was affected by the expectations of others, particularly family members, and pressure felt about workplace behaviour and availability.

For the participant who used exercise as *time for myself*, family expectations about availability were a significant influence. She was not able to exercise as she would like. She made the distinction between her own expectations and the expectations of others; it was the latter that led to her feelings of guilt. While further detail was not provided, her situation seemed similar to that of another participant who attributed his feelings of guilt about exercising, and taking time for his health generally, to his organisation overall. He felt constrained by pressure to complete work tasks quickly and well, to the detriment of other activities. While he knew that his work was of a high standard, he experienced situations that made his mind *play tricks*. This must be distressing and confusing, particularly if there is not support from family or friends. While some people could conclude as suggested by another participant that a break was justified because *the work is still there when you get back*, for others this might not be so simple; particularly if they were younger, new to an organisation or role, or working with others who did not value or engage in exercise in the same way.

For office-based roles, there was evidence of an informal and unspoken association between presence at the desk and work efficiency, outputs and contribution to the organisation overall. This is a dangerous and unrealistic assumption. The uncertainty expressed by one participant about informal and regular stretch breaks used by a small team (*I don’t know whether it would be accepted or acceptable or whether the powers that be would go for it*) is an example here. This is actually a positive situation which could be implemented across other areas of the organisation. This participant communicated clear expectations about time for exercise which was needed when she started in her current role and this has helped to some extent, but she is aware of colleagues who do not have the same flexibility. Organisations must assist here, as discussed in recommendations later in this chapter.
As mentioned in a number of other themes, logistical aspects such as opening hours for facilities and awareness of different job roles and requirements can help employees make use of activities so as to minimise concerns about absence from the workplace. In one organisation, for example, an exercise activity was only available during limited hours which were the busiest period of the day for one employee. Her absence was noticeable, and her negative feelings were increased. If she had been able to use the facility at a different time, arguably the outcomes from exercise would have been better all round. All participating organisations had employees working a considerably wider span of hours, certainly beyond the traditional nine to five working day.

Feelings of guilt were not limited to those in operational roles. One organisational contact, for example, explained how he felt different levels of comfort about exercising depending upon the location where he was working. This was influenced by the roles of nearby employees and their seniority in the organisation. At times he had the flexibility to model exercise to other employees, albeit with some limitations, but at other times work demands and unstated expectations came into play. He saw a risk of stakeholders thinking that is what you do all day, without an understanding of the rationale or the benefits from exercise, or indeed, that it occurred in personal time. Such perceptions can be managed and may even benefit both parties with a creative approach, as shown in the ‘Me, You and the Team’ theme.

Another organisational contact felt guilty at situations where others were not exercising and she knew from her own experience that the situation could be changed. She had seen the consequences but was uncertain about how to act and to what extent (you can’t do anything). She has been proactive and has worked with colleagues outside of the organisation in developing strategies for overweight and inactive employees. When considering support for employees to exercise, it must not be forgotten that those with senior or supervisory roles can experience multiple effects and concerns simply because they deal with so many employees. Regardless of employment level, a distinction must be made between those parts of work and home which participants need not feel guilty about at all, such as the right to have a regular meal break, and those situations where guilt is experienced but can be managed with support.
This superordinate theme again evidenced the emotional aspect of exercise for many participants. While some participants were self-motivated to exercise in the short and long-term, and had the confidence to do so, some form of permission from their organisation would have helped change the outlook for others, discussed next.

5.6.3. **Superordinate Theme Three: Details / Decisions**

Participants readily outlined their experiences of, and expectations about, exercise and their organisation; in some cases including previous employers. Tension and uncertainly was shown alongside concern and interest in changing things for the better:

*One of the things that makes an organisation is, a lot of it is the focus of, I guess, the very senior management; where they want to take it. And I guess if they have got all of these other things on, have they got time for the central ingredient, to put into their the most essential asset – their employee? And that is where it comes out to. There is so much politics in it.*

One organisational contact described an increasingly discerning workforce:

*They are also saying: ‘beyond my remuneration, what else are you giving me?’ and for a lot of them it comes down to the workplace environment. So what are the incentives you are giving me outside of just simply cash, statutory, superannuation and so forth? It is an enquiry that is happening more and more.*

Another organisational contact described how his organisation was political, with quite different opinions and expectations about a recent initiative:

*So there is a big expectation on us to become a success. There is also a large expectation on us by some (_) for us to fail, so the heat is on.*

In terms of details and decisions linked to exercise incentives, three sub-themes to be discussed next were identified: ‘Lead or Follow?’, ‘Me, You and the Team’ and ‘Creating the Space’.

5.6.3.1. **Lead or Follow?**

Various examples from the previous section showed some tension for organisations between acting in a proactive way and reacting to situations and circumstances as they
occurred. Information reflecting a strategic focus from the organisational contacts and from participants in management roles was used considerably at this point.

To begin, an interesting historical perspective on the location of organisations (linked with opportunities for exercise) was given by one participant:

*Public health is to blame for this. Public health, from the Victorian era, decided that it wasn’t good for people to live near factories, near workplaces, blah blah, blah. We should separate workplaces as opposed to where people live. People should live where, you know, it is residential. There is nothing nasty going on, and then ... but what we have done is created ghettos where all there are is houses. People can’t work, they can’t go to the shops easily because there is not many facilities for shopping, or even to access things like a child health clinic or a ... anything like that. And that has become unhealthy in and of itself. They are far too dependent on their cars ... Hopefully people will be able to live and work within a reasonable distance or at least with a reasonable commuting time, just so that they can have better lives; because no one likes commuting. If it is half an hour walk and it is pleasant, if it is nice and shady, and you’re not feeling like you are going to get hit by a car, that’s good.*

Each participating organisation is located in or near mixed-use areas; this provides various options for exercise and for other activity, as explained firstly by the above participant:

*I think in terms of a workplace, you know, not providing free car parking, getting people to think about how they are going to get to work, if it is not immediately going into the car, I think it is a really good thing.*

*With regard to between the first and second floor here, we have got stairs. They were specifically put in to promote people not always getting the elevator for example. So it was a design feature that wanted to promote movement. So we are getting up, getting down, using the stairs and being active. So there is an incentive there to move in terms of structurally.*

*It is interesting how on both sides by far the vast majority of either what happens or what people think happens has got the word ‘gym’ in it. It is almost as though gym is our escape for exercise, and of course it should be the point of last resort.*

As already shown through these themes, there are different opinions and explanations about the reasons for exercise, activities that should be offered and the extent of these. As acknowledged by one organisational contact, current exercise activities relied largely on the drive and initiative of the employee, *a self-service environment.* The
organisation’s current stance is to invite and act upon the initiative of individual employees or teams:

*We have got weekly soccer teams, basketball teams, they are all informal, you know, but we will sponsor them and get them jerseys or tops if they need that sort of stuff, but often that is once again employee driven. So we are not going to turn around and organise a soccer team and then go: ‘hey guys, come and join the soccer team’... So the groundswell will come from a group of employees that want to do this, can the business support us, get on board. Pay the memberships. Get the jerseys, the tops, the singlets, whatever is required. Go ahead and do it.*

Other participants described how impetus was lost when follow-up was not included in decisions:

*Something like this would start off with all of the right intentions but if the manager wasn’t driving it and pushing it and supporting it and didn’t have any sort of structure and reward, then it will just disappear.*

*Nobody has checked up to see if anyone ever did, after having been told that, ever did join. You’ve been told about it and then there’s no reporting or follow-up from it.*

*I think our retention rates are better than most, but I am still not sure why they stopped coming.*

*So I would like to see the (_) get behind it to ensure time is allocated to allow staff to attend rather than calling lunchtime meetings which encourage staff to come over and eat their lunch in a meeting.*

The last example referred to an activity which had been running for several years involving students and employees. The organisation had received funding to develop a gymnasium facility for teaching and for students’ professional experience. The potential for students to gain experience by supporting the exercise of employees was recognised. Wide benefits were identified:

*I believe we are now sending out very confident, competent students and our reputation on prac. is, what the community and what our professionals see, is that we love having (_) students in our clinic. Now you can’t buy that publicity can you?*

*But if we can do it and we can have a healthy workforce, which is part of the (_) ethos of looking after the individual and not just being a mindless, faceless
organisation and we want to make a difference. I think that difference extends to looking after the staff, and this could be a tangible example of a workplace environment and culture that values the individual and supports them through these sorts of programs that will ultimately enhance their productivity, help with retention, possibly even help with attraction.

Other participants recognised personal benefits and outcomes for colleagues. In many cases, though, the opening hours were of concern:

I think that is one of the best things here ... are the set activities they’ve got and the only thing I would wish for is broader availability time-wise. I have got a (_) who was paralysed a couple of years ago and was basically brought back by the (_) which was just, so convenient because (_) had a grave need and (_) wound up being their favourite guinea pig. It was great. (_) is up and walking now.

One of the positive things that I would say, that was kind of negative, is the availability of the (_) gym to staff and how that is linked in with the supervision by participating students I think is a fantastic initiative and incentive. The only downside for me is that it is only available at very limited times and those times happen to be times when I don’t work here. So although that is a very positive incentive, it is a shame that it couldn’t be more widely accessible.

I probably wouldn’t go to a gym otherwise, if there wasn’t one provided (_) here. Not from a monetary point of view, but it is having to go out again at night, basically taking that extra time when a lot of ... you spend so much time at work and I just want to get home and be at home rather than having to go out to the gym. So being able to do it at lunchtimes as well is a plus ... I joined as soon as it was brought to staff’s attention that this was available. I have been doing the program since it started.

Two participants who acknowledged that the activity was needed and beneficial also suggested that further planning and evaluation was needed:

Whereas we have it by accident and people have taken it up and (_), particularly and other staff in the (_) have used it as guinea pigs for the students, for how to teach physical activity. So it has been a two way thing and it has worked and it has happened by accident, which doesn’t matter, rather than it happening by design.

I don’t think the organisation would have looked at research about the actual benefits of exercise and increased productivity and decreased sick days and stuff like that that other companies would have. My personal opinion is that I don’t think they would have engaged a bit of research. I reckon another exercise incentive is also the fact that in our degree, it provides an opportunity for students to get practicum by working with the staff, so it is a good fit in that regard. And
also another reason is that they ... it is good for them to be able to say that they’re doing that sort of thing. ... Well, we offer a (_) program for the entire (_) but it is not terribly well advertised.

Additionally, shorter term risks were identified:

But I think it is a great initiative. I think it is a wonderful facility that we have got and provided that we can keep that window open, because there is building pressure on the use of that so we need to maintain its importance in the eye of the administration that that two hour window is kept apart from teaching.

They know the benefits of it and should be able to spread that across all of the employees in the organisation. We have some lovely resources here. We just need to get over the legal issues, the occ. health and safety issues and make it happen so that we can actually have a successful program.

With regard to risk points, an activity in another organisation was relevant. The incentive was well received, but the injury of one employee and significant consequences meant that it could not be continued:

So people would go in their lunch break and we paid for them to attend the class. But then we had someone (_) and they claimed it on workers compensation and it ended up costing the organisation (_). So they stopped doing that, and that is a real hold-back because so many staff have said: ‘oh I would love to, you know, play a game of soccer in the lunch break with the team’ or have girls versus guys, (_) versus (_), whatever, get some team building things happening in lunch time. And we are, sort of, like: ‘that’s a really fantastic idea, but how about you organise that personally’.

While a middle ground had now been found, momentum has been lost:

So we are fine for staff to send out an email as long as it is coming from that staff member and not the (_). So some staff, if they are really exercise-focussed, they will send out an email saying: ‘hey, I’m playing soccer today at lunch, who is going to join me?’ and that’s fine, but a lot of those staff have left the organisation so we don’t really have that anymore because no one can be bothered.

More broadly, a manager outlined how he had encouraged his employees to have health checks which were available at no cost to the individual. These people were already active because of their work. Because of his rapport with the employees, he was able to go beyond what he thought was expected by the organisation:
Because the (_) still offers their bi-annual medical checks and various things that go on, and without getting too far away from incentives, over a period of time I have got good long term employees here. Now they work physically hard during the week on (_) and all that, but will they go to the doctor to have these free checkups which the (_) provides which are worth hundreds of dollars? And it is ... I feel that (_) could be doing more to show people the incentive ... As a manager, I shouldn’t have, but a long term acquaintance with them, I have sort of pressured them a bit. In the end they said: 'yeah, no, we’ll do it but with our own doctor'. They sort of don’t. To my knowledge. But yeah, it needs to be a better program to look after people.

This example feeds into broader health support offered to employees; it highlights the sensitive judgment and decision-making needed when managers encourage employees to become involved with incentives.

Enthusiasm and proactivity can generate results, but must still be managed carefully and may have implications:

We kind of wangled it so that the personal trainers could all, whether they are casual or not, could all use the gym because we put it under training and development kind of umbrella.

An organisational contact’s experience was relevant:

So whatever we do, I suppose it has got to pass the ... my boss says pass the (_) test. So whichever way it can be, may be misconstrued. ... I think it is hard because we are (_). We have to justify our time. You know, you are only one sort of scandal away from really being in trouble.

For a participant working in a health-related area, space for exercise incentives and other support for employee health needed to be found amongst all of the other activities that took place:

I don’t see it being high on the list of agendas being discussed. You know, I think it is static. I think it is what it is and it hasn’t necessarily evolved or changed or ... progressed. Not to say that it is necessarily bad. I think this organisation is probably doing some things that other organisations are not doing and that’s ok, but I am not sure that they are necessarily integrated or part of a concerted plan.

Participants from different organisations offered suggestions for exercise and beyond:

A couple of things come immediately to my mind, and I guess it stems from the idea of your employer – caring for you, caring for your wellbeing. That the idea
about having a staff medical or a counselling service, so I guess what you are looking at there is health prevention type arena, where they maybe invest slightly more in understanding individual health, and that probably then links in to what they make available to you in terms of being physically active and we mentioned, you know, ways in which that could be tied in to a work environment ... You get no incentive to be well.

*It would be interesting to look at the exercise habits of workers and the number of sick days taken.*

*I feel all employers should educate staff on the physical, social and mental health benefits of exercise and encourage them, where possible, to participate in regular physical activity. It would be beneficial to the individual and the company.*

These and other suggestions are investigated further in the discussion of this theme and in the recommendations later in this chapter.

How important is it for organisations to offer exercise incentives in a positive, proactive way? This was a common question derived from many of the responses. While responses from the previous theme provided some direction, particular examples helped clarify the situation.

One participant made a distinction, linked to the Australian physical activity recommendations mentioned earlier in this chapter, between incidental activity and exercise for employees and others. She suggested that if incidental activity was high enough, *if you counted it all up and it was sufficient*, exercise may not be needed. This was the case in some physical occupations, though it is not this simple. Considering the wide-ranging benefits of exercise as outlined throughout this chapter and as confirmed by participants, even those with active job roles often may still be interested in exercise. Furthermore, as shown through surveys and interviews, it is unlikely that people are undertaking enough incidental activity to remove the need for exercise; it is not enough for employees or for organisations to just be ‘on the back foot’ here.

Many exercise activities do not just happen, though this could appear to be the case to some people. In the gymnasium program involving students, considerable effort was
made to start the course of activities and to keep it running. A match was sought between the goals and abilities of participating employees and supervising students; *I don’t just randomly do it.* This was a considerable time commitment, not recognised by some, who *think that I just stand there and deliver.* Follow-up with employees and with students, those *extra things that make the program beyond just delivery,* was so important. It was vital that the importance of the incentive *in the eye of the administration* was maintained, despite timetabling and other pressures. The suggestion from others that the organisation *get behind* the incentive and its purpose and *back onto peoples’ radar,* is appropriate here.

As shown earlier, employees involved in this activity have achieved valuable health outcomes. Relevant to the title of this theme, there was a risk to momentum through delivery, availability and consistent and obvious support across the organisation. Additionally, it was suggested that the activity be integrated more closely with other health activities in the organisation.

In an example from a different organisation, exercise using swimming activities included children of the employees. This was seen as having multiple benefits: *getting the next generation involved,* a chance for family members to exercise together and a way for the organisation to show support for exercise beyond just the employee. By modelling exercise to future employees it was hoped to promote activity in the future.

One organisational contact noted that the current incentives involved a *self-service environment* where employees decided to use incentives of interest, seen as a proactive approach to be expanded in future through consultation with employees. Currently, some incentives are employee-driven where activities such as sporting teams are arranged and the organisation is asked for support. While this is positive and certainly relevant for those employees making the request, the process relies on the confidence and drive of particular employees and it may not be suitable for all types of exercise or for all employees. Other organisations such as those in the public sector may not have the same ability to cater for such requests, as discussed later in this chapter. Furthermore, because *a lot of the really good ones* (incentives) *are informal,* it is critical that these are similarly monitored and evaluated.
Can employees be *incentivised*? It was a term used by one organisational contact, and certainly there was evidence of effort by managers and others to encourage employees’ interest and involvement. As explored in the previous theme, the line manager was seen as pivotal to the success or otherwise of exercise incentives, *driving it and pushing it and supporting it*. It was suggested that organisations should *educate staff on the physical, social and mental health benefits of exercise* in addition to providing other encouragement for them to do so. Again, the value of a better program to look after people was emphasised.

The need for follow-up and evaluation was again mentioned. Unless this is well planned and valued by the organisation, it cannot be effective. It was of concern that participants mentioned a lack of follow-up (*there’s no reporting or followup from it*) for some activities. This could lead to wasted or misused funds, ineffective efforts and even risks to health if pre-existing conditions or injuries are not managed.

An example of gymnasium memberships and personal training shared by an organisational contact provided a useful perspective. If members felt comfortable with the gymnasium and there was regular and motivational contact from a personal trainer, it became like a golf club mentality; it was suggested that people were very exclusive and *don’t want to leave*. He described how objections to exercise would be diminished and involvement would become a done deal and people recommit to exercise over time. If organisations were to take a similar, exclusive approach, and each participating organisation was doing this to some extent, exercise could become even more valuable.

5.6.3.2. Me, You and the Team

Participants shared many examples of exercise with which they were involved. As with the workplace, some activities were individual while others involved a few people exercising together or in larger teams. Decisions about involvement with others, and the implications of those decisions, are a focus of this theme.
For participants and for organisational contacts, team exercise offered a variety of benefits:

Team sports are a great leveller, an open door to many new friendships, a tutor of group objective and ‘pulling together’... provide an understanding and coming to terms with achieving / winning, losing, defeat; a great preparation for the work environment.

I suppose that is one of the big ones that the organisation is wanting to do, is have more team events. So we had ... every (_) there is an organised team run which leaves at (_) from (_). And then another day they have got basketball, where they can play basketball in a team environment. So one of the aims is also about camaraderie, building a team, improving morale.

But if you don’t have that social interaction outside of work, whether it is encouraged by the organisation or not, people find it harder to relate. Whether it be with the organisation or other people.

Some employees from one organisation recently climbed an overseas landmark, seen as a vital team-building activity:

There you were, going off as a team and doing the forming, norming, storming, performing stuff. You are representing the organisation as an ambassador in another country; having a cultural exchange. So from a personal experience, fantastic.

For a participant from a different organisation, a recent team activity became a problem when she couldn’t commit to long-term involvement:

If you look at the (_) as an example, you see all of the corporate shirts and they give their staff to go and train, give them sponsorship and encourage them to physically go and act as a team. We had a (_) we ran as a team for (_) but you had to be part of the program to be part of the team. You couldn’t actually sign up without having to do the ten week program.

In terms of exercise, an important distinction was made between the expectations of males and females by one organisational contact:

So for example, the (_) contest that we ran – one of the biggest feedbacks that we got was that our female population would probably enjoy exercising in groups more so than individuals ... Blokes, though, were very happy to go off to the gym, take out a membership, go with a personal trainer. But we found that the ladies, the girls, were very much ... The group mentality was: ‘if I am going by myself, I am not going to go. If two other of my team mates or team members go, I am
happy to do it with them’. The feedback we got was that the group fitness incentive was far greater for them than the individual fitness incentives.

Another participant believed strongly that involvement in team exercise, as with other team activities, was useful and important in helping to develop and sustain relationships. Unfortunately, it seemed to her that some teams were more in name than in effect:

We’re not that team. We don’t look after each other. Whereas other organisations, they may work in different departments but if they work ... if they are in a team that plays sport together, you’re more likely to have harmony and less discord and less arguments and less frustrations within the organisation because they know that outside of work, they are friends.

In some situations, her role prevented her taking up opportunities:

Because I am the supervisor, I am expected to work.

Similarly, other participants found team participation difficult:

I won’t put myself in a team sport because I don’t want to have that responsibility of that time commitment. You know, if I can’t attend something right now then it is up to me not to go, but if I was involved in a team then I can’t give up that time.

For me, team sport means travel, and having to travel somewhere and often having to do the activity during the week sometimes, almost late, what I consider late at night, netball games at nine o’clock at night or that is a busy time with kids with homework or with their own activities, so sometimes for me I find participation in team sports difficult although I prefer team sport than individual motivation.

The prospect of injury when exercising with others was mentioned. While one participant enjoyed team exercise, he needed to protect his own health:

The specific issue was that it was the martial arts class where people didn’t understand the concept of self-control. I realised I was going to get hurt and they were going to get hurt.

For another participant, the risk to health was quite different:

But I do have a fear of contact sports in terms of team sports. You know, because I saw myself ... I was always made to feel like I was a bit of a failure in those sort
of environments. So what I do now is just do what I do best, and that is singular stuff.

Further to his earlier comments about exercise being functional, an organisational contact described how he preferred to exercise on his own even when he was with others:

Maybe that could be a lack of confidence and maybe not wanting to take on other people’s exercise regimes. I hate group fitness classes. I could never stand in a class and be told: ‘go to the count of two, three, four and then do this exercise’ because I am just like, you can’t tell me what to do … It is still a really individual thing. Like the martial art that I do is, you are not playing in a team against somebody. You are individuals and all of the guys that I play with in martial arts, they all bring something different to the table.

This theme captures employees’ experiences of teams through exercise, and implications and opportunities for organisations. Different perspectives were given, including the influence of others when exercise was conducted individually. Despite the emphasis in many organisations on team-based work structures nowadays (O’Leary, Mortensen & Woolley 2009; Bell & Kozlowski 2010), it must not be assumed that employees will want to exercise in the same way that they work; indeed, different expectations were shown.

One participant saw many benefits to team work through exercise incentives, particularly social interaction and greater understanding of others. Team exercise, the social aspects of sports, was a chance to prevent and diffuse work issues because they know that outside of work, they are friends. She suggested that further consideration was needed because the organisation only wanted her and others to feel like a team within a department rather than the whole organisation.

For an organisational contact, objectives from team exercise incentives included camaraderie, improving morale and breaking down differences across departments, roles and employment levels; as suggested by another participant, when you are doing that, you are all on the same level. The ‘levelling’ role of exercise was mentioned also by others. This is a powerful potential outcome.
One participant, with many years of management experience, described how some employees were disinterested in team exercise until they were reassured that it did not always need to be competitive, physically taxing or confrontational. Instead, as specifically mentioned by several participants, exercise can actually be fun. This is an important aspect for organisations to consider in designing and promoting incentives. In the participant’s experience, these messages and outcomes led to wider participation.

As shown in the earlier extracts for this theme, one organisational contact observed a distinction between the involvement of males and females in team exercise. While this was only from one organisation, it warrants consideration. It was found that females were more likely to become involved with exercise when others were present for encouragement (the group fitness incentive was far greater for them than the individual fitness incentives). When males became involved with exercise teams, they were less influenced by others to do so. For this organisation, the value of a buddy system and having the support of a group network was confirmed, and future exercise will be promoted with this in mind.

In the same organisation, the recent challenge to scale an overseas landmark was a valuable example of how team exercise can be used for broader outcomes within the workplace. Though not all organisations will be able to offer such activities, the preparation given to these employees was significant, and other activities could be conducted on a smaller scale.

Understanding team dynamics, roles and contributions is now widely recognised as critical for current and future employees (Stone 2008; Riebe, Roepen, Santarelli & Marchioro 2010). This theme confirms the potential for organisations, and expectations from some participants, to consider and communicate the connections between team exercise and other organisational activities. Organisations must take the lead, because employees may not have the knowledge or the ability to do so.

In addition, organisations can make use of creative incentives to exercise which offer benefits to employees and to customers, as a different type of team. As suggested by one participant, this could be as simple as taking the time to walk while discussing
business instead of meeting at a desk, *sharing an experience*. This choice can send a powerful message about the values of the organisation and the importance placed on health. Such strategies need to be monitored and evaluated but need not be time-consuming in providing a community message about the value of exercise.

The experience of martial arts was used by two participants from different organisations to show benefits and downsides to working closely with others. For the first participant, involvement in the martial arts brought together people with a common interest who were still able to work independently. This example is worthwhile for organisations to consider, as lying beyond team sporting competitions and the like. The second participant’s concerns were about safety and the unpredictable behaviour of others which had led to a reduced involvement.

The individual’s right and ability to decide on a comfortable level of involvement with others was a component of this theme. The first martial arts participant mentioned earlier needed to keep control and decision-making in any exercise with which he was involved: *I am quite greedy. It has to be on my own terms*. For another participant, the encouragement of a friend had reminded her *about how good I used to feel about myself* and how enjoyable exercise was, and the result was new friends as well as increased exercise. For others, it was simply *encouraging to see your colleagues when you go to the gym*. The value of being in a different environment for a while and creating interest and energy *by interactions with others* was mentioned by another participant, and this can be useful for other reasons, including safety and efficient use of resources.

Employees and organisations must look beyond simple or accepted meanings of a team. On many levels, these examples have shown the benefits that can occur through working with others collaboratively rather than competitively. While there will always be those who prefer to exercise and work independently, wider consideration of team exercise can help employees to be included and to share their experience with others.

The next theme, ‘Creating the Space’, involves participants’ strategies to make use of exercise activities, individually and as part of a team.
5.6.3.3. Creating the Space

When discussing the research topic, many examples were given involving different priorities and expectations about exercise:

You know, I am forever saying: ‘there is always work to be done on my desk but it is about pulling myself away for half an hour and jumping on a bike. The work is still there when you get back’.

Yeah, so work and family... well, family is more important, but you still spend the same amount of time with both things so it is important with your own personal self as well as for work, to be involved in exercise.

Sometimes work and home were similar, and both situations detrimental to health:

You come to work and sit down, and you go home and sit down and some people do that every single day.

One participant explained how younger employees in her organisation seemed to struggle with tiredness week after week, seemingly influenced by the organisation. She saw the potential for exercise and other support to help change the situation:

I think the ethos within an organisation of physical activity being not a luxury but an essential part of the organisation functioning well, that that kind of change in perception would be the most important thing because I see people eating lunch at their desk, and I see people sitting at their desk all day, and I see really young people like girls that I work with in my office, (_: ) year old girls just going home on a Friday and saying: ‘I just want to go to bed. I want to sleep’. I am (_: ) years older than them and I don’t want to do that.

She believed that her own busy activities in and outside of the organisation would reduce the chance of various health concerns:

I have had friends or relatives who have had mental health issues and that has prevented them from living life fully as well. That is, kind, of, just a little reminder in the head for me to think about rather than something for me personally, I mean I am too busy, I am really busy, I have the kids and work and stuff so I am not particularly prone to any of those things, I don’t think.

For this participant, creating the space for exercise was not negotiable, and a death several years ago was an ongoing reminder of its importance:
I think my family history also, there is heart disease on my mum’s side, my cholesterol was high a couple of years ago, and my mum died at (_), my grandfather died at (_), and my mum was a very large woman, she was really big, and I think that completely impeded her the last ten years of her life. Even though she was quite mobile, she was a (_) and she worked physically hard but she didn’t take care of her diet, she didn’t take care of herself, and I know that I have exactly the same body type as her so (a) I don’t want to look like that because I would feel bad about myself and (b) I don’t want to operate, you know, I don’t want to live that way, I don’t want to be unable to move. I want to be able to run around with my kids and kick a footy and all that sort of stuff too … But you know, I know, I can see her, I am exactly like her. The good part of it is that I know that if I let myself go and didn’t stay on to all those issues, that is my destiny.

Others shared the ‘juggling act’ of trying to find time and space to exercise:

I suppose with my experience e.g., age, there is a certain amount of motivation and time allocation requirement, so you have got to exercise. You go: ‘yeah, yeah, I know all the good things, but where am I going to get time?’.

Just because you exercise for an hour a day, people are still going to email you and ring you and you’ve got to deal with it when you get back.

But the question, I suppose, and it’s probably an unfair question we have to ask ourselves, I suppose, is: why aren’t you as important? Isn’t your health as important as your son’s happiness? My children’s wellbeing as they grow up. At the time, you’re in the midst of it and at the time we can’t step back because you just, things are happening around you.

Sometimes, it was a case of small or regular action contributing to larger changes:

My experience of exercise is trying to find a way to incorporate doing some sort of physical activity into my everyday ‘doings’. Whether it be riding a bike to work or riding a bike instead of driving the car, it is probably a smaller aspect that you can easily incorporate into your work day.

Exercise is just a way of physically trying to keep your body in the right condition, I guess. Much as you would mentally, physically exercise is very beneficial so it is probably worthwhile doing it to some degree; trying to work that into your life in some form or another.

For an organisational contact, exercise was the starting point for other activities:

So I have always struggled with … I need a lot of order in my life. I like routine, I like order, not kind of OCD, but exercise gives me a way that I can structure
things around it. So it is quite integral to my kind of makeup and general existence anyway.

For some participants, family changes such as teenager becoming more independent or a new birth prompted a reassessment of exercise options. In the latter situation, exercise supported by the organisation was likely to be increased:

*My next change was to move on to (_,) and find something that I would equally if not more enjoy and have some time where I would be able to have that flexibility and would be able to put something back into myself.

I will probably have the time now to do some exercise out of work hours, but I know as my time gets more and more scarce, I will probably have to use some of the things that (_) offers.

With some activities, though, it was difficult to make maximum use of the time:

*I don’t really do that much training in the gym unless I have got a personal trainer because when I go out there, like people chat to me so it is just so much easier to lock in a session with a trainer and then people can see that I am with someone and they don’t interrupt ... And that gives you the focus.*

From the organisational angle, there were examples of help given to employees to manage their time and priorities (a manager and an organisational contact respectively):

*I think there are people there no different to myself. A lot of people, you know, you do things for your staff. You are here to manage staff, you are here to get the best out of them, here to make life easy for them. The idea is, you come to work. I don’t believe in just being a machine. You are dealing with human beings. So I think they are offered with all good intent. They try and offer it as a bit of an ‘attract and retain’ package.

We have got everything from surfers in the organisation through to, you know, people who are passionate about other outdoor pursuits, scuba diving, things like that. So they want to be – they’re passions for them. So in terms of managing their work or their time, you know, within reason, we look at them ... supporting them, that is obviously on a case-by-case basis. So: ‘can I start a bit earlier to finish a bit earlier?’ or start a bit later to finish a bit later.*

In the second organisation, though, one participant was either unaware of, or unable to use, such options:
If they maybe gave you, as an opt-in thing if you wanted it, a nine hour day with an hour lunch break.

From a different organisation, earlier examples of employees staying at their desks are relevant here, as is the statement from a survey participant:

Exercise would be much easier to incorporate into my lifestyle if I could exercise during work hours therefore not taking time away from my family commitments.

One participant described how an earlier finish time was regularly given by supervisors. While seemingly positive, a required work break was removed, during which the employee could still be called back to duty anyway:

The (___) work it so that the person in the morning leaves a little bit earlier so it almost feels like they are getting their half hour break at the end of their shift; because we have to be on site. If we want to take a half hour break and something happens on the (___), we still have to lead.

For this participant, it was difficult to make use of exercise activities:

I do find it a bit hard some days to get motivated, because I do work shift work and here at (___) in the morning by the time (___) comes around you just want to leave instead of sticking around for an hour and going after work. If you work in the afternoon, do you really want to come in that hour and a half early, if you are going to be here until (___) at night?

For ongoing employees in the same organisation, there was greater flexibility, as suggested by the organisational contact:

I think staff recognise that they can take the time off during the day if they use flexitime or as part of their lunch break is accumulated. The majority of my staff work through their lunch breaks so I have absolutely no problem with them condensing an hour or an hour and a half by the time they have a shower to get a workout in.

Another participant recalled a previous organisation and the imbalance felt between personal and organisational needs:

I meant when I am working there, I felt like they are watching how often ... there’s no flexibility there. So flexibility of time, you get so much of a break, make sure you’re not late. They want you to do as many night shifts as possible, they are trying to get as much as they can from you, as an employee rather than giving back to you and you just feel like you are giving all the time.
When asked about exercise and health, two of the organisational contacts acknowledged that what occurs in organisations can no longer be separate to home (and vice-versa):

We don’t want them going home with a crippled back and they can’t play with their kids because of the chair or the design of their work. So we offer it (a) from a litigious standpoint, we offer it from a … we have got a psychological contract with our employees as well. So we want to make sure that they are healthy and happy and engaged. So there is an employee engagement aspect to it.

I think in terms of exercise for … to have healthy, happy employees but also for fit employees it is important as well for workers compensation because obesity is huge now and a lot of employees and employers don’t know what to do.

Another participant recognised the multiple influences in play for many employees:

I think you’ve got to be asking: ‘what do you do for the people who wouldn’t choose to be physically active for its own right?’, of which I think there’s a lot of people like that. And you’ve got people who generally just don’t have that drive to be physically active and I think you’ve got other people who would like in theory to be physically active but on their list of priorities alongside work, family and other commitments, physical activity sits pretty low, and it certainly sits below that threshold of: ‘are you going to do anything about it?’.

This theme involved much more than just the allocation of time to exercise. Making space for exercise in an often busy lifestyle was considered difficult but attainable by many participants when flexibility, individually and from the organisation, was available. This clearly was easier for some participants than others.

For one participant, exercise was the starting point, everything is focussed around that, and was given priority in planning. When situations changed, exercise was not negotiable. Exercise helped him to keep situations positive and it was the main way to resolve and move on from negative situations. He acknowledged that while the arrangement was working well, when he was unable to exercise for any reason the effects were significant. This example and some implications are discussed further in the ‘Holistic Health’ subtheme.
For one organisational contact, exercise was most effective when it involved order, structure and objectives rather than just an amount of free time. For others, it was the free time available when exercising that was most appealing, *a bit of time on my own* and *my zen time* and *personal space*.

In some cases, the ability and ‘space’ to exercise was limited by interruptions from others because the venue was onsite, *so of a fifty minute workout you might go for twenty minutes*. A participant from a different organisation described how she rarely used the onsite gym because of interruptions, again from well-meaning colleagues and customers. She made use of a personal trainer instead so that *people can see that I am with someone and don’t interrupt*, and for personal focus. These situations must be difficult: firstly, showing unavailability in a positive way and secondly, not diminishing others’ enthusiasm for exercise. Additionally, exercise space involves more than the activity itself. For one participant, it was not feasible to *eat, get changed, exercise sufficiently, have a shower, get dressed and get back into your office* in a designated break. Another participant felt a *debt of time* to his organisation, despite consistent work efforts. These must be significant impacts.

It was of concern that some participants had greater flexibility to exercise because of manager support. One participant described how his manager had allowed him to use an informal, flexible time scheme but this was not available to colleagues in other areas. This was a positive step on the part of the manager but it raised issues about fairness, consistency and duty-of-care.

Examples were given where a regular exercise routine was developed. In each case flexibility was needed. For one participant, this involved trying to work that into your *life in some form or another*, expressed by another participant as including exercise into my everyday ‘doings’. While it was certainly challenging to do this at times, having flexibility and drive probably contributed to it lasting over time. Another participant noted the extra flexibility and exercise options as her teenager reached adulthood. Exercise has been a constant activity even when friends were not participating, helped by her awareness that sometimes it was not possible to do all, or the types of, exercise originally planned. Another participant described how she had established a routine of
activity in the mornings which was necessary because the job role did not allow for much movement across the day; *I have kind of worked it out*. All these examples again showed self-awareness to be necessary for exercise to be effective and regularly used.

The delayed effects of exercise mentioned in a previous theme provided an interesting perspective here. As acknowledged by several participants, while exercise often seemed difficult beforehand or at the time, *after a two hour recovery, when I finally surface again*, moving past the *little lag phase* actually helped to create energy and interest in other activities across the day. These benefits were useful in the workplace, with one participant who exercised at lunchtime now avoiding *that mid-afternoon mental drop off where you are spinning your wheels*, a benefit to the organisation as well as individually. One organisational contact described this generally, *the more you do, the more energy you have to do stuff*, while another participant referred to the workplace and the consequences when unable to exercise, *I find it is harder to go and do my work because I am tireder*. These examples would probably be motivational to other employees as well. One employee recommended promoting these benefits and exercise generally during employee induction and when the organisation was advertised and open to the community.

Limitations of physical space for exercise were mentioned. This was positive in some ways because employees and others were making use of facilities, but it could limit employees’ willingness to exercise if facilities were unavailable or overused. One participant suggested that the organisation had *outgrown the venue that we have*, while a participant from another organisation suggested that there would be difficulties if more employees used the facility at the same time. These risks occur across many exercise facilities but must be considered in the evaluation activities mentioned earlier.

Organisationally, creating space involves the difficult, potentially controversial, aspect of allowing credit in the workload of those employees who support the exercise of others. This cannot be easily quantified, especially when particular incentives are introduced, but considerable effort and time was evidenced. This is discussed further in the research recommendations at the end of this chapter.
The need for a creative and constructive approach to exercise was a similarity across all three themes. Considering the physical and emotional challenges to exercise experienced by participants, and the demands of work, home and other activities for so many people, it was pleasing to see that many participants either have achieved or are working towards a long-term plan which suits their needs.

5.6.4. Superordinate Theme Four: Potential / Truth

The final theme incorporates two sub-themes: ‘Authenticity and Alignment’ and ‘Holistic Health’.

5.6.4.1. Authenticity and Alignment

As shown earlier, personal interactions during, or connected with, exercise in some way were often valued and motivational. In this theme, the quality and importance of these interactions was emphasised through credibility for employees and organisations, and role modelling. Participants regularly mentioned how exercise had enabled them to achieve an honest level of interaction with others, often because of difficulties being experienced together.

In the organisation which started the gymnasium incentive for employees, new and important relationships developed:

*This brought people together and you know, when you are in a cycle class and you are hurting and you are hurting with all these other people you get this bond.*

*And these friendships grew. So I have the most amazing set of friends around this (_ ) that I will never have in another (_) because this is a small (_) and it then had that opportunity to bring all these people together that I would never have had exposure to. But because it is small you then form those bonds and friendships.*

*I think it has got the benefit for the students as well. I did have (_) last year as a personal trainer and it was great. It was really, really good.*
A participant from a different organisation shared how, from a period of unemployment, she had achieved a match between her needs and those of the organisation. Now, she provided an example for others:

A lot of people – certain people are more comfortable with me ... because I am not intimidating. I am a grandmother with shape and size and in fact, it is not just older people, though not all old people want old people either. Sometimes it is young people with bad body image. That kind of thing, who like my style, because I am involved.

The need for alignment between exercise and organisational image and direction was regularly mentioned:

We want people to experience what the customer experiences as well. So especially with personal training, the majority of our staff actually pay to do personal training with some of their colleagues.

Becoming more human and the social interaction, seeing how the public see us. So looking at us from the other side of the door.

Well, working in an industry that we work in here, especially within the (_), the incentive to exercise is that you need to live the life that we are trying to sell to the clients. So, particularly if you are an unfit, overweight individual and you are a ( _).

Because we work in ( _), we want to be seen as being active and healthy, personifying what our organisation wants the public to perceive us to be. So if we are all fat and overweight and unhealthy and it takes us forever to do anything, what can the public expect from the rest of our service?

They’ve got to practice what they preach. Really.

I think it would be really odd if a business like this didn’t offer incentives. I think it would be counter-intuitive not to.

The fourth participant above described how she had established credibility in her role by interacting with customers and colleagues when exercising out of work time. As with earlier examples, this was a leveller of age, experience, roles and expectations:

I do enjoy being at facilities where you do get the opportunity to use the facilities; because you do get to meet the public outside of your normal, typical role. So they do get to see that you are a human. So sometimes when you are telling them
that they need to go home or they need to settle down, that’s because it is your job, not because of who you are.

Personal integrity was a focus for another participant. While he had access to a wide range of exercise facilities beyond advertised days and times for all employees, he decided not to use these even though his free time was becoming more limited:

So if I don’t go in those times, I am not following protocol and I just don’t want to do that example I suppose.

There were different opinions as to whether those working in exercise related roles modelled suitable behaviour:

A lot of people in our industry aren’t really fit and healthy and you know, bit overweight, and I think, well, I would find it hard to take advice from someone who doesn’t practice what they preach.

The people that get into the fitness game anyway tend to like exercise, so you’re not going to need to push them to exercise, it is just part and parcel of it really.

Say just for example, we have got a (_) and he runs, and he runs outside and that is all he does. And he actually says: ‘oh, gyms, I wouldn’t set foot in a gym’, you know, ‘I’d never go there or do anything like that’. But he is responsible for selling memberships.

I guess for a (_) facility, we don’t have any staff teams for any of the sports we offer. Whether it be the basketball or the netball or the indoor soccer, we don’t have any staff teams to play.

A further aspect of personal integrity involved the sharing of personal experience with others. This was mentioned widely:

I guess for me, it is personal too. A few years ago I had the realisation that I was way overweight and suffering for it, so then I had my mid-life crisis and got fit, but the other thing that motivates me with my own activity is a desire to reach out and help others, so sharing what I have got now.

I’ve been overweight and unfit, and now I would class myself as relatively fit. So I think that always helps when you talk to people about the need to exercise. You can sort of explain the benefits from a personal viewpoint.
To inspire others, people can think: ‘wow’. I mean, I only, I also teach group fitness and I only went back in to it after having my kids, thinking: ‘well, if I can inspire other mums to get back into shape, I want to do that’ … So, whereas a lot of women say: ‘oh well, I have had two kids so I am overweight and I am going to be unfit because I have no time’ and, it is like, well no, that is an excuse, it doesn’t have to be. Look at me; you know, you can do it.

She is just a … such a great advocate and a great example of someone who values exercise.

Beyond these positive aspects were examples of mismatch and confusion about exercise in one participant’s current employer and a second participant’s previous workplace:

You know, if we were to do it, it has to be important, to be made to be really important. You know, it is not just sort of ... that you are talking about it being important and ticking the boxes and going: ‘we want our employees to exercise and stay fit and whatever’, but then when it comes to actually doing it, ‘oh look, you can’t do it now because we need you here’.

So I think that there is a real problem within the (_) environment. Because we are supposed to be a health-conscious environment and promote health to our (_), yet the staff are not really looked after.

For the participant mentioned earlier, who discussed fellow employees working across lunch breaks, authenticity was multifaceted, involving different expectations across the organisation:

Well I think leading by example is pretty good. So, I don’t know how you go about that, other than maybe educating management about the importance of it. You know, for all I know it could be that they are feeling the same, that they have a manager too and they are feeling that that is what they should be doing and therefore if their staff are doing it, then it is kind of like a domino effect ... but I would like it if they, like I said before, encouraged us to use the facility and make it as easy as possible for us to do that by, I suppose, just encouraging flexibility and not perceiving it as a negative thing if you do go across to use the exercise facility.

In the gymnasium example mentioned at the beginning of this theme, authenticity was emphasised on several levels: organisation and employees, students and employees, and as examples for students in their future organisations:
It is a tangible example of us leading by example. We are practicing what we are preaching to our students. If they see us doing it and they see these programs here, they take it out to wherever they end up in the workforce.

For an organisational contact from a different organisation, maintaining a business focus while still being involved with exercise was a challenge at times. While exercise involvement could be seen as appropriate and time well-spent personally, in considering the activities of the organisation, it could be seen as a distraction:

*Probably a big one is recognising that it is ok to go for a run in your lunch break or it is ok to go for a swim or whatever. The organisation, I think, recognises that. It is probably more so from the stakeholders. If you see someone, you know, who you are dealing with on a business level and they see you going for a run at lunch or going for a swim, it is almost that thinking that you are in the (__) industry, that’s what you do all day. You just go for a run, go to the gyms, go for a swim.*

It was suggested by another participant that organisations should communicate the amount and types of exercise with which employees were involved. This was seen as a way to establish credibility and employee interest:

*The full support; it is not just like lip service. You are not just saying to your employees…. If you were to trial it and say in, my business unit, it would be monitored, you know, it would be … broadcast so that the team members could say: ‘so this week, (_) enjoyed these sessions’ and maybe a points system.*

For another participant, regardless of any match or mismatch, ultimately responsibility was personal:

*Maybe just at staff meetings or something like that, just talking about it, bring the subject to light, you know, when there is a staff meeting, in an informal environment. And then I think that would put people more at ease to do it. But I think it is not their priority. Their priority is the work, you know, and this kind of … it is not seen as such a priority, and I think you have to make that priority yourself. That’s what I do. I make exercise my priority, and it is all about managing your own life, isn’t it?*

In Chapter Two, perspectives on Human Resource Management were presented. A common thread was the value placed on employees and the ongoing need to match what was important to employees and organisations for maximum benefits and
relevance (Nankervis et al. 2005; Stone 2008). As shown in the above findings, this was a theme when exercise incentives were discussed.

Several employees had quite different experiences with the role-modelling of colleagues who worked in exercise facilities. One employee was of the opinion that people who worked in health and fitness were already interested and motivated, so you’re not going to need to push them to exercise. These people were seen as physically fit and as good examples of exercise for others. A participant from a different organisation shared information about a personal struggle to reconcile the messages about exercise and health she held as important with her experience of how some colleagues lived their lives, there’s a lot of people that don’t practice it and they are in the industry. While any mismatch might not be so important to those people who are already exercising, as shown in the literature the motivation of those who are unsure about exercise can vary considerably (Bravata et al. 2007). It was pleasing to see that another participant acknowledged the positive example a colleague offered to others, referring to her as such a great advocate and an example of someone who values exercise.

In another example, one participant recalled how a colleague responsible for membership promotion regularly spoke of the organisation’s facilities in a negative way. He was unwilling to use these facilities despite them contributing to his income. For the participant, this was negative and inappropriate, possibly affecting other employees and customers, and potentially the job satisfaction of the individual as well. In an opposite situation, another participant described how he had access to an exercise facility outside of the designated opening hours, but did not make use of this because I am not following protocol and I am just not following that example. There could be many such situations of fairness and goodwill which go unnoticed in organisations.

Earlier, the example was given of the organisation that established a health and exercise facility which is now widely used. Employees and students participate in a reversal of roles, where an older and more experienced employee is given information, support and guidance. This allows for the personal development of both parties. As one participant stated, the student has got the point of knowledge compared to the staff member.
These facilities are widely used by community members, some with short-term or chronic health concerns, or disabilities; ongoing and often life-changing support has been provided to these people, including some employees. There is alignment between intent, activities and outcomes on many levels, as *it bought people together*. Some outcomes cannot yet be observed but are still critical, such as students’ and future employees’ awareness of exercise in organisations. In terms of careers, professional knowledge and the importance of health, as suggested by one participant, the experience *opens their eyes to what it is all about*. It is one example of the collaborative “living laboratories” (Doyle *et al.* 2009, p.329) linked to exercise and incentives. However, concern about promotion and availability was an issue, as mentioned.

In another organisation, personal training was offered at concessional rates for employees. This was seen as unique and beneficial, with a take-up not observed in other organisations as *pretty much all of our personal trainers do personal training and pay for personal training*. The benefits were seen as two-fold; the exercise itself and the opportunity to learn from others. Both examples show how incentives can contribute to training and development, team building and corporate knowledge generally. The examples contribute in some way to employees’ expectations for exercise support; they are creative approaches to support employee exercise as discussed by Haines *et al.* (2007).

It was pleasing that participants acknowledged how they represent their organisation and the consequences if there were a mismatch in an exercise-related work area; for example, *if we are all fat and unhealthy and it takes forever to do anything*. This participant believed that exercise allowed customers to see her as *human* (or, from an organisational contact: *seeing you in a different light*). Because she shared the exercise facilities with customers, it provided a point of commonality and conversation; this was seen as a way for her to be a more effective employee. Such examples confirm existing findings that incentives can enhance job satisfaction and the image of the organisation (Lee *et al.* 2010) and the values of the organisation overall (Milne 2007).
An organisational contact from a different organisation suggested it was just good business practice for the community to see employees engaged and interested in exercise, particularly when the organisation was involved with health. As mentioned earlier, though, the tension between working on a business level and a perception that that’s what you do all day was a risk for the organisational contact. This was not mentioned by participants in the same organisation but it is an important perspective. While there are many outcomes from exercise, it is essential that the profile of the organisation is not compromised, albeit unintentionally.

One participant described a domino effect whereby a manager’s disinterest or lack of awareness about exercise affected other employees under supervision. As suggested by another participant, while things were improving, there still needed to be a closer match between intent, activities and availability: I think there is a still a long way to go before it gets above that threshold of making a genuine difference. As shown widely in the literature, considering the many influences on organisations, and financial aspects particularly in recent years (e.g., Milne 2007; Blankenburg & Palma 2009), it is unfortunate but unsurprising that the challenge continues.

Across the participating organisations, different levels of flexibility to promote exercise and to provide different activities were shown. In the earlier example of activities that were proactively employee driven, the organisational contact discussed how sponsorships and other practical support were given to promote the organisation to the community. It was likely that such activities took place in the employees’ own time, and risks to public perception, as mentioned by the previous organisational contact, would be lessened.

The discussion of “public value” (O’Flynn 2007, p.353) mentioned in Chapter Two is relevant here. For those organisations which made use of public money, a cautious approach was evident, as expected. Authenticity and alignment was shown to involve several levels:

- Employees and the organisation (mentioned predominantly)
- External stakeholders and the organisation (as just mentioned)
Management roles in the organisation (discussed next).

One manager described what he saw as the best approach to support his employees, including with exercise. He suggested that, at times, his tactics were *probably not the black and white way to go*, but were well-intentioned nonetheless. He saw longer-term benefits by his actions to O'Flynn’s “public value” (2007, p.353) including savings, efficiency, reduced employee turnover and increased health. Arguably, this is how initiative and change can occur in organisations, but he acknowledged that others could think differently. Recommendations given later in this chapter are relevant in this regard.

Many examples by participants show the potential and need for a strategic approach to exercise incentives as part of Strategic Human Resource Management overall. As suggested by Lengnick-Hall *et al.* (2009), this includes the management of risk and the measurement of achievements; these are broad categories, but two participants’ examples are useful here.

Firstly, it was suggested that the take-up rates of exercise incentives (including week-by-week statistics) should be published within an organisation for reinforcement and employee motivation. This would need to be managed carefully for privacy reasons but, as shown in many participants’ examples, word-of-mouth, the encouragement of colleagues and the motivation to reach specific achievements are strong influences indeed.

Secondly, an example was given by another participant where an executive was unable to attend for an employee health assessment available to all employees but made arrangements to do so at a different time. A health concern was uncovered and addressed through exercise, and the situation is now resolved. If suitably communicated, such examples could be a powerful motivator for others.

A strategic approach to exercise incentives must look beyond particular activities or situations. Wider implications, positive or negative, will not always be evident, and it is vital that information which could improve incentives is not kept by a single
individual. One participant, for example, referred to data she had about an exercise activity, but which she did not have time to examine. This suggests missed opportunities for improvement and acknowledgment of achievements.

If exercise incentives are to be authentic, they must be relevant for employees from different cultural backgrounds, experiences or with disabilities. Though this topic was not explored in detail, two previous examples are timely: the participant who felt uncomfortable exercising amongst employees and community members with higher levels of fitness and another participant from the same organisation who used age and appearance to her advantage to support others’ exercise, *I am very strong but I don’t look like a gym junkie*. Additionally, as mentioned in a previous theme, just attending an exercise facility was an achievement in itself for some people.

In Chapter Two, the importance of recognising “winners” through exercise was mentioned (Edington 2006, p.427). This must include exercise involvement, not just competition or particular achievements. As suggested by another participant, a co-ordinated approach such as a *health and wellbeing agenda, not a fitness agenda* is necessary. This is the focus of the final theme.

### 5.6.4.2. Holistic Health

_The healthy person is one who both eats well, exercises well suitable and appropriate for their age; but also has got some mental alertness, some peace of mind, some capacity to be relaxed about and accepting of what they do in their work and their relationships._

_I wonder if, coming out of that, health can be defined as a desire to be healthy?_

In this final theme, different views about health provided a broad picture of a topic shown to be a vital motivator to exercise and a key outcome from it.

For one participant, health was observable and changeable one way or the other:

*My office shirts were too tight. And, you know, like I sort of started playing outdoor cricket and I was having injuries in my shoulder and my knees because*
my muscles had got so weak. I was barely using them. And it was just – it would be the middle of winter and I would be walking down the street and I would be sweating. And it was like: ‘this is not good’. Cricket season so far, I have had no problems with shoulders, no problems with knees. That’s healthy.

For another participant, others’ reactions led to a change in health:

I lost twenty kilos. Decided that I got fed up with people treating me like a little old lady with blood pressure because that’s what I was.

Both participants reached a point where they realised that action was needed because they were unable to do what they wanted. Exercise was influential in changing the situation, but they acknowledged that their current level of health was not just about exercise.

In a different way, for an organisational contact a previous work role which involved considerable exercise led to physical symptoms, accidents and wider repercussions. While the role was healthy in some aspects, the risks were significant:

Really good fun, very fast-paced, but you can’t sustain it for too long. So knackered both my knees, got knocked off three times in twelve weeks so decided ... round about that time I decided applying to get back to (_).

Injury and a medical recommendation not to participate in team sports led to stagnation and frustration for another participant:

I stopped doing everything for about three years. Didn’t do any form of ... did incidental exercise like walking for work but didn’t do anything else for three years, and it kind of took a toll on me both physically and mentally. So I enjoyed, you know, the social aspects of sports but couldn’t do it.

For many participants, the contribution of exercise to mental health was a focus:

I am much more relaxed, much more productive, all the textbook things that people hope happen with exercise are kind of like ... exponentially visible in myself. I kind of magnify the effects that people would like to see from exercise in terms of mental health and happiness and mood states.

I certainly think that we are evolved to be running around on the plains as hunter-gatherers, so, you know, we are not evolved to be sitting around all day. And I think it messes with the body chemistry and the brain to be cooped up inside all day.
I would just like to say, with the experience of exercise it is not just about the physical wellbeing, it is all about the mental health as well. I do know a couple of clients who have struggled with depression, and it is fantastic to see the positive aspects. Their incentive to exercise is that it decreases their need for medication and it increases their mood. Improves their mood and makes them feel so much better about themselves, even though it is not related to any weight loss or muscle gain or anything like that. It is purely just mental.

Exercise offered achievement and reinforcement of outcomes:

_Mentally exercise provides me with confidence and the satisfaction that comes from meeting set objectives and improving on personal best challenges._

_For me personally, my incentive to exercise is weight control, maintain the current level of fitness and also clear my head and give me more focus, make me feel energised and relaxed as well._

The last example presents an interesting difference: exercise outcomes of energy and of relaxation. Being able to draw upon these seemingly disparate aspects was seen as useful, especially considering the variety of work duties for many of the participants.

Each participating organisation has roles which involve mainly mental tasks and other roles where employees are physically active throughout the day. Participants recognised this difference, and the need for balance, to support health:

_We stand and deliver and we mark, so we really manage the brain, but I reckon you operate more effectively with balance in your life and if you have done some exercise._

_To me the notion of health is primarily psychological so that is where I am coming from. I don’t have a physical occupation so to me, feeling healthy, you need to feel emotionally or mentally healthy to be motivated to do these things to be physically healthy. It is a bit of a circle, though. To be physically healthy you need to be mentally motivated so they go hand in hand._

_I think ... being healthy is having an active and engaging mind, so I think there is the intellectual side of being healthy, so that is to do with stimulation and ideas, and stressing your physical side to also stress your mental side._

_But I think with people who are fit, there isn’t really a sharp dividing line between the physical and the mental; because as your body works better, your brain works better._
In these examples, subsets of physical and mental health were given. For an organisational contact, health was individual and dynamic:

You, myself, (_), our ancestors going from tens of thousands of years ago - your ancestors would have been in a completely different place on earth than mine, and (_) and (>). We are all completely individual people. So you can’t prescribe nutritional information and you can’t prompt people and go: ‘here’s a diet program, you should all follow this’ or: ‘here’s an exercise program, you should all follow this’. You know, this is what exercise means to you all, this is what it means to be fit, you should all be able to lift twenty kilos above the head, everybody should be able to walk with their hands above their head for two kilometres. It is completely individual.

Another participant shared how exercise can provide space for other dimensions of health:

It can, not necessarily, I am not really talking of my own experience but I know that people often use time for exercise as a prayer time and things like that as well. I very rarely think about it, I am too busy trying to concentrate on what I am doing.

A holistic view of health must also consider risk. Beyond physical injuries mentioned earlier were other concerns, not easily recognisable:

Oh, when people take it to extremes, you know, and being, I’ve worked in gyms for (_) years and some people take it too far and I certainly see lead athletes. They’re crippled once they retire ... There are also those that - like the anorexics - those with mental health issues that take exercise too far and then that becomes a problem. Exercise is the one thing in their life that they control and they just take that to the excess.

You can be over the top with exercise or it could become ... I see people in the gym and they are there every day. Not that I go everyday but when I have gone, every time I have gone, the same people are there each time.

The responsibility of the organisation in identifying and managing risks to exercise and to health, moving beyond short-term outcomes, was emphasised:

I think from an organisational perspective, or if you are in charge of guiding someone’s physical activity I think you have a very strong responsibility to make sure that the physical activity is appropriate for that individual, both of their current physical status and whatever outcome it is that you are trying to achieve, whether it is better health, better performance at work or better performance in whatever other domain you might be interested in.
We have – we have a social club which is not management, but if the social club maybe did some sporty things rather than just the river cruise where everyone got blotto, at least some of them got blotto, and breakfasts and things, maybe.

Taking the example of modern day living – somebody who is stressed out and whose blood pressure goes up and for example, through exercise. Let’s take that same person and give them anti stress or blood pressure pills. Blood pressure goes down, they are suddenly calm, they are rational, they are reasonable. Are they actually healthier?

An example of a community-based incentive offered by one organisational contact is relevant here:

We gave away thousands of dollars to certain individuals to lose some weight and it was a great success and the (_) applicants lost a hell of a lot of weight. And one of the ladies, within ten weeks, had just put it all back on again afterwards.

It was pleasing to see evidence of activities, past and present, in organisations linking exercise with health:

It was something like (_) and it was for women and it was an eight week course they did. It included speaking to them about forming the habit of exercise. We had an element of nutrition in there, where we had a dietician come in and speak with them as well. We, sort of, formed a bit of a group together when we exercised together, we taught them what to do, gave them individual assessments.

We do (_) sessions, not just on exercise but also healthy eating and things like that.

They have started up a wellness program that takes in things like skin cancer screenings, get … a small sort of vaccination program if you want to update your Hep. A, Hep. B. and Tetanus, that kind of thing. It is all paid for through work and they … sort of like annual medical tests and they have blood taken and they have the results for you if you want to. And that sort of stuff so it is all part of that wellness program that they have.

Beyond the employee, some organisations have found ways to include other family members in exercise, as mentioned earlier:

The thinking behind it is that we want them and their child to be safe. So giving them the opportunity to learn how to swim is going to hopefully mean that they can spend more recreation time going to the beach, going to pools, lakes etc. safely, so they can participate with their children. So that is why we do it.
For other organisations, this is a wanted option:

*And even offering things to family. I mean, a lot of people ... We do offer a gym discount 50% and a lot of people say: ‘oh, I would love to work out with my boyfriend’ or: ‘I’d love to work out with my mum’ or dad or whatever. ‘Too bad you can’t offer them the discount’.*

Examples in this theme confirmed a connection between exercise and health on physical, mental, spiritual and environmental / organisational levels. This is indeed a holistic view. Considering these levels, it is appropriate to conclude with a participant’s comment which invites further action:

*I think the bottom line is that there is not one solution, and I think if your outcome is going to be a raised level of health, across, you know, all of your employees for instance or the people you are responsible for, you need to have multiple strategies to attract the multiple different personality types that are going to fall under your organisation. But I suspect the problem is, in the same way that physical health is low on the list of priorities for individuals, I also suspect that ... physical health of employees, is still pretty low on the list of priorities for organisations.*

When the World Health Organization suggested that health involved “complete physical, mental and social well-being” (WHO 2012, p.1) in the mid-twentieth century, it may not have envisaged the debate and discussion which would ensue. The variety of responses about the topic in current research confirmed that a wide, indeed holistic view of health is appropriate and necessary. The current research showed that health was difficult to define, as suggested by Jadad and O’Grady (2008). While the topic was clearly challenging to some participants, it was pleasing to see that participants were able to state what health meant to them, and the connections to exercise.

The physical, mental and social components of the World Health Organization’s definition of health were validated through the current research, and much of the current discussion involved mental and social benefits from exercise. Furthermore, with reference to others’ experience, one participant connected spirituality to exercise and to health, and this could be seen as a further aspect of health (e.g., Eckersley 2007). For several participants, because of maturity, experiences or situations where health had been compromised, there was a view similar to that of the Australian Aborigines and
Torrres Strait Islanders, where health really was life itself (Boddington & Raisanen 2009). The first quotation in this theme is an example.

In Chapter Two, a distinction was made between health and ill-health. For employees and for organisations, the current research showed that this distinction was not necessary or constructive, confirming the views of Antonovsky (1996) and Becker et al. (2010). An holistic approach must involve more than an immediate outcome or a final end-point (Bandura 2005; MacIntosh et al. 2007). A salutogenic approach, implicit in some quotations, would also consider longer-term aspirations and efforts (Antonovsky 1987; Becker et al. 2010).

A long-term approach to health through exercise is occurring in some community settings, and organisations can consider and make use of similar tactics, as shown in earlier themes. In a recent community initiative, football players visited country locations to provide information and support to younger players about mental health through exercise; this was planned to have a ‘flow-on’ effect over time (O’Leary 2011).

In Chapter Two, presenteeism in organisations (Edington & Schultz 2008; Lee et al. 2010) was mentioned as including situations where employees had health concerns but still attended for work duties. There were only several examples of this mentioned in the current research but it was worrying to see situations where long-term, latent health concerns were attributed to the workplace, particularly one participant who left an organisation despite believing in the value of the work and enjoying the variety and atmosphere. As a shift-worker, he identified many risks to his health, including lack of exercise and disturbed sleep, confirming the ongoing concerns of organisations such as the Workers Health Centre (Workers Health Centre 2011).

It was pleasing to see how others stated that they had become healthier because of their organisation’s influence, including on exercise; while an extension of the term, presenteeism actually led to health benefits for these participants. As confirmed by all the organisational contacts, if organisations want attached and committed employees, to minimise the loss of corporate knowledge and the need to recruit, train and support new employees, a wide view of health is indeed vital.
With few exceptions, participants expected their organisation to support health through exercise, and other, activities. This endorsed recent views about the importance of the organisational setting (McEachan et al. 2008; Coulson et al. 2009; Bennie et al. 2010). However, along with this was the organisation’s duty of care; for example, one participant described how she needed regular exercise to manage stress or the consequences would become unexpected, like a champagne cork. This surely would be unhealthy and unnecessary for her and, potentially, for customers, colleagues and the organisation. Because she has been able to recognise this situation and develop a strategy to prevent it happening, the organisation must now share some responsibility. The example mentioned in an earlier theme of a participant who was unsure about the acceptability of informal ‘stretch’ breaks and was concerned about the health of younger colleagues over a week was also relevant.

One participant noted that humans are evolved to be running around on the plains as hunter-gatherers rather than in a confined, inside environment. He saw risks to body chemistry and the brain to be cooped up inside all day. Many organisations, sometimes compelled by legislation, have worked hard to minimise these effects with attention to office ergonomics, lighting, temperature control and employee awareness of occupational health and safety in general; but considerations vary based on the work area (Nankervis et al. 2005; Stone 2008). Exercise and other activity must be a consideration as well.

Another participant suggested that what made up good health would be very different based on the nature of the organisation. This comment is important within organisations, considering the many different roles with which participants were involved. Some employees had considerable flexibility to incorporate exercise into their work day because of the particular job role, supervision arrangements or location of the workplace. There were others who had much less flexibility and were unable to achieve the level of exercise and health that they would like, so there is still work to be done, as discussed in the recommendations (subsidiary research question four).

Taking another angle, there were situations for participants which were healthy in some ways, but potentially less healthy in others, particularly over time (e.g., vigorous versus
moderate and longer lasting exercise: see Brown et al. 2009). When exercise is seen as always the most important thing or emphasis is placed on being faster, more agile and sharper than previous years (two participants), organisations may be at a disadvantage if the full attention and effort of the employee is not available. Alternatively, if the employees are exercising and achieving at the expected levels, their work performance might be strong. This was not explored in detail in the current research.

Linked with the earlier theme of ‘Lead or Follow?’ it was suggested also that organisations should find ways to recognise those employees who stay healthy. One participant described an undeniable connection between sick leave usage and unfit, unhealthy employees; she saw it as short-sighted and unfair for organisations to spend time and effort only on situations where health was compromised. She suggested that organisations investigate ways to provide credit for unused sick leave in recognition of her efforts to exercise and to maintain her health. Several participants expressed similar concerns and others were more tentative. While possibly controversial, some public sector organisations have already converted sick leave entitlements to personal leave or similar (Community and Public Sector Union 2007a; Department of Human Services (DHS) 2010) and it is likely that the private sector has greater flexibility to do so. Over time, these situations might help balance proactive and reactive spending on health in Australia, as mentioned in Chapter Two, recently quoted as around two percent and ninety eight per cent respectively (AIHW 2008).

It was suggested by one participant that the role of supporting, promoting and evaluating exercise incentives was not HR. She proposed a role such as a staff wellbeing co-ordinator to manage the emotional and physical aspects of health, including exercise. Beyond the particular example, the emphasis was timely because Human Resource Management is not just an administrative function; a holistic view is vital (Nankervis et al. 2005; Stone 2008). With the particular suggestion, while it is acknowledged that some practitioners prefer to devolve functions to line managers (Kulik & Perry 2008) a centralised role may be more consistent and manageable. Considering the scope of health, it must be remembered that a medical perspective, by qualified medical professionals, while necessary in some situations, may not be desirable or most appropriate in others (as noted by Dunstan 2009). Human Resource
practitioners must build a variety of health-related contacts; further information is given at subsidiary research question four.

It was pleasing to see that the organisations were considering changes to employees’ expectations about health and exercise by providing third-party support. For example, one participant who now makes use of a gymnasium has seen the need for preventative care and rehabilitation to maximise her involvement and in case of injury. Longer term, an organisational contact described how he expected that an increase in the average age of employees over time and associated life changes such as relationships or childbirth would lead to more care and concern for things like health and other aspects of the employment relationship. The organisation was already examining options to address these changes. Suggested as vital by various researchers were creative options to support health, including technology (Consolvo et al. 2009; Berkovsky et al. 2010).

Considering the examples in this section alone, it is timely for the World Health Organization to consider its definition of health. The 1998 Executive Board recommendation to include the word ‘dynamic’ in the definition has not been enacted (MacIntosh et al. 2007), and the current research validates this suggested change.

These themes show how important it is for exercise incentives to be connected with credible decisions and actions. It was clear that many employees have worked hard, both mentally and physically, to understand what is important and motivational about exercise and they are willing, and they want, to share this experience with others. It is critical that organisations acknowledge these efforts, as discussed in the recommendations. Appendix 22, in which expansion of Maslow’s Hierarchy of Needs (motivation theory) is discussed, is relevant in this regard.

It is challenging for organisations to look more widely at the topic of health in times when business activities and demands are ongoing and there is little space for reflection. However, it is vital that this occurs.
Considering the comprehensive model of health presented in this theme alone, employees must be supported to make a personal connection between exercise and the most relevant parts of health to their situation.

This concludes the discussion of interview themes. All themes were further considered and integrated, particularly through the Exercise Incentives Model which is discussed shortly along with the research questions. The methods of combining the research data through the mixed methods technique are now discussed.

5.7. Making Use of the Mixed Methods Technique

In Chapter Three, the intent of a mixed methods technique was discussed, including “a better understanding of the problem than if either dataset had been used alone” (Creswell & Plano Clark 2007, p.7) and “breadth and depth of understanding and corroboration” (Johnson et al. 2007, p.123). As shown throughout this and the previous chapter, these were important outcomes from the current research.

Pilot testing, surveys, interviews and ongoing research validation generally provided different types of information, and some findings were combined simply by presenting them sequentially. As shown in ‘Progress of Interpretation’ (Figure 4-1) at the beginning of Chapter Four, it was inevitable and positive that comparison and contrast occurred as the research questions were addressed.

As mentioned, the major research question was examined primarily through the interviews. The survey analysis provided context for and, as discussed shortly, confirmation of the findings. When the Interim Exercise Incentives Model (Figure 4-8) was compared and contrasted with the IPA themes to develop the final Exercise Incentives Model, shortly, it was found that there was similarity between survey and interview findings, but expressed differently in parts. The process is shown in Figure 5-2, below, with further explanation in the subsidiary research questions:
In Chapter Two, Antonovsky’s theory of Salutogenesis was introduced and shown as a support to the Integrated Hypothetical Model (Figure 2-1). The theory emphasises a positive, proactive approach and recognition of what is working well in situations rather than what needs to be fixed. Antonovsky (1987) identified the following components:

**Generalized Resistance Resources (GRR):** these involve any resources, available to an individual to help him or her cope with situations of stress.

**Sense of Coherence (SOC):**

- **Comprehensibility:** being able to understand why situations occur and the connections between different situations.
- **Manageability:** an individual’s confidence that support is available to deal with situations.
- **Meaningfulness:** having reasons to be interested and engaged in what is happening.

On review, and relevant to the research questions, considered next, it was evident that there was an alignment between various interview themes and the above components:
Table 5-3: Salutogenic Components and the Current Research

<table>
<thead>
<tr>
<th>Salutogenic component</th>
<th>Some themes from the current research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensibility</td>
<td>Authenticity and Alignment</td>
</tr>
<tr>
<td>Manageability</td>
<td>Me, You and the Team</td>
</tr>
<tr>
<td></td>
<td>Creating the Space</td>
</tr>
<tr>
<td>Meaningfulness</td>
<td>Messages, Meanings and Motives</td>
</tr>
</tbody>
</table>

| Holistic Health |

This is not an exhaustive list. However, it confirms that the intent of Salutogenesis is relevant to 21st century employees and organisations. Exercise incentives are an example of a Generalized Resistance Resource because they have been shown to help employees cope with stressful situations and provide many other positive outcomes.

While the above matrix involves the application of theory, the information was used also to develop and confirm through ongoing research validation the Exercise Incentives Model and the Exercise Incentives Implementation Model discussed shortly (Figures 5-3 and 5-4 respectively). These models offer information and direction for putting Salutogenesis into practice.

Ongoing research validation, later in this chapter, offered a further way to combine the data. Organisational contacts were provided with some specific, de-identified findings from their organisation, together with the Exercise Incentives Model and the recommendations. Through discussion, these findings were assessed for relevance, timeliness and usability.

The four subsidiary research questions are now discussed, followed by validation of the ongoing research.
5.7.1. Subsidiary Research Question One

<table>
<thead>
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<th>What do employees and organisations understand by the term ‘exercise incentives’?</th>
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Earlier, the definition of exercise developed through the current research was presented. Most participants recognised that exercise was indeed a subset of physical activity, conducted with particular outcomes in mind (Caspersen et al. 1985). This was captured in the revised definition, as mentioned earlier:

Exercise is a component of physical activity. It involves movement which is planned for in some way. Exercise is undertaken in support of health or other outcomes important to the individual.

A Chapter One definition of exercise incentives was provided:

An exercise incentive incorporates the separate definitions of ‘exercise’ and ‘incentive’. While the term has already been used in various literature, for the purposes of this study it refers to those incentives provided by an organisation which support and potentially enhance the exercise of employees.

In Chapter Two, characteristics of incentives were discussed, particularly determined effort, action or achievements and personal investment in a situation (Kocabiyikoglu & Popescu 2007; Milne 2007). These qualities were evident in many responses, for example:

The contributions towards exercise from my employer have been of great benefit and provided me with the opportunity to improve my physical health and, by extension, my mental health and work performance.

As I said, being someone that likes exercise and everything like that, when I started seeing all this work-related exercise that I could do, I thought it was great. I mean, a lot of it is not within my work hours. It is still outside of work, but it opened up doors for me.

You’ve just got to manipulate the environment, the work environment to produce that incentive for the organisation as a whole and for the individuals, recognising that every individual is, you know, is very different, and that’s pretty challenging.
A long-term manager noted in an interview that the word ‘incentive’ was not used in terms of exercise in his organisation, but instead what was available was offered as \textit{a wages package}. However, ‘incentive’ was used in other business activities, such as \textit{incentives for business to operate here} and \textit{incentives to attract people}. While this may only be an issue of terminology for this participant, clarifying the term ‘exercise incentives’ was a chance to align employee exercise with other strategies and activities.

To answer this question and contribute to theory development (refer subsection 4.6.4), published definitions, the definition of exercise developed from the current research, the Interim Exercise Incentives Model (Figure 4-8), the superordinate and subordinate themes (Table 5-2) and detailed findings were compared, contrasted and integrated.

In the Interim Exercise Incentives model (Figure 4-8), five dimensions were provided:

\begin{table}[h]
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\begin{tabular}{|l|l|l|l|l|}
\hline
Exercise activities & Endorsement & Finance & Structure & Employees’ interest, ability and motivation \\
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\end{tabular}
\end{table}

Though there was considerable variety in the types of exercise available to employees, critically, most interview participants confirmed that an exercise activity alone was a limited incentive for them to exercise, particularly over the long term.

Because exercise involvement was shown so strongly in the interviews to be influenced by the quality of relationships between an employee and his or her organisation, communication was placed separately in the final model. The dimensions of endorsement and finance in the interim model were combined, as explained in Table 5-6, shortly.

Several participating organisations had developed partnerships with external providers for rehabilitation, injury prevention or employee discounts for health-related services. One organisation allowed employees to become involved with community exercise through a free introductory session and a fee for ongoing involvement. By including
employees alongside residents, workers and visitors, there can be many benefits including economies-of-scale, collaboration and promotion by word-of-mouth. These situations are captured in the Research Outcomes Model at the end of this chapter.

Responses from employees and from organisational contacts showed a shared understanding about the intent of exercise incentives; that is, a contribution to health for employees and for organisations. Both groups made reference to particular activities, a rationale for having these, and particular expectations. In these respects, the final model was shared by both parties. However, considering the uncertainty of some participants as to why incentives were offered and the many suggestions provided, the strategies and recommendations in subsidiary research question four are important.

As with the surveys, interview findings were consolidated into relevant dimensions with one change to terminology (‘structure’ to ‘infrastructure’), as follows. All dimensions are explained shortly, with examples.

Table 5-5: Model Development: Interviews

<table>
<thead>
<tr>
<th>Super. theme</th>
<th>Sub. theme</th>
<th>EA</th>
<th>COMM</th>
<th>EIAM</th>
<th>END</th>
<th>INF</th>
<th>SUPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Drive / Direction</td>
<td>Looking Back</td>
<td>✓</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Forward Steps</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Two</td>
<td>Outlooks</td>
<td>Messages, Meanings and Motives</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Valued and Included</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guilt</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td>Details / Decisions</td>
<td>Lead or Follow?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Me, You and the Team</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Super. theme</td>
<td>Sub. theme</td>
<td>EA</td>
<td>COMM</td>
<td>EIAM</td>
<td>END</td>
<td>INF</td>
<td>SUPP</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------</td>
<td>----</td>
<td>------</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>Three</td>
<td>Details / Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Creating the Space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td>Potential / Truth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Authenticity and Alignment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Holistic Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Note: EA = exercise activities, COMM = communication, EIAM = employees’ interest, ability and motivation, END = endorsement, INF = infrastructure, SUPP = supplementary services.

The final Exercise Incentives Model (Figure 5-3 below, followed by explanation) is based around particular exercise activities and then supported by the five other dimensions:

**Figure 5-3: Exercise Incentives Model**
Table 5-6: Dimensions of the Exercise Incentives Model

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
<th>Supporting literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise activities</td>
<td>Includes any type of exercise available to employees in an organisation, taking place at or outside of the organisation.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Involves formal and informal information from the organisation about exercise activities.</td>
<td>Taitel et al. 2008; Peerson &amp; Saunders 2009.</td>
</tr>
<tr>
<td>Participants’ examples</td>
<td><em>If they don’t know that the incentive is there or the benefit is there, there is no use even having it at all.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>There is no actual reporting. I am not doing any reporting to my manager that these are the employees that have taken advantage of it, and these are their visit records.</em></td>
<td></td>
</tr>
<tr>
<td>Employees’ interest, ability and motivation</td>
<td>Involves personal aspects such as knowledge and awareness of exercise activities and enthusiasm and drive to become involved. Physical ability, state of health and other personal factors are included.</td>
<td>Edington 2006; Elley et al. 2007; Milne 2007; Gilson et al. 2009; Lee et al. 2010. Refer Appendix 22.</td>
</tr>
<tr>
<td>Participants’ examples</td>
<td><em>I think smart employers with capacity would provide incentives.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Having introductory sessions to introduce the facilities and types of exercise programs and facilities available.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>It is really important in the first six weeks to get the person to form a habit.</em></td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td>Includes approval, arrangements, time allocation and/or funding from the organisation which would allow an employee to make use of an exercise activity.</td>
<td>Wen et al. 2005; Kocabiyikoglu &amp; Popescu 2007; Lee et al. 2010.</td>
</tr>
</tbody>
</table>
Participants’ examples
To understand that there is a life for our employees outside of what they do for us.

I think it would be worthwhile if the employer offers a $ amount to be spent on exercise (rather than only to a gym).

Perhaps funding event registration fees would assist with more exercise. More group based activities would also assist.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
<th>Supporting literature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure</strong>  (note: title changed from ‘structure’ after ongoing research validation, discussed shortly)</td>
<td>Includes access to or information about places where exercise is conducted, necessary equipment, supporting amenities such as a crèche, toilets, showers, change rooms and bicycle racks, and/or transport to or from exercise venues.</td>
<td>Bastians 2010; City of Fremantle 2010; City of Gosnells 2010; Government of Western Australia 2010; Town of Victoria Park 2011.</td>
</tr>
</tbody>
</table>

Participants’ examples
Shower facilities and complimentary soap are provided. Cycle racks are provided.

I think the (_) should invest in some secure bike racks which would encourage more people to ride to work.

The layout of our business is promoting you to move and be active.

Supplementary services
Involves further options related to exercise such as rehabilitation, injury management, sporting attire or community events available to employees in a beneficial way (such as a reduced rate) because of their employment.

State School Teachers Union of Western Australia n.d.; Community and Public Sector Union 2007; Cobiac et al. 2009.

Participants’ examples
... just help with some rehabilitation really, if there was ever any need for it.

We have discounts with local health and wellness professionals, so that is everything from occupational therapists, physiotherapists, personal trainers, nutritionists and so forth.
As a result of analysis from the research findings and with reflections of the Exercise Incentives Model, an Exercise Incentive is now defined as:

An activity to encourage an employee to exercise, given with suitable and ongoing communication and support after consideration of the employee’s needs, abilities and motivation.

The Exercise Incentives Model should be used in conjunction with the Exercise Incentives Implementation Model (Figure 5-4, discussed in subsidiary research question four) and the Gap Analysis Model (Figure 5-5), outlined shortly.

5.7.2. Subsidiary Research Question Two

<table>
<thead>
<tr>
<th>2</th>
<th>What exercise incentives do the organisations currently provide?</th>
</tr>
</thead>
</table>

This question was designed to assess the different types of exercise available to employees across participating organisations. As per the dimensions in the Exercise Incentives Model (Figure 5-3), exercise activities became the focus of this question. In Chapter Two, examples of existing exercise activities in organisations were provided; some of these are mentioned in the examples.

48 different exercise activities were mentioned by participants across the organisations (Table 5-7 on the next page). As mentioned in Chapter Four, 36 of these were provided by survey participants. Because some participants completed a survey and an interview (potentially providing repeated information), only survey responses were used to compile the ten highest scoring activities, sourced from Table 4-4, as shown:

<table>
<thead>
<tr>
<th>Gym</th>
<th>Walking</th>
<th>Group fitness</th>
<th>Personal training</th>
<th>Cycling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weights</td>
<td>Swimming</td>
<td>Running</td>
<td>Cycling to work</td>
<td>Staff classes</td>
</tr>
</tbody>
</table>

Descriptions of these categories were given earlier. The full range of exercise activities was as follows:
## Table 5-7: All Exercise Activities

<table>
<thead>
<tr>
<th>Aerobic*</th>
<th>Anaerobic*</th>
<th>Body combat</th>
<th>Boxing</th>
<th>Breaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bush walking</td>
<td>Cardio.</td>
<td>Circuit</td>
<td>Cleaning</td>
<td>Community-based exercise*</td>
</tr>
<tr>
<td>Competitions*</td>
<td>Cricket</td>
<td>Cycling</td>
<td>Cycling to work</td>
<td>Dance</td>
</tr>
<tr>
<td>Family exercise</td>
<td>Freestyle class</td>
<td>Free workshops</td>
<td>Games</td>
<td>Golf</td>
</tr>
<tr>
<td>Group fitness</td>
<td>Gym</td>
<td>High intensity training</td>
<td>Impromptu exercise*</td>
<td>Martial arts</td>
</tr>
<tr>
<td>Overseas team challenge*</td>
<td>Personal training</td>
<td>Pilates</td>
<td>Pool work</td>
<td>Resistance training</td>
</tr>
<tr>
<td>Rowing</td>
<td>Rugby</td>
<td>Running</td>
<td>Salsa</td>
<td>Staff classes*</td>
</tr>
<tr>
<td>Staff competitions*</td>
<td>Step</td>
<td>Strength</td>
<td>Stretching</td>
<td>Surfing</td>
</tr>
<tr>
<td>Swimming</td>
<td>Team competitions*</td>
<td>Travel allowance*</td>
<td>Various types*</td>
<td>Walking</td>
</tr>
<tr>
<td>Weights</td>
<td>Wii Fit</td>
<td>Yoga</td>
<td>(*: Background in Appendix 18)</td>
<td></td>
</tr>
</tbody>
</table>

As shown in the extant literature (Chapter Two), organisations already are involved with many exercise activities and this has been confirmed through the current research. However, from some participants’ comments, the level of awareness of these activities varies. It is insufficient for organisations just to provide activities without the various supporting functions such as the dimensions of exercise incentives in the previous question.

Furthermore, while mention was made in Chapter Two of increasing levels of technology associated with exercise (Consolvo et al. 2009; Berkovsky et al. 2010), this was evidenced only in a limited way in the current research. While employees in one organisation could access computer-aided exercise and games (Nintendo Wii Fit), technology was used mostly by the organisations for communication about exercise (particularly email and the intranet) rather than for the actual activities.
Several organisations made use of partnerships related to exercise to provide additional options for employees. The ‘community-based exercise’ category above is one example, as are various supplementary services (a dimension of the Exercise Incentives Model) such as massage, health information sessions and discounts from local health professionals. The value of a collaborative approach is recognised by other organisations and researchers, for example when governments and organisations work together (Government of Western Australia 2007; City of Fremantle 2010; The University of Western Australia 2012). However, caution is needed to ensure that overlap of effort does not occur; a factor mentioned as a concern in one organisation as well.

5.7.3. Subsidiary Research Question Three

<table>
<thead>
<tr>
<th>3</th>
<th>What influences the employees to use exercise incentives?</th>
</tr>
</thead>
</table>

In question seven of the survey, the ten most common impacts, which can be considered as influences, to exercise, sourced from Table 4-10, were:

<table>
<thead>
<tr>
<th>Time</th>
<th>Own health</th>
<th>Motivation</th>
<th>Logistics</th>
<th>Work commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family commitments</td>
<td>Energy</td>
<td>Weather</td>
<td>Money</td>
<td>Other commitments</td>
</tr>
</tbody>
</table>

An explanation for these influences was previously given, and all influences are listed in Appendix 17; however, the survey question referred to all exercise. On later review, it was found that each influence was mentioned in the interviews, which referred to exercise incentives in particular. In turn, these influences were captured in the Exercise Incentives Model (Figure 5-3).

Subsidiary research question one gives background to each of these dimensions, and the Exercise Incentives Implementation Model (Figure 5-4, shortly) is relevant as well. The dimensions of each model are intended as prompts to help ensure that the influences are appropriately considered and managed.
5.7.4. Subsidiary Research Question Four

| 4 | What are the implications for organisational strategy and practice from the research findings? |

For the purposes of this discussion, ‘strategy’ refers to planned actions with particular outcomes in mind, for clarity and certainty (McKenzie & Hanley 2007; Thompson, Strickland & Gamble 2007; Cambridge Dictionaries Online 2011; Oxford University Press 2012a) while ‘practice’ involves the application of the strategy (Bartol, Tein, Matthews & Martin 2005; Thompson et al. 2007). The recommendations follow from the theory of exercise incentives developed through the current research; the analysis of participants’ experience, definitions of exercise and of exercise incentives and the Exercise Incentives Model. It must be remembered that incentives, as shown in existing research, require ongoing attention and refinement (MacIntosh et al. 2007; Mills et al. 2007; Haugen 2009; Rhodes & Pfaeffli 2010).

When asked how his organisation compared with other organisations in terms of exercise incentives, one participant responded:

*I think it compares pretty highly because most organisations, they will just, you know, they might do the same thing, they might organise somebody to come in and they'll have a chat about the benefits, they might organise once a year to have a dietician come in just once again to tick the boxes, one of the employees might go: ‘oh, let's all go powerwalking every morning’ and whatever, but I really haven’t heard of an organisation that really has engaged a system fully to do this.*

Helping organisations to develop *a system fully* is the focus of the four recommendations which are offered. It is recommended that:

1. **Organisations consider the relevance of the Exercise Incentives Model to their own situation and explain and appropriately communicate this model to employees, starting with those in management roles.**

The model must be considered and understood as it supports the other three recommendations.

2. **Organisations allocate a portion of an employee’s job role to oversee all exercise incentives.**
This is already occurring in some of the participating organisations; it is an operational and a strategic responsibility and, as shown throughout this chapter, it requires high-level skills to liaise with management, employees and other stakeholders. The occupant needs to liaise regularly with colleagues from the Human Resource area and with line managers. A job description and performance standards must be established for the role to help clarify objectives and expectations. Considering the potential for exercise incentives to complement other health incentives, it would be useful if the occupant has management and health-related contacts across and outside of the organisation. As shown in various examples, there can be efficiencies of scale when multiple groups or organisations are involved with exercise. The occupant of this role would be a change leader for exercise incentives, discussed next.

3. **Organisations should appoint change leaders, a number relative to the size of the organisation, who will work with the occupant above to promote exercise across the organisation.**

The term ‘promotion’ is used broadly here; it involves communication about exercise with individuals, small groups and teams, formally and informally (Edington 2006; Donovan et al. 2007; Goldgruber & Ahrens 2010). These people should be drawn widely from across the organisation and while they need to be role models for exercise to some extent, it is critical that they are a diverse team. The change leaders will support the implementation of particular incentives and will encourage others to contribute to evaluation. These people will provide information about what is happening day-to-day across the organisation to influence employees’ ability to exercise. A time allocation in workloads for these responsibilities should be given.

4. **Organisations develop an ongoing sequence of activities in the form of the Exercise Incentives Implementation Model (Figure 5-4), developed from evidence in the current research and from the literature.**

Each activity is part of an ongoing process for new and existing employees.
Figure 5-4: Exercise Incentives Implementation Model

1. **Rationale: strategic and operational** is the first step in the process. It is necessary for organisations to decide which exercise incentives to offer and the justification for these from organisational and employee perspectives. Initially, there may be limited data to use but in future, the activity will be informed by previous evaluation. Relevant policies and procedures fall under this category.

2. **Risk assessment** involves consideration of threats, particularly negative outcomes, to the employee, the organisation and beyond, linked with exercise incentives.

3. **Practical considerations and arrangements** should be determined next, prior to communication about the exercise incentives. Monitoring arrangements (step five) should be considered at this point. Other aspects may be revealed after communication, next.
4. **Communication with employees and with other stakeholders** must not occur before the previous activities. The occupant of the role in recommendation two and the other change leaders must be involved.

5. **Monitoring** involves a regular and ongoing review of exercise incentives. As shown in the Exercise Incentives Model (Figure 5-3), an exercise incentive involves more than the activity itself, so it is critical that all dimensions are monitored and reported on. Change leaders must contribute and ongoing feedback and suggestions sought from across the organisation. It is appropriate that exercise incentives offered by other organisations should be considered.

6. **Evaluation and final reporting** is recommended at intervals suitable for the organisation; yearly at a maximum. Evaluation should cover quantitative and qualitative aspects, and employees with disabilities and/or from diverse cultural groups must be able to contribute. Final reporting should be co-ordinated by the occupant in recommendation two and information then be made available in different forms across all levels of the organisation.

The ongoing research validation in which these recommendations were tested is now discussed, followed by the Research Outcomes Model and the chapter conclusion.

### 5.8. Ongoing Research Validation

Research validation, involving a two-way exchange of information between the researcher and the organisational contacts, took place from initial contact through to thesis publication. It involved the progressive release of findings and the checking of information for completeness, to support the usability of the study. At various points, general progress updates were given to employees by the researcher or via the organisational contacts.

After pilot testing, survey and interview analysis, a summary (see Appendix 20, discussed below) was sent to each organisational contact in preparation for a meeting.
Findings were discussed and clarified; most importantly, candid feedback was sought. Written comments provided by each organisational contact were reviewed along with recordings of each meeting (made with consent) and a summary of each meeting was made (Appendix 20). Additional (intra-organisational) perspectives were given by the two organisational contacts in LGA, recorded as ‘A’ (administration) and ‘D’ (department). Then, relevant findings were included in the chapters. This provided another ‘layer’ to the study to help the researcher better understand the findings before thesis publication.

**Key outcomes from this process were:**

Firstly, **validation and explanation of the types of exercise with which employees were involved.** Additional exercise activities available but not mentioned by participants were also discussed, as were the impacts to exercise:

*I am not surprised with any of those, because that is what I hear a lot too (TEI).*

*No surprises there. That all makes sense to me (LGA - A).*

*All of these impacts would be the typical impacts that we would assume would stop people or would have to be taken into consideration (PTC).*

Secondly, it was suggested that the **Stages of Change Model**, consisting of precontemplation, contemplation, preparation, action and maintenance (Prochaska & DiClemente 1983; Prochaska, DiClemente & Norcross 1992) could explain why short-term impacts to exercise were emphasised by some participants, particularly current health status rather than a desire to improve or maintain health in the long term. While Prochaska *et al.* (1992, p.1106) were discussing a different aspect of health, it was clear that a generic approach was unsuitable and not lasting:

A person’s stage of change provides prescriptive as well as proscriptive information on treatments of choice. Action-oriented therapies may be quite effective with individuals who are in the preparation or action stages. These same programs may be ineffective or detrimental, however, with individuals in precontemplation or contemplation stages.
On review, the Stages of Change model offered further validation for the current research; firstly, the impacts were unsurprising and could be explained theoretically and, secondly, the Exercise Incentives Model (developed without reference to the Stages of Change Model) was already designed to cater for diverse employees and organisational settings.

**Update to the Exercise Incentives Model:** the initial model included the dimension of ‘structure’, renamed after feedback to ‘infrastructure’. It was suggested that the initial term referred to staffing arrangements. A different organisational contact recommended a further dimension, ‘transport’, as the particular organisation provides buses or taxi payment for travel to and from exercise events. Rather than include another dimension, specific mention of transport was made in the ‘infrastructure’ description. Verbatim feedback confirmed the relevance of the model for awareness and action:

**Table 5-8: Exercise Incentives Model: Some Verbatim Feedback**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td><em>It makes sense</em> (TEI). <em>This is excellent</em> (SGD).</td>
</tr>
<tr>
<td>Exercise activities</td>
<td><em>So there is a lot more that we could be doing</em> (LGA - D).</td>
</tr>
<tr>
<td>Communication</td>
<td><em>Whenever there is any issues, it is usually because of communication</em> (LGA – A). <em>That in-person sponsorship is also very important...</em> (PTC).</td>
</tr>
<tr>
<td>Employees’ interest, ability and motivation</td>
<td><em>It would probably be the most important part of the whole model, because the reality is that a lot of our exercise activities or initiatives are actually driven by the interests of the employees</em> (PTC).</td>
</tr>
<tr>
<td>Endorsement</td>
<td><em>I would say we do some endorsement but we could do a lot more</em> (LGA – A).</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Title changed to ‘infrastructure’ as discussed previously.</td>
</tr>
<tr>
<td>Supp. services</td>
<td><em>We partner a lot of businesses with those sorts of things</em> (PTC).</td>
</tr>
</tbody>
</table>
5.9. The Gap Analysis Model

A gap analysis was conducted to measure desired and current performance levels with regard to the Exercise Incentives Model and the proposed recommendations. The process uses chosen indicators to support business success; context is important in making best use of gap analysis results (Pholi, Black & Richards 2009; Newnham & Page 2010). Organisational contacts were invited to assess the importance of the dimensions and proposed recommendations and then comment on which aspects were ‘being done’, referring to take up rates, participation levels or current levels of implementation. Scales of one (not important / not being done) to five (important / being done) were used.

The instrument used to assess the dimensions of the Exercise Incentives Model was designed so that each organisation could make use of research findings during the study and into the future. By way of example, the ‘importance’ and ‘being done’ models for TEI (sourced from Appendix 20 which includes findings for each organisation) are shown below, with gaps in white between the curved boundaries of each dimension and the arrows at the circumference, and the size of the circle for the ‘EA’ component:

Figure 5-5: Gap Analysis Model:
The instrument can be used for retesting at various intervals or when additional or new strategies are implemented and to help organisations communicate and monitor decisions made. The instrument reflects the ‘full circle’ potential of exercise incentives; it is suitable for various audiences and was confirmed as usable and timely by the organisational contacts. The Gap Analysis Model is now a key component of the Exercise Incentives Model, actioned via the Exercise Incentives Implementation Model and the facilitator for action in the Research Outcomes Model, discussed shortly.

Across the organisations, for the Exercise Incentives Model, it can be seen in Figure 5-6, below, that the first five dimensions were considered important by the four organisations, with supplementary services less so. The updates for the particular organisations (Appendix 20) provide detailed information and verbatim feedback.

**Figure 5-6: Exercise Incentives Model: Importance**

The relevance of exercise incentives is shown in the gaps between intent, above, and action, on the next page. Overall, there were differing levels of achievement (Figure 5-7) across the organisations and within LGA; this was in line with focus group, survey and interview feedback. As mentioned at the meetings, gaps would be of most concern when they could not be explained. This was not the case for any of the organisations; as shown in the verbatim feedback, opportunities and strengths were readily
acknowledged. Context was important here; for example, TEI has undergone some development in recent years and SGD already has various aspects of the model in place because of its core business, as does the particular department of LGA.

Figure 5-7: Exercise Incentives Model: Being Done

![Graph showing the status of exercise incentives being done across different departments.]

The same process was used for the proposed recommendations, next.

Table 5-9: Recommendations: Some Verbatim Feedback

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consider and explain the Exercise Incentives Model</td>
</tr>
<tr>
<td>2</td>
<td>One employee as co-ordinator of exercise incentives</td>
</tr>
<tr>
<td>3</td>
<td>Change leaders</td>
</tr>
<tr>
<td>4.1</td>
<td>Rationale: strat. and operational</td>
</tr>
</tbody>
</table>
### Recommendation Feedback

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.2</strong> Risk assessment</td>
<td><em>The (_) is very cautious about embarking on any project that may be high risk. Every initiative must be approved by the legal team (TEI).</em>  &lt;br&gt; <em>Do we have a risk assessment on each activity that we offer? Probably not (SGD).</em></td>
</tr>
<tr>
<td><strong>4.3</strong> Practical considerations and arrangements</td>
<td><em>I think by and large it is being done (SGD).</em>  &lt;br&gt; <em>It is just like: ‘here is the gym discount, go ahead’ (LGA – A).</em></td>
</tr>
<tr>
<td><strong>4.4</strong> Communication with employees and other stakeholders</td>
<td><em>Is it being done? I think it is. It could be better, particularly with the stakeholders (SGD).</em></td>
</tr>
<tr>
<td><strong>4.5</strong> Monitoring and interim reporting</td>
<td><em>A lot of information / data has been gathered but nobody has had time to analyse / review (TEI).</em>  &lt;br&gt; <em>It is something we really need to work on, same with the evaluation and final reporting (SGD).</em></td>
</tr>
<tr>
<td><strong>4.6</strong> Evaluation and final reporting</td>
<td><em>Often it is the justification to get something paid for (PTC).</em></td>
</tr>
</tbody>
</table>

Across the organisations, the importance of the recommendations was as follows:

**Figure 5-8: Recommendations: Importance**
LGA did not distinguish between administration and department for this section. With the exception of recommendation two in SGD and recommendation four part five in PTC, all recommendations were considered important. When the current status was examined, though, some substantial gaps were evident:

**Figure 5-9: Recommendations: Being Done**

Risk assessment resulting in exercise activities not being offered was suggested as a *unique characteristic* of TEI; the same situation was not described by other organisational contacts, but risk assessment was still sporadic. While the recommendations were newly created and it was understandable that some would not be in place, evaluation was a particular concern. Three of the four organisations have no or minimal evaluation in place. Again, further detail is given in Appendix 20.

It was not necessary or expected that organisations would agree with the recommendations; it was pleasing to see that a stance was taken by each organisation which suited their needs, such as shared responsibility for exercise incentives in SGD, and concerns that monitoring and interim reporting about exercise incentives could be excessive (PTC). All organisational contacts are clearly ambassadors for exercise and for health and these positive attitudes provide further strength to current efforts.
Overall, the research validation was time well spent; it offered convincing evidence that the findings and recommendations were logical, usable and necessary, in turn, further addressing the research objectives.

5.10. The Research Outcomes Model

The Integrated Hypothetical Model at the end of Chapter Two (Figure 2-1) was developed from the literature review, from the researcher's prior experience in organisations and from discussions with interested parties to encapsulate current knowledge related to the topic. Exercise incentives were the central focus, outcomes and obstacles to health were shown, and a salutogenic perspective framed all components.

Findings and evidence from the current research have led now to a more up-to-date, new model which comprehensively expands the Integrated Hypothetical Model and moves the body of discipline knowledge forward, providing significant contributions to theory and practice. Employees’ experience of exercise incentives is shown through the definition, the Exercise Incentives Model (incorporating the Gap Analysis Model) and the recommendations, including the Exercise Incentives Implementation Model. Outcomes and obstacles investigated through the focus groups, surveys, interviews and the ongoing research validation, shown in blue, are linked multi-directionally. Salutogenesis is now a foundation for action to underpin all activities without restricting them.

In the Integrated Hypothetical Model of Chapter Two, there was a distinction between health and ill-health. The focus is now solely on health, thereby extending existing research which found the distinction was not always helpful or practical (Antonovsky 1987; Antonovsky 1996; Alvarez-Dardet & Ashton 2005; Jadad & O'Grady 2008; Becker et al. 2010).

The current research confirmed that exercise incentives, as with other organisational incentives discussed by Nankervis et al. (2005), Milne (2007) and Taitel et al. (2008) do influence employee attraction and involvement in the workplace, and were relevant
to team and individual contributions. Exercise was not simply a personal or independent pursuit (Bennie et al. 2010). However, further work is needed to explore these outcomes. There was considerable variety in the activities offered to employees across the organisations, and these were seen by many participants as appropriate and in some cases novel; confirming ideas discussed by Haines et al. (2007).

As shown in the Research Outcomes Model (Figure 5-10), exercise incentives can help connect the needs of employees, organisations and other stakeholders. Other Human Resource Management activities, for example recruitment and selection, remuneration and performance management must occur alongside exercise incentives. Over time, as exercise incentives gain momentum and are better understood, other employees, organisations and the community may become involved. These relationships must constantly be evaluated and future possibilities properly considered (as discussed in the next chapter) to promote health in the 21st century.
Figure 5-10: Research Outcomes Model

Employee and organisational health in the 21st century

Stakeholders

Exercise Incentives definition

Employee

Survey findings

Focus group findings

Interview themes
1. Drive / Direction
2. Outlooks
3. Details / Decisions

Organisations

Other business strategies, activities and outcomes

Human Resource Management

Salutogenesis

Future formal research directions

Ongoing research validation

Research recommendations
1. The Exercise Incentives Model
2. Co-ordinator
3. Change agents
4. Implementation Model - Exercise Incentives
5.11. Conclusion

In this chapter, detailed analysis of interviews by means of IPA and thorough commentary relevant to employees and organisations was provided. The major and subsidiary research questions were addressed and the Exercise Incentives Model was presented and discussed. Outcomes from the ongoing research validation were given, and the final Research Outcomes Model was developed and outlined. This new knowledge model provides substantial direction for future research and practice.

Findings confirmed that exercise incentives are a vital component of organisational life in the 21st century. They are important in two respects; firstly, because they involve activity and energy and have been shown to contribute to employee performance in and outside of the workplace and, secondly, because they are a necessary part of modern work-life. The current research has indicated wide recognition of the benefits of exercise, and this provides a strong (and salutogenic) foundation for employee interest and involvement. With few exceptions, employees want, and in some cases critically expect, their organisation to provide support; existing organisational support for exercise was recognised and acknowledged, and suggestions made were given constructively and show that exercise incentives can contribute greatly to the quality of the employer-employee relationship. However, there is more to be done. This is discussed further in the next chapter, which provides a summary and conclusion to the research.
Chapter 6 – Conclusion

6.1 The Research in Review

In this final chapter, the research problem, purpose and technique are reviewed; a summary of key research outcomes is given, followed by constraints, a number of future formal research directions and, finally, concluding statements.

In Chapter One, the research problem was outlined; viz., that modern employees have become less active and less healthy, with many organisations now sedentary work environments because of technology, urbanisation and motor vehicle usage (Stone 2008; Pronk & Kottke 2009; World Health Organization (WHO) 2012b; WHO 2012c). The distinction between work and home has become increasingly blurred for employees due to all-hours information access, teams in different time zones and/or flexible working arrangements (Pocock 2005; Latham & Ernst 2006; Stone 2008). Correspondingly, employees now are seeking support from organisations for activities which previously took place only outside of work hours, with exercise (and physical activity) being critical examples (DSR 2009; Pronk & Kottke 2009; Lee et al. 2010). While some organisations have provided incentives for employees to exercise (‘exercise incentives’), as shown in Chapters One and Two, some have not been well aligned to employee needs and expectations nor have they been evaluated regularly.

Existing research had confirmed the need for further investigation into the problem (e.g., Fletcher et al. 2008; World Health Organization / World Economic Forum 2008; Pronk 2009; Goldgruber & Ahrens 2010). Antonovsky’s theory of Salutogenesis, relevant and under-utilised in Australia, motivated the researcher to consider which exercise incentives were working well in organisations, not just those which were deficient.

The research purposes were outlined in Chapter One; viz., to evaluate employees’ experience of exercise incentives, to provide usable findings and recommendations and to contribute to the advancement of academic discussion and theory development. To
address the problem and thereby achieve the research purpose, a triangulation research design was used. Different types of information of the phenomenon of employees’ experience of exercise incentives were gathered through sequential phases (stages) of the study: pilot testing, an employee survey, interviews of employees and the organisational contacts. Ongoing research validation, where organisational contacts were provided with early findings, models and recommendations for feedback, further strengthened the validity and utility of the research.

The major research question involved employees’ experience of incentives to exercise provided by organisations in Western Australia. Four subsidiary questions provided detail as to the term ‘exercise incentives’ (question one), incentives currently provided (question two), influences to employees’ use of exercise incentives (question three) and implications for organisational strategy and practice (question four). The analysis of these questions showed that exercise incentives are a critical aspect of organisational life in the 21st century; when well-managed and evaluated, they offer wide benefits to employees, organisations and the community.

While descriptive quantitative analysis was used, the research was mainly qualitative; driven by the researcher’s desire to capture the depth of participants’ experiences. IPA (Smith et al. 2009) allowed participants’ responses to be assessed freely and without reference to pre-existing categories or parameters. The emergent themes offered powerful, timely and relevant information on current practices; information used to move forward extant knowledge in the discipline.

6.2 Key Research Outcomes

As shown throughout these chapters, participants’ interest and involvement confirmed the value of the research and offered telling insights into exercise and health. The ongoing interest and contribution of the organisational contacts and other employees the researcher met throughout the process was a benefit which increased the value of the research outcomes.
It was pleasing to see the scope of positive experiences of exercise and health. Outcomes uncovered in existing research including improvements to mental processes (McDowell-Larsen et al. 2002; Coulson et al. 2009), mood enhancement (Coulson et al. 2009), increased self-esteem, positive attitude and sense of achievement (Elley et al. 2007), were all confirmed. As proposed in Chapter One, in considering the nature of organisations in the 21st century, these benefits alone were indeed attractive and compelling.

Survey findings, including the EBBS, showed that while the majority of participants viewed exercise positively, translating intent into action was a challenge. Only 52.1% of survey participants were likely to meet the Australian recommendations for physical activity, which covers exercise (DHA 2010). This level must be improved, and exercise incentives offer an integrated way to do so, particularly because a wide variety of exercise activities are already available and being used by employees. The findings of the impacts (influences) to exercise, discussed later with reference to the Stages of Change Model (Prochaska & DiClemente 1983; Prochaska et al. 1992), added important context to the study.

To address fully the research problem and purpose, semi-structured interviews were used. Four superordinate and ten subordinate themes were identified (sourced from table 5-2):

<table>
<thead>
<tr>
<th>Superordinate theme</th>
<th>Subordinate theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Looking Back</td>
</tr>
<tr>
<td></td>
<td>Forward Steps</td>
</tr>
<tr>
<td>Two</td>
<td>Messages, Meanings and Motives</td>
</tr>
<tr>
<td></td>
<td>Valued and Included</td>
</tr>
<tr>
<td></td>
<td>Guilt (cont.)</td>
</tr>
<tr>
<td></td>
<td>Drive / Direction</td>
</tr>
<tr>
<td></td>
<td>Outlooks</td>
</tr>
<tr>
<td>Superordinate theme</td>
<td>Subordinate theme</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Three Details / Decisions</td>
<td>Lead or Follow?</td>
</tr>
<tr>
<td></td>
<td>Me, You and the Team</td>
</tr>
<tr>
<td></td>
<td>Creating the Space</td>
</tr>
<tr>
<td>Four Potential / Truth</td>
<td>Authenticity and Alignment</td>
</tr>
<tr>
<td></td>
<td>Holistic Health</td>
</tr>
</tbody>
</table>

These themes contributed to the definition of exercise incentives in subsidiary research question one, the Exercise Incentives Model (Figure 5-3) in subsidiary research questions two and three, the recommendations, including the Exercise Incentives Implementation Model (Figure 5-4), related to subsidiary research question four, and the Gap Analysis Model (Figure 5-5).

As shown in the Exercise Incentives Model, exercise activities are only the beginning of what really makes an incentive useful and valued by employees. To be a true exercise incentive, aspects such as personal contact, encouragement and suitable arrangements for exercise must be considered in advance and be provided proactively, not just when initiated by an employee. As shown in the Research Outcomes Model (Figure 5-10), exercise incentives require a co-ordinated approach between organisations, employees and other stakeholders. Exercise incentives are not just about particular activities: they rely primarily on the quality of relationships.

Organisations must play a leading role in supporting and improving the health of employees and, therefore, the community. Extant literature (McEachan et al. 2008; Coulson et al. 2009; Bennie et al. 2010) has confirmed that organisations are an important setting in which to support exercise and health. The current research participants expected and valued such support, with few exceptions.

Employees who exercise regularly can be credible advocates of exercise incentives. They have found something which incentivises them and keeps them on a path to health. While their experiences contributed greatly to the models and
recommendations, risks were identified, particularly in the long term. Injuries, reduced energy levels and changes in ability due to age need to be considered and managed because they can influence the workplace and individuals; these employees need organisational support.

Across the research, mention was made of a *sweet spot*, which referred to employee exercise at a level, frequency and type which was suitable and likely to be lasting and healthy. As opined at the commencement of the research, some employees stated that exercise incentives were poorly aligned to their needs and expectations, or they were of the opinion that no incentives were available. Several participants had concerns regarding the exercise and health of their colleagues. For some employees, the *sweet spot* was clearly still to be achieved. One participant’s mention of tolerance and culture about exercise incentives is relevant here: mere tolerance belongs in the past, and a culture of exercise and health is needed now and into the future.

The researcher’s experience, and extant research literature, suggested that evaluation of exercise incentives is deficient. This was confirmed by three of the four organisational contacts. Strengths and opportunities for improvement were acknowledged and shared willingly, to each organisation’s credit. To make use of the upstream (salutogenic) approach to exercise incentives, evaluation must take place regularly and outcomes communicated appropriately. Aspects which cannot be easily quantified (e.g., the interview themes of ‘Valued and Included’, ‘Guilt’ and ‘Authenticity and Alignment’), must be considered and managed along with those which are tangible (such as amounts of time and dollars spent). This range of factors needs to be allied directly to organisational success.

An important crossover between the disciplines of business and health was confirmed in the research. It cannot be expected that all business operators or their Human Resource professionals will have sufficient background, contacts or experience with exercise incentives or health issues to meet stakeholder needs and to manage the various risks. It is vital that appropriate professional advice is sought when necessary. Additionally, as shown in the analysis, being risk-averse is appropriate at times but it may unnecessarily stifle much needed action.
Several organisational contacts mentioned professional networks, including some in which exercise and health had been discussed specifically. These networks must be sought and nurtured, espoused with the view that it is not a professional deficiency to ask for help. Good intent easily can be diluted by the pressure of day-to-day business.

As mentioned in Chapter Four, the research technique in the current study required existing literature to be set aside for data analysis, and the research models and recommendations were later assessed against current literature. Two examples are relevant at this point:

1. The Western Australian Government (Department of Sport and Recreation (DSR) and Department of Health (DoH) 2009, p.28) suggested a three-step process for workplace health and wellbeing: “create” (rationale and needs assessment), “activate” (sourcing and promoting activities) and “evaluate”. These are congruent with the Research Outcomes Model in the current study.

2. Pronk (2009) conducted a detailed review of existing research and developed a framework for organisations to support exercise, physical activity and health. In the framework, activity was assessed as being “possible”, “simple”, “socially rewarding”, “financially rewarding”, “personally relevant”, “organizationally relevant” and “community connected” (p.3230) across individual, team, organisational and community levels. Again, these are aligned with the current Research Outcomes Model.

Thus, exercise incentives are a vital bridge between the needs of organisations and employees. The findings and recommendations support the overall quality of Human Resource Management in those organisations in the current study.

### 6.3 Constraints

Experience during the current study compelled the researcher to recognise several constraints that have led to aspects of future research being identified.

- Participants’ experience of exercise incentives was individual, dynamic and diverse. While there was wide participation in the study, it was not intended
that research outcomes would be transferable to other employees or organisations. Nonetheless, use of the research findings in other settings may be worthwhile.

- While the research technique and sequence was driven by the researcher’s philosophy and experience and by the needs of the organisations, different options could provide new or expanded perspectives about the topic. This would be positive in that all credible information contributes to improved techniques, knowledge and action.

- As with any written publication, there are constraints as to the amount and detail of information that can be provided. Therefore, the appendices offer further background, and the researcher can be contacted for further clarification or information.

### 6.4 Future Formal Research Directions

In response to the concept that research must focus on future potential as well as current outcomes (Bushe & Avital 2009), arising from the experience in the current study a number of potentially valuable research areas have been identified:

- A longitudinal study of exercise incentives would allow the findings and future activities such as promotion of exercise incentives to be tested over time. Different research techniques and sequences could be used and other organisations, including those in rural locations, could be examined. Research into particular employee groups (e.g., with disabilities) would be useful.

- It would be appropriate to investigate the experience of employees who did not make use of exercise incentives, perhaps in conjunction with the previous point. This group was not strongly represented in the current research.

- Most current participants were present at their organisation across their working hours. It would be worthwhile to assess the experience of others, such as employees undertaking home-based work. Such arrangements are likely to become more common in future and it is important that organisations are well-prepared (Pocock 2005; Bakker, Demerouti & Dollard 2008; Stone 2008).
• Exercise involving technology was not widely mentioned in the current research. This is likely to become more available in future (Graves, Ridgers, Williams, Stratton, Atkinson & Cable 2010; Finkelstein, Nickel, Lipps, Barnes & Wartell 2011) and further investigation is warranted.

• Employees performing work tasks while exercising at “active workstations” offers potential for health improvement (Straker et al. 2009, p. 831). Further research making use of models and recommendations from the current study would be valuable.

• The ‘Supplementary services’ dimension of the Exercise Incentives Model (partnerships to support exercise) appears to be a growing aspect of incentives in general. It would be useful to further assess benefits and risks from this dimension.

• The Exercise Incentives Model, the Exercise Incentives Implementation Model and the Gap Analysis Model could be tested in community settings, or for individuals exercising in their own time. This could be done independently or in conjunction with existing models. For example, the ‘Act Belong Commit’ program managed at Curtin University in Western Australia and implemented widely in the community (‘Act Belong Commit’ 2010) salutogenically connects exercise, community participation and health.

6.5 Research Conclusion

A number of changes (e.g., new technology, globalisation, the growth of knowledge work) have made human capital of many organizations their most important asset. As a result, how it is organised, managed and developed deserves to be based on decisions that are strategy driven and research and data based. This is only likely to happen if organizations are designed with this in mind. Most HR functions were not created with this in mind; therefore, what is needed is not just some changes aimed at making HR a business partner. Fundamental change is needed in how organizations are designed to make and implement decisions concerning human capital (Lawler 2011, p.172).

Lawler’s approach is salutogenic. As both the starting point and the ultimate outcome of Human Resource Management, what could be more important than employee
health? There is significant potential for business outcomes to be diminished or only short-term in nature if health is not a strategic focus of all organisations.

Organisations must lead by action and example if Australia is to become the healthiest country in the world by 2020, as desired by the National Preventative Health Strategy (Australian Government: Preventative Health Taskforce 2009). As suggested by Edington (2006, p.425), there is “success only at the margins”, but the current research has shown that, in terms of exercise, these margins are widening in the sense that preventative health programs are increasing. Thus, an integrated, organisation-wide approach to exercise, linked with other Human Resource Management activities, is deemed essential. The considerable and ongoing efforts of individual employees and of organisations to promote and provide exercise in organisations must be encouraged and properly managed, and further progress can be achieved by use of the current research recommendations. Organisational policies and procedures must now be updated to ensure wide access to exercise incentives.

Seemingly at every turn, there is information about exercise and opportunities for participation. In Perth, Western Australia, a local health insurance provider has offered group fitness and yoga sessions at no cost to all in the community (‘HBF Group Fitness’ 2011) and a local council has run free group fitness sessions (City of Armadale 2011). Nationally, the ‘Ride to Work’ campaign has experienced the largest ever number of participants in 2011 (Cooper 2011) and the ongoing ‘Swap it don’t stop it’ campaign which invites people to make positive, small changes to exercise and health is available across social media and has had over 150 000 ‘swaps’ recorded (Department of Health and Ageing (DHA) 2011). Since the data was collected, an organisation participating in the current study has introduced a group exercise session for employees and the community so as to support a well-known Australian charity.

These examples of success show what can be achieved when aspects such as organisational communication, infrastructure and endorsement are provided for employees. These are all dimensions identified from the current research data. Participants have provided a clear mandate to organisations: exercise incentives are needed and valued, and the benefits are far-reaching. For organisations and for the
community, this message cannot be ignored. The models and recommendations are well-designed and robust; they are developed from theory and evidence and have been validated in organisations. Now, they must be used more widely.

It is the researcher’s desire that this investigation enhances awareness and action about exercise incentives. Whether the term used is exercise, physical activity, activity, movement or another phrase is less important than whether something is actually happening. The experience of John (Chapter One), who was helped to improve his situation at work and at home through exercise incentives, is indicative of the potential that can be realised for everyone. Valuable exercise incentives in organisations can lead to invaluable health outcomes for all employees.
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Dear potential participant,

My name is Troy Fuller. I am a student at The University of Notre Dame Australia in the School of Business, and I am enrolled in a Doctor of Philosophy (PhD) degree. My research project is titled:

**Your health in the 21st century: exercise incentives in the workplace**

I aim to assist employees, organisations and the community in changing and challenging times. I invite and welcome your participation.

You are invited to participate in *(a focus group / an interview)* about the research topic. This is estimated to take around *(time)*. If you agree to participate, I would like to make a voice recording of the responses. If you wish, you will be able to view and comment on a transcript as soon as possible afterwards, for accuracy.

All information collected will be strictly confidential. This confidence will only be broken in the instance of legal requirements such as court subpoenas, freedom of information requests or mandated reporting by some professions. To protect anonymity, a code and/or pseudonym will be ascribed to each of the participants.

The protocol adopted by The University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the *Privacy Act* are available at: [http://www.nhrmc.gov.au](http://www.nhrmc.gov.au)
Involvement is voluntary. Before you participate in any way, I will ask you to agree to acknowledge your agreement in a consent form. You may withdraw from the research at any time. If this occurs, any unprocessed identifiable data you have supplied will be securely disposed of. The results from the study will be made available to all participants. Data collected will be stored securely in a locked area at The University of Notre Dame Australia for at least seven years. The Human Research Ethics Committee of The University of Notre Dame Australia has approved this research.

Dr Peter Gall of the School of Business is supervising this research. If you have any queries regarding the research, please contact me directly (details below) or Dr Gall by phone (details given) or by email at: (details given).

Thank you for your consideration. I hope you will agree to participate in this research project. Please do not hesitate to contact me at any time should you have any queries.

Yours sincerely

Mr Troy Fuller

Tel: (details given)

Email: (details given)

If participants have any concerns regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225, Fremantle WA 6959, phone (details given) or fax (details given).
2. Consent Form

Your health in the 21st century: exercise incentives in the workplace

I hereby agree to being a participant in this research project being conducted by Mr Troy Fuller, PhD researcher, under the supervision of Dr Peter Gall.

- I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.

- I understand that involvement is voluntary. I may withdraw from participating in the research project at any time without prejudice. If this occurs, any unprocessed identifiable data will be securely disposed of.

- I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements such as court subpoenas, freedom of information requests, or mandated reporting by some professions.

- I understand that a code and/or pseudonym will be ascribed to all participants during this research project.

- I understand that the protocol adopted by The University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at: http://www.nhrmc.gov.au

- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

- I understand that if I choose to participate in an interview at a later date, a voice recording of the interview will be made. I may review the transcript of this interview for accuracy.

- If I have language needs (for instance, if English is not my first language), I am aware that assistance with translation or interpretation can be arranged on request.

Signed: ____________________________ Date: ______________

If participants have any concerns regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225, Fremantle WA 6959, phone (details given) or fax (details given).
3. Focus Group Promotion

Your health in the 21st century

Dear staff member

It seems like only yesterday that we welcomed the 21st century! The first ten years have been fast-moving and dynamic for many employees and organisations, and one issue is becoming more and more important.

The issue is your health, and the health of your fellow employees.

There is mounting evidence that suggests that employees are becoming less healthy and less physically active, for a variety of reasons. If so, this situation must change. To understand this situation better, I would value your contribution.

My name is Troy Fuller and I am undertaking a PhD in the School of Business at The University of Notre Dame Australia. I am investigating health in the workplace, motivation and incentives which support physical activity. Your input will greatly help develop and refine thought and action about health in the workplace.

I am planning to conduct several focus groups (an informal discussion involving six to eight people from across the (organisation named)) for approximately one and a half hours on (location given) in coming weeks. Refreshments will be provided.

Focus group one:

Focus group two: (dates, times and locations listed)

Focus group three:

Please volunteer by return email (details given) for the focus group which is most convenient for you. Please do not hesitate to contact me with any queries. My details are provided at the end of this email.

In coming months, I hope you will also agree to complete a confidential online survey. You will hear more about this shortly.

The Human Research Ethics Committee of The University of Notre Dame Australia has approved this research.

On behalf of my supervisor Dr Peter Gall and I, thank you. I look forward to meeting you soon.

Regards

Troy Fuller (contact details given).
4. **Influences and Questions for Survey**

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<thead>
<tr>
<th>Influence</th>
<th>EBBS question</th>
<th>Influence</th>
<th>EBBS question</th>
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<td>37</td>
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<tr>
<td>Energy levels</td>
<td>6, 19, 29, 35</td>
<td>Organisational priorities</td>
<td></td>
</tr>
<tr>
<td>Enjoyment (incl. food / drink)</td>
<td>1, 38</td>
<td>Other commitments</td>
<td></td>
</tr>
<tr>
<td>Existing ill-health</td>
<td>2</td>
<td>Ownership</td>
<td>8</td>
</tr>
<tr>
<td>Expectations of others</td>
<td>21, 33, 37</td>
<td>Performance outcomes</td>
<td></td>
</tr>
<tr>
<td>Extreme behaviour</td>
<td></td>
<td>Personal security</td>
<td></td>
</tr>
<tr>
<td>Family history</td>
<td></td>
<td>Personal time</td>
<td></td>
</tr>
</tbody>
</table>

(cont.)
<table>
<thead>
<tr>
<th>Influence</th>
<th>EBBS question</th>
<th>Influence</th>
<th>EBBS question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalities involved</td>
<td></td>
<td>Selling point for organisations</td>
<td></td>
</tr>
<tr>
<td>Physical effects (e.g., muscles, joints, balance)</td>
<td>5, 7, 13, 15, 17, 18, 22, 23, 31, 40, 41</td>
<td>Physical injury</td>
<td></td>
</tr>
<tr>
<td>Potential to overdo</td>
<td></td>
<td>Potential to overdo</td>
<td></td>
</tr>
<tr>
<td>Practical support</td>
<td>9, 16</td>
<td>Practical support</td>
<td></td>
</tr>
<tr>
<td>Priorities</td>
<td>24</td>
<td>Priorities</td>
<td></td>
</tr>
<tr>
<td>Realistic approach</td>
<td></td>
<td>Realistic approach</td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td>30, 39</td>
<td>Relationships</td>
<td></td>
</tr>
<tr>
<td>Respect</td>
<td></td>
<td>Respect</td>
<td></td>
</tr>
<tr>
<td>Responsibility to others</td>
<td>24</td>
<td>Responsibility to others</td>
<td></td>
</tr>
<tr>
<td>Role modelling</td>
<td></td>
<td>Role modelling</td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Self-deprecation</td>
<td>32</td>
<td>Self-deprecation</td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>8, 12, 32</td>
<td>Self-esteem</td>
<td></td>
</tr>
</tbody>
</table>
5. Survey Promotion: TEI

Your Health in the 21st Century: Exercise Incentives in the Workplace

Dear staff member

You may remember an email from me a few months ago when I organised some focus groups about the above topic. If you participated previously, thank you, and please read on. If you didn't participate, now is your chance to do so in an easy way!

I'd like to invite you to contribute to stage two of my PhD research, a confidential on-line survey.

Whether you exercise a little, a lot or not at all, and whatever your circumstances are, your involvement would be appreciated.

Please make yourself a tea, coffee or water, click on this link to the secure website: (link provided) and you'll be finished the survey before you've finished your cuppa.

At the end of the survey, you'll have the option of entering a competition to win one of two $50 Myer vouchers by providing your contact details.

This research has been approved by the University of Notre Dame Australia Human Research Ethics Committee. Further background and an opportunity to be kept informed about the research is provided on the website. If you'd prefer a paper survey or have any queries at all, please don't hesitate to get in touch. My contact details are below.

Thank you for your time. I look forward to your input.

Regards
Troy Fuller
(details given).
6. Survey Promotion: SGD, LGA and PTC

Your Health in the 21st Century: Exercise Incentives in the Workplace

Supporting your health and the health of your fellow employees

Dear staff member

I’d like to invite you to contribute to a confidential online survey as part of my PhD research. Whether you exercise a little, a lot or not at all, and whatever your circumstances are, your involvement would be appreciated. This is your opportunity to provide feedback and suggestions.

Please make yourself a tea, coffee or water, click on this link to the secure website: (link provided) and you’ll be finished the survey before you’ve finished your cuppa.

At the end of the survey, you’ll have the option of entering a competition to win one of two $50 Myer vouchers by providing your contact details.

If you’d prefer to speak with me in person or over the telephone (at your convenience), I’d welcome the opportunity to discuss your experience and expectations. My contact details are below.

This research has been approved by The University of Notre Dame Australia Human Research Ethics Committee. Further background is provided at the above website. If you’d prefer a paper survey or have any queries at all, please don’t hesitate to get in touch.

Thank you for your time. I look forward to your input.

Regards
Troy Fuller
(details given).
Your health in the 21st century: exercise incentives in the workplace

A confidential online survey for all staff

Whether you exercise a little, a lot or not at all, your ideas would be appreciated.

This is your opportunity to provide feedback and suggestions. Please use this link to the secure website:

(link provided)

At the end of the survey, you’ll have the option of entering a competition to win one of two $50 Myer vouchers.

Please contact me if you would like a paper copy of the survey, if you would prefer to speak with me in person or over the telephone (at your convenience) or if you have any queries at all:

(contact details given)

This research has been approved by The University of Notre Dame Australia Human Research Ethics Committee.
8. Survey Format

WELCOME!

The next two pages contain background information about this research. Please take the time to go through this before starting the survey on page three.

Dear participant

My name is Troy Fuller. I am a student at The University of Notre Dame Australia in the School of Business, and I am enrolled in a Doctor of Philosophy (PhD) degree. This stage of my research project is titled: Your Health in the 21st Century: Exercise Incentives in the Workplace. I welcome your involvement in this confidential, voluntary survey.

All information collected will be strictly confidential. To protect anonymity, a code and/or pseudonym will be ascribed to each of the participants. The protocol adopted by The University of Notre Dame Australia Human Research Ethics Committee (approved project) for the protection of privacy will be adhered to. Relevant sections of the Privacy Act are available at: http://www.nhrmc.gov.au. You may withdraw from the research at any time. If this occurs, any unprocessed identifiable data you have supplied will be securely disposed of.

The results from the study will be available to all participants. Data collected will be stored securely in a locked area at The University of Notre Dame Australia for at least seven years.

Dr Peter Gall of the School of Business is supervising this research. If you have any queries, please contact me directly (details below) or Dr Gall by phone or: (details given).

If you complete this survey, you will be agreeing to participate in this research project. At the end of the survey, you may choose to enter a prize draw to win one of two $50 Myer vouchers (drawn November / December 2010).

I look forward to your involvement in this important research. I am especially interested in your candid thoughts and opinions regarding exercise incentives in the workplace. Please do not hesitate to contact me at any time should you have any queries.

Yours sincerely, Mr Troy Fuller                Tel: (details given)                Email: (details given)
SURVEY INFORMATION

This survey consists of five sections. For each question, please choose the most suitable option and/or provide details as appropriate. You are not required to answer any question that you do not wish to.

Your opinion and experience is sought and, accordingly, no answer is correct or incorrect.

You are encouraged to complete the survey as fully as possible. Please take as much time as you need.

Exercise, which is mentioned throughout the survey, can be considered as: “a subset of physical activity that is planned, structured and repetitive, and has as a final or an intermediate objective the improvement or maintenance of physical fitness” (Caspersen, Powell and Christenson 1985, p. 126).

Again, thank you for your time and involvement.

If participants have any concerns regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, P.O. Box 1225, Fremantle WA 6959, phone (details given) or fax (details given).

Section B of this survey (the Exercise Benefits / Barriers scale) was developed by K. Sechrist, S. Walker and N. Pender 1985, and is used with permission.
SECTION A

In this section, you can provide information about yourself and your work. Your information will be collated and used to provide background to the sections which follow. Please circle the most suitable option and provide further details if appropriate.


Generally, what is your organisation involved with?

________________________________________

Section A continues on the next page.
SECTION A (continued)

6. On what basis are you employed?
   - Full-time (that is, 38 hours per week or more).
   - Part-time.
   - Casual.
   - Other.

If part-time, casual or other, how many hours per week do you work?
   ____________________

7. If you are employed in local, state or Commonwealth government, what is your employment classification?
   (if not applicable, please go to the next question)
   - Level one or two.
   - Level three or four.
   - Level five or six.
   - Level seven or higher.
   - Other (please specify): ____________________

8. If you are employed in a private or not-for-profit organisation, what is your approximate full-time equivalent salary (optional)?
   - Less than $30000.
   - $30000 to less than $45000.
   - $45000 to less than $60000.
   - $60000 to less than $75000.
   - $75000 and above.

9. What does your work mostly involve?
   - Administration.
   - Customer Service.
   - Technical.
   - Management.
   - Education / training.
   - Other (please specify): ____________________

Section A continues on the next page.
10. How long have you been with your employer?
   Less than one year. One year to less than three years.
   Three years to less than six years. Six years to less than ten years.
   Ten years or longer.

11. Do you have any disability which affects your work in any way?
   If so, please provide details:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Section B starts on the next page.
**SECTION B**

**Exercise Benefits / Barriers Scale**

Below are statements that relate to ideas about exercise. Please indicate the degree to which you agree or disagree with the statements by circling SA for strongly agree, A for agree, D for disagree or SD for strongly disagree.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I enjoy exercise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Exercise decreases feelings of stress and tension for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Exercise improves my mental health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Exercising takes too much of my time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I will prevent heart attacks by exercising.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Exercise tires me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Exercise increases my muscle strength.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Exercise gives me a sense of personal accomplishment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Places for me to exercise are too far away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exercising makes me feel relaxed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Exercising lets me have contact with friends and persons I enjoy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B continues on the next page. (© K. Sechrist, S. Walker and N. Pender 1985).
SECTION B (continued)

12. I am too embarrassed to exercise. SA A D SD

13. Exercising will keep me from having high blood pressure. SA A D SD

14. It costs too much to exercise. SA A D SD

15. Exercising increases my level of physical fitness. SA A D SD

16. Exercise facilities do not have convenient schedules for me. SA A D SD

17. My muscle tone is improved with exercise. SA A D SD

18. Exercising improves functioning of my cardiovascular system. SA A D SD

19. I am fatigued by exercise. SA A D SD

20. I have improved feelings of well being from exercise. SA A D SD

21. My spouse (or significant other) does not encourage exercising. SA A D SD

22. Exercise increases my stamina. SA A D SD

23. Exercise improves my flexibility. SA A D SD

24. Exercise takes too much time from family relationships. SA A D SD

25. My disposition is improved with exercise. SA A D SD

26. Exercising helps me sleep better at night. SA A D SD

27. I will live longer if I exercise. SA A D SD

Section B continues on the next page. (© K. Sechrist, S. Walker and N. Pender 1985).
SECTION B (continued)

28. I think people in exercise clothes look funny. SA A D SD

29. Exercise helps me decrease fatigue. SA A D SD

30. Exercising is a good way for me to meet new people. SA A D SD

31. My physical endurance is improved by exercising. SA A D SD

32. Exercising improves my self-concept. SA A D SD

33. My family members do not encourage me to exercise. SA A D SD

34. Exercising increases my mental alertness. SA A D SD

35. Exercise allows me to carry out normal activities without becoming tired. SA A D SD

36. Exercise improves the quality of my work. SA A D SD

37. Exercise takes too much time from my family responsibilities. SA A D SD

38. Exercise is good entertainment for me. SA A D SD

39. Exercising increases my acceptance by others. SA A D SD

40. Exercise is hard work for me. SA A D SD

41. Exercise improves overall body functioning for me. SA A D SD

42. There are too few places for me to exercise. SA A D SD

43. Exercise improves the way my body looks. SA A D SD

Section C starts on the next page. (© K. Sechrist, S. Walker and N. Pender 1985).
SECTION C

In this section, you can provide further information about yourself, about exercise and about your workplace. I would appreciate your candid comments and opinions especially in Section D which follows.

1. In the last year, **on how many days each week** have you undertaken some form of exercise?

   One day (per week).          Two days.          Three days.
   Four days.                   Five days.         Six days.
   Seven days (that is, every day).

2. On average, how long do you spend **on exercise** on the particular day / s?

   Less than 15 min.          15 min. to less than 30 min.
   30 min. to less than 45 min.  45 min. to less than one hour.
   One hour or more.

3. Is the exercise mentioned in the last two questions **most often** completed in one instance or broken into several times across the particular day/s?

   One instance.                Several times across the particular day/s.

4. Please list the exercise you do which your employer **supports you to do**. In the next column, indicate the type/s of support provided (for example: financial, time, verbal approval, facilities). Please be specific.

<table>
<thead>
<tr>
<th>Type/s of exercise</th>
<th>Type/s of support provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C continues on the next page.
SECTION C (continued)

5. Please list the exercise you do which **is not linked with your employment in any way**:

<table>
<thead>
<tr>
<th>Exercise type one</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise type two</td>
<td></td>
</tr>
<tr>
<td>Exercise type three</td>
<td></td>
</tr>
<tr>
<td>Exercise type four</td>
<td></td>
</tr>
<tr>
<td>Any further exercise (please list all remaining)</td>
<td></td>
</tr>
</tbody>
</table>

6. What changes in questions four and five have occurred in the last year? Please give details:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. Please list five things that impact on your ability to exercise. Number one has the strongest impact, while number five has the lowest impact:

<table>
<thead>
<tr>
<th>One (strongest)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Two</td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td></td>
</tr>
<tr>
<td>Five (lowest)</td>
<td></td>
</tr>
</tbody>
</table>

Section D starts on the next page.
SECTION D

What else would you like to tell me about exercise generally, incentives to exercise and/or the contribution of your employer?

What has been your experience?

What suggestions would you like to offer?

Please write as freely as possible. Please do not provide information which would identify employees or your employer in any way.

_____________________________________________________________________

_____________________________________________________________________

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_____________________________________________________________________

Section D continues on the next page.
SECTION E

Would you like (please tick):

To discuss this topic further?  

To obtain further information?   

To provide any other comments?  

To enter a prize draw for one of two $50 Myer vouchers (drawn Nov. / Dec. 2010)?  

If you have ticked any of these boxes, please provide your contact details below. Your information will only be used for these purposes, and will be removed before survey analysis takes place.

Name: ____________________________________  Telephone: ____________________
Email: ____________________________________

Is there anything else that you would like to add?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

This concludes the survey. Thank you again for your time.
9. Survey Demographics

This information supplements the discussion about survey section A. Responses are rounded to one decimal point.

**Question 2: Age**

The majority of survey respondents were aged between 20 and 24 (19.6%), followed by those aged between 35 to 39 and 40 to 44 (equal at 13.4%). 14 respondents did not answer this question.

![Age Distribution](image)

**Question 3: Relationship Status**

All participants answered this question, with most being married or partnered (58.7%).

![Relationship Status](image)
Question 4: Children

Most survey participants did not have children, as might be expected with many respondents being in their early twenties and/or single. Respondents with two children were the next highest percentage. All participants answered this question.

![Children](image)

Question 5: Employer

Similar numbers of participants from public and private organisations contributed to the surveys. Several participants stated that they worked for national or not-for-profit organisations, which did not actually contribute to the current research. This may reflect employees’ perceptions about the functions of their organisation or their roles.

![Employer](image)
Question 6: Employment Basis

The majority of survey participants were employed full-time (considered to be 38 hours per week or more), followed by part-time. Respondents employed part-time or casually were asked to list the number of hours worked per week. 49 responses were given. Because some participants indicated variation from week to week, the average was only approximate: 20 hours per week.

Employment basis

Question 7: Employment Classification (Local or State Government)

Those employees working in local or state government were asked to supply their employment level. The majority of employees were at level seven or higher, often managerial or senior operational roles. The next highest classification was levels three or four, often front-line operational roles.

Employment Classification (Local or State Government)
Question 8: Approximate Full-Time Equivalent Salary (Private Organisation)

Employees working in private organisations were asked to supply their approximate full-time equivalent salary. An equal number of respondents earned between $30000 and $45000, and $45000 to less than $60000, closely followed by $75000 and above.

Approximate Full-Time Equivalent Salary (Private Organisation)

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $30000</td>
<td>9.1%</td>
</tr>
<tr>
<td>$30000 to less than $45000</td>
<td>25.8%</td>
</tr>
<tr>
<td>$45000 to less than $60000</td>
<td>25.8%</td>
</tr>
<tr>
<td>$60000 to less than $75000</td>
<td>15.1%</td>
</tr>
<tr>
<td>$75000 and above</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

n = 66

Question 9: Employment Activities

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>24.2%</td>
</tr>
<tr>
<td>Customer service</td>
<td>12.9%</td>
</tr>
<tr>
<td>Education / training</td>
<td>25.8%</td>
</tr>
<tr>
<td>Management</td>
<td>14.5%</td>
</tr>
<tr>
<td>Technical</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

n = 124

It can be seen from questions seven to nine that participants from a variety of roles were represented in the current research. Considering the levels and pay scales, it was likely that there was a balance between operational and management roles. The responses to question nine showed that the majority of participants’ roles involved interactions with internal or external stakeholders to some extent.
Question 10: Time with Employer

The majority of respondents had been with their organisation for one year or less. This was unsurprising considering the age of the majority of participants, but it indicates the importance of attention to employee ‘attachment’ to the organisation and associated risk factors. The next highest category was those employees who had worked in the organisation for between three and six years.

![Bar chart showing time with employer](chart.png)

Question 11: Disability Status

While 43 responses were provided to this question, most indicated no disability. One respondent has chronic fatigue syndrome, another has depression while a third has diabetes. As shown in earlier discussion, these are aspects of health with implications for organisations.
10. Perceived Benefits from Exercise

This information supplements the discussion about the EBBS.

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>My disposition is improved by exercise</td>
<td>3.30</td>
<td>.63</td>
</tr>
<tr>
<td>26</td>
<td>Exercising helps me sleep better at night</td>
<td>3.27</td>
<td>.67</td>
</tr>
<tr>
<td>29</td>
<td>Exercise helps me decrease fatigue</td>
<td>3.09</td>
<td>.57</td>
</tr>
<tr>
<td>32</td>
<td>Exercising improves my self-concept</td>
<td>3.31</td>
<td>.59</td>
</tr>
<tr>
<td>34</td>
<td>Exercising increases my mental alertness</td>
<td>3.25</td>
<td>.63</td>
</tr>
<tr>
<td>35</td>
<td>Exercise allows me to carry out normal activities without becoming tired</td>
<td>3.18</td>
<td>.58</td>
</tr>
<tr>
<td>36</td>
<td>Exercise improves the quality of my work</td>
<td>3.13</td>
<td>.66</td>
</tr>
<tr>
<td>41</td>
<td>Exercise improves overall body functioning for me</td>
<td>3.37</td>
<td>.52</td>
</tr>
</tbody>
</table>

**Life enhancement**

**Physical performance**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Exercise increases my muscle strength</td>
<td>3.51</td>
<td>.57</td>
</tr>
<tr>
<td>15</td>
<td>Exercising increases my level of physical fitness</td>
<td>3.72</td>
<td>.51</td>
</tr>
<tr>
<td>17</td>
<td>My muscle tone is improved with exercise</td>
<td>3.56</td>
<td>.52</td>
</tr>
<tr>
<td>18</td>
<td>Exercising improves functioning of my cardiovascular system</td>
<td>3.98</td>
<td>.18</td>
</tr>
<tr>
<td>22</td>
<td>Exercise increases my stamina</td>
<td>3.46</td>
<td>.56</td>
</tr>
<tr>
<td>23</td>
<td>Exercise improves my flexibility</td>
<td>3.40</td>
<td>.59</td>
</tr>
<tr>
<td>31</td>
<td>My physical endurance is improved by exercising</td>
<td>3.49</td>
<td>.59</td>
</tr>
<tr>
<td>43</td>
<td>Exercise improves the way my body looks</td>
<td>3.39</td>
<td>.55</td>
</tr>
</tbody>
</table>

(cont.)
<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I enjoy exercise</td>
<td>3.41</td>
<td>.64</td>
</tr>
<tr>
<td>2</td>
<td>Exercise decreases feelings of stress and tension for me</td>
<td>3.49</td>
<td>.62</td>
</tr>
<tr>
<td>3</td>
<td>Exercise improves my mental health</td>
<td>3.55</td>
<td>.55</td>
</tr>
<tr>
<td>8</td>
<td>Exercise gives me a sense of personal accomplishment</td>
<td>3.52</td>
<td>.65</td>
</tr>
<tr>
<td>10</td>
<td>Exercising makes me feel relaxed</td>
<td>3.17</td>
<td>.72</td>
</tr>
<tr>
<td>20</td>
<td>I have improved feelings of well being from exercise</td>
<td>3.50</td>
<td>.61</td>
</tr>
</tbody>
</table>

**Social interaction**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Exercising lets me have contact with friends and persons I enjoy</td>
<td>3.02</td>
<td>.80</td>
</tr>
<tr>
<td>30</td>
<td>Exercising is a good way for me to meet new people</td>
<td>2.77</td>
<td>.76</td>
</tr>
<tr>
<td>38</td>
<td>Exercise is good entertainment for me</td>
<td>2.81</td>
<td>.85</td>
</tr>
<tr>
<td>39</td>
<td>Exercising increases my acceptance by others</td>
<td>2.53</td>
<td>.69</td>
</tr>
</tbody>
</table>

**Preventative health**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>I will prevent heart attacks by exercising</td>
<td>3.31</td>
<td>.56</td>
</tr>
<tr>
<td>13</td>
<td>Exercising will keep me from having high blood pressure</td>
<td>3.30</td>
<td>.50</td>
</tr>
<tr>
<td>27</td>
<td>I will live longer if I exercise</td>
<td>3.32</td>
<td>.56</td>
</tr>
</tbody>
</table>

**All perceived benefits questions**

3.31 .38

(Source: sub-scales and questions from Sechrist et al. 1987).
11. Perceived Barriers to Exercise

This information supplements the discussion about the EBBS.

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Exercise milieu</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Places for me to exercise are too far away</td>
<td>1.68</td>
<td>.72</td>
</tr>
<tr>
<td>12</td>
<td>I am too embarrassed to exercise</td>
<td>1.49</td>
<td>.65</td>
</tr>
<tr>
<td>14</td>
<td>It costs too much to exercise</td>
<td>1.84</td>
<td>.74</td>
</tr>
<tr>
<td>16</td>
<td>Exercise facilities do not have convenient schedules for me</td>
<td>2.06</td>
<td>.79</td>
</tr>
<tr>
<td>28</td>
<td>I think people in exercise clothes look funny</td>
<td>1.66</td>
<td>.63</td>
</tr>
<tr>
<td>42</td>
<td>There are too few places for me to exercise</td>
<td>1.75</td>
<td>.63</td>
</tr>
<tr>
<td></td>
<td><strong>Time expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Exercise takes too much time from family relationships</td>
<td>1.96</td>
<td>.69</td>
</tr>
<tr>
<td>37</td>
<td>Exercise takes too much time from my family responsibilities</td>
<td>1.90</td>
<td>.71</td>
</tr>
<tr>
<td>4</td>
<td>Exercising takes too much of my time</td>
<td>2.10</td>
<td>.79</td>
</tr>
<tr>
<td></td>
<td><strong>Physical exertion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Exercise tires me</td>
<td>2.49</td>
<td>.80</td>
</tr>
<tr>
<td>19</td>
<td>I am fatigued by exercise</td>
<td>2.37</td>
<td>.74</td>
</tr>
<tr>
<td>40</td>
<td>Exercise is hard work for me</td>
<td>2.48</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td><strong>Family encouragement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>My spouse (or significant other) does not encourage exercising</td>
<td>1.82</td>
<td>.77</td>
</tr>
<tr>
<td>33</td>
<td>My family members do not encourage me to exercise</td>
<td>1.65</td>
<td>.64</td>
</tr>
<tr>
<td></td>
<td><strong>All perceived barriers questions</strong></td>
<td>1.95</td>
<td>.40</td>
</tr>
</tbody>
</table>

(Source: sub-scales and questions from Sechrist *et al*. 1987).
12. Days of Exercise per Week

This information supplements the discussion about survey section C, question 1.

![Bar chart showing the number of days of exercise per week by organisation](chart.png)

Days of Exercise per Week by Organisation

<table>
<thead>
<tr>
<th>Days of Exercise per Week</th>
<th>TEI</th>
<th>SGD</th>
<th>LGA</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>6.0%</td>
<td>20.5%</td>
<td>3.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Two</td>
<td>8.0%</td>
<td>10.3%</td>
<td>3.8%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Three</td>
<td>32.0%</td>
<td>5.1%</td>
<td>30.8%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Four</td>
<td>22.0%</td>
<td>25.6%</td>
<td>15.4%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Five</td>
<td>18.0%</td>
<td>20.5%</td>
<td>3.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Six</td>
<td>8.0%</td>
<td>5.1%</td>
<td>23.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Seven</td>
<td>6.0%</td>
<td>12.9%</td>
<td>19.3%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
For each organisation, most participants exercised on two (PTC), three (TEI and LGA) or four (SGD) days across the week. In SGD and LGA, the high number of participants who had exercised every day across the past year (12.9% and 19.3% respectively) was of interest. This could reflect the nature of some sections from these organisations (where exercise was undertaken as a part of employment), or it could be a ‘flow-on’ from exposure to exercise even though the actual job role was more sedentary.
13. Time Spent on Exercise on the Particular Day/s

This information supplements the discussion about survey section C, question 2.

Time Spent on Exercise on the Particular Day/s – By Organisation

<table>
<thead>
<tr>
<th></th>
<th>n.</th>
<th>Less than 15 min.</th>
<th>15 min. to less than 30 min.</th>
<th>30 min. to less than 45 min.</th>
<th>45 min. to less than one hour</th>
<th>One hour or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEI</td>
<td>50</td>
<td>4.0%</td>
<td>8.0%</td>
<td>38.0%</td>
<td>28.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>SGD</td>
<td>39</td>
<td>0.0%</td>
<td>7.7%</td>
<td>10.3%</td>
<td>25.6%</td>
<td>56.4%</td>
</tr>
<tr>
<td>LGA</td>
<td>26</td>
<td>0.0%</td>
<td>23.1%</td>
<td>34.6%</td>
<td>19.2%</td>
<td>23.1%</td>
</tr>
<tr>
<td>PTC</td>
<td>6</td>
<td>0.0%</td>
<td>0.0%</td>
<td>16.7%</td>
<td>33.3%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
The breakdown by organisations (for participants who answered section C questions 1 and 2) was as follows:

**Exercise Breakdown by Organisation**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>n.</th>
<th>Four or more days per week plus thirty minutes or more on the particular days</th>
<th>% likely to meet recommended physical activity guidelines (DHA 1999)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEI</td>
<td>50</td>
<td>24</td>
<td>48.0%</td>
</tr>
<tr>
<td>SGD</td>
<td>39</td>
<td>25</td>
<td>64.1%</td>
</tr>
<tr>
<td>LGA</td>
<td>26</td>
<td>13</td>
<td>50.0%</td>
</tr>
<tr>
<td>PTC</td>
<td>6</td>
<td>1</td>
<td>16.7%</td>
</tr>
</tbody>
</table>
14. One or Several Instances Across Particular Day/s

This information supplements the discussion about survey section C, question 3.

In LGA, exercise on several instances across the day was significantly higher than for all organisations (38.5% versus 26.1%). Organisations can learn (and build upon) such momentum if appropriate. LGA already provides various exercise activities for employees, including a transport allowance to encourage walking, cycling and public transport use, as well as bicycles used by employees to travel between departments and locally. Other examples are given throughout Chapters Four and Five.
### 15. Exercise Types

<table>
<thead>
<tr>
<th>Aerobic</th>
<th>Anaerobic</th>
<th>Aqua aerobics</th>
<th>Badminton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballet</td>
<td>Basketball</td>
<td>Body combat</td>
<td>Boxing</td>
</tr>
<tr>
<td>Breaks</td>
<td>Bush walking</td>
<td>Capoeira</td>
<td>Cardio.</td>
</tr>
<tr>
<td>Chi Kung</td>
<td>Circuit</td>
<td>Cleaning</td>
<td>Community-based exercise</td>
</tr>
<tr>
<td>Competitions</td>
<td>Cricket</td>
<td>Cross training</td>
<td>Cycling</td>
</tr>
<tr>
<td>Cycling to work</td>
<td>Dance</td>
<td>Endurance</td>
<td>Exercise bike</td>
</tr>
<tr>
<td>Family exercise</td>
<td>Flexibility</td>
<td>Football</td>
<td>Freestyle class</td>
</tr>
<tr>
<td>Free workshops</td>
<td>Games</td>
<td>Gardening</td>
<td>Golf</td>
</tr>
<tr>
<td>Group fitness</td>
<td>Gym</td>
<td>Half marathon</td>
<td>High intensity training</td>
</tr>
<tr>
<td>Hockey</td>
<td>Impromptu exercise</td>
<td>Jogging</td>
<td>Kayaking</td>
</tr>
<tr>
<td>Latin burn</td>
<td>Little athletics</td>
<td>Martial arts</td>
<td>Netball</td>
</tr>
<tr>
<td>Overseas team challenge</td>
<td>Personal training</td>
<td>Pilates</td>
<td>Play</td>
</tr>
<tr>
<td>Pool work</td>
<td>Pump</td>
<td>Resistance training</td>
<td>Rollerblading</td>
</tr>
<tr>
<td>Rowing</td>
<td>Rugby</td>
<td>Running</td>
<td>Salsa</td>
</tr>
<tr>
<td>Soccer</td>
<td>Sports</td>
<td>Squash</td>
<td>Staff classes</td>
</tr>
<tr>
<td>Staff competitions</td>
<td>Step</td>
<td>Strength</td>
<td>Stretching</td>
</tr>
<tr>
<td>Surfing</td>
<td>Swimming</td>
<td>Tai Chi</td>
<td>Team competitions</td>
</tr>
<tr>
<td>Tennis</td>
<td>Travel allowance</td>
<td>Treadmill</td>
<td>Triathlons</td>
</tr>
<tr>
<td>Umpiring</td>
<td>Various types</td>
<td>Volleyball</td>
<td>Walking</td>
</tr>
<tr>
<td>Weekend exercise</td>
<td>Weights</td>
<td>Wii Fit</td>
<td>Yoga</td>
</tr>
<tr>
<td>Zumba</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This table contains all types of exercise mentioned by survey participants (i.e., exercise activities and independent exercise).
16. Changes to Exercise

This information supplements the discussion about survey section C, question 6.

**TEI (n = 52)**
- No response (32.7%)
- No change (15.4%)
- Increase in exercise (11.5%)
- Decrease in exercise (7.7%)
- Started exercising (1.9%)
- Specific changes noted (30.8%)

**SGD (n = 40)**
- No response (45.0%)
- No change (20.0%)
- Increase in exercise (12.5%)
- Decrease in exercise (0.0%)
- Started exercising (5.0%)
- Specific changes noted (17.5%)

**LGA (n = 27)**
- No response (44.5%)
- No change (22.2%)
- Increase in exercise (7.4%)
- Decrease in exercise (0.0%)
- Started exercising (0.0%)
- Specific changes noted (25.9%)

**PTC (n = 7)**
- No response (28.5%)
- No change (14.3%)
- Increase in exercise (0.0%)
- Decrease in exercise (14.3%)
- Started exercising (14.3%)
- Specific changes noted (28.6%)
## 17. Impacts to Exercise

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Children</th>
<th>Companionship</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>Equipment</td>
<td>Family commitments</td>
<td>Food</td>
</tr>
<tr>
<td>Goals</td>
<td>Holidays</td>
<td>Incentives</td>
<td>Interruptions</td>
</tr>
<tr>
<td>License</td>
<td>Logistics</td>
<td>Money</td>
<td>Motivation</td>
</tr>
<tr>
<td>Others</td>
<td>Other commitments</td>
<td>Other options</td>
<td>Own health</td>
</tr>
<tr>
<td>Personal</td>
<td>Proactive health</td>
<td>Routine</td>
<td>Situation</td>
</tr>
<tr>
<td>Sleep</td>
<td>Social</td>
<td>Stress</td>
<td>Study</td>
</tr>
<tr>
<td>Time</td>
<td>Travel</td>
<td>Urban design</td>
<td>Weather</td>
</tr>
<tr>
<td>Willpower</td>
<td>Work commitments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The information below is a supplement to Table 5-7.

‘Aerobic’ exercise refers to activities which make use of oxygen for energy such as walking, jogging, swimming and cycling, generally over longer periods of time (Galvao, Taaffe, Spry, Joseph & Newton 2009; Selig, Levinger, Williams, Smart, Holland, Maiorana, Green & Hare 2010). Alternatively, ‘Anaerobic’ exercise involves different bodily energy storage (Smith, Fukuda, Kendall & Stout 2010), for a shorter time and with higher intensity than aerobic exercise. Examples include sprints (Ali & Hanachi 2011), resistance exercise and high-intensity cycling (Trapp, Chisholm, Freund & Boutcher 2008). The categories were retained because the actual activities were not specified.

‘Community-based exercise’ refers to a program of different exercises available to employees from one organisation as well as local residents, other employees, business operators and visitors.

‘Competitions’ refers to exercise-related events which can be completed individually or in teams, such as the City to Surf in Perth, Western Australia.

Further detail was not given for the ‘Freestyle class’ example. It could refer to a type of martial arts (Cobra Martial Arts & Fitness Centres 2011), dance (Rapture Salsa Dance Academy n.d.) or particular exercise activities or facilities (Pulse Fitness 2009).

‘Impromptu exercise’ involves activities at or near an employee’s desk or workspace such as stretching, for instance during short breaks.

‘Overseas team challenge’ was an opportunity for employees from one organisation to scale an overseas landmark in a team.
‘Staff classes’ includes participation in exercise classes conducted by colleagues for quality control, and exercise activities in a class format arranged specifically for employees.

‘Staff competitions’ involves competitive exercise between employees and other stakeholders such as students, and activities such as weight loss challenges for employees.

‘Team competitions’ refers to participation in activities also available to employees from other organisations or the community (an extension of the ‘competitions’ category on the previous page).

‘Travel allowance’ involves a daily payment amount to employees when a car is not used to travel to and from the workplace. This includes exercise activities such as walking or cycling as well as public transport.

‘Various types’ refers to activities which were listed together, such as walking, hiking, paddling and surfing / trekking and workout program.

The process of categorising and combining these activities was another form of interpretative analysis; there may still be some overlap between examples due to different terminology used by participants. Additionally, for some participants, particular exercise activities were a requirement and a consequence of their job role; cleaning appeared to be an example here. The choice of job role for these participants may have been an incentive to exercise.
### 19. Questions Across the Phases

<table>
<thead>
<tr>
<th>Pilot testing (phase one)</th>
<th>Interviews (phase three)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus group</strong></td>
<td><strong>Interview</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Interview (employees)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Interview (org. contacts)</strong></td>
</tr>
<tr>
<td>Can you please tell me a bit about yourself, just for background?</td>
<td></td>
</tr>
<tr>
<td>What is health?</td>
<td>What is health?</td>
</tr>
<tr>
<td>What is ill-health?</td>
<td>What is ill-health?</td>
</tr>
<tr>
<td>What is motivation?</td>
<td>What is motivation?</td>
</tr>
<tr>
<td>What is demotivation?</td>
<td>What is demotivation?</td>
</tr>
<tr>
<td>What does the term ‘physical activity’ mean to you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What does the term ‘exercise’ mean to you?</td>
</tr>
<tr>
<td>List any physical activity you are involved with at the moment (not supported by employer)</td>
<td>What sorts of physical activity are you involved with?</td>
</tr>
<tr>
<td></td>
<td>Please share with me your experience of exercise.</td>
</tr>
<tr>
<td></td>
<td>Please share with me your experience of exercise.</td>
</tr>
<tr>
<td></td>
<td>What does the term ‘exercise incentives’ mean to you?</td>
</tr>
<tr>
<td>List any physical activity supported by employer</td>
<td>What does the term ‘exercise incentives’ mean to you?</td>
</tr>
<tr>
<td>List physical activity incentives offered by my organisation</td>
<td></td>
</tr>
<tr>
<td>Pilot testing (phase one)</td>
<td>Interviews (phase three)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Focus group</td>
<td>Interview</td>
</tr>
<tr>
<td>List physical activity incentives offered by any organisation</td>
<td></td>
</tr>
<tr>
<td>Share any observations about these lists</td>
<td>What do you think about these exercise incentives?</td>
</tr>
<tr>
<td>Benefits of physical activity</td>
<td>Benefits of physical activity</td>
</tr>
<tr>
<td>Downsides to physical activity</td>
<td>Downsides to physical activity</td>
</tr>
<tr>
<td>Highest motivator to be involved in physical activity</td>
<td></td>
</tr>
<tr>
<td>Demotivators to physical activity</td>
<td></td>
</tr>
<tr>
<td>What could, or should, organisations be doing to support employees to be physically active?</td>
<td>What could, or should, organisations be doing to support employees to be physically active?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>To conclude, is there anything else you would like to add?</td>
<td></td>
</tr>
</tbody>
</table>

(Note: * = Please respond from manager and employee perspectives).
20. Ongoing Research Validation Summaries

TEI: Review of interim analysis

This document summarises our meeting in late August 2011 where some early findings, models and recommendations were presented. This information (which does not identify your organisation specifically) is planned as an appendix item in the final publication.

Survey outcomes were discussed firstly:

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Organisational Contact’s feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees’ levels of exercise</td>
<td>With regard to the Australian recommendations for physical activity: “48 per cent is below the community level which is a bit of a concern”.</td>
</tr>
<tr>
<td>Exercise activities supported by the organisation</td>
<td>Minor suggestions about the format of the document were given for clarity. Later documents were updated.</td>
</tr>
<tr>
<td></td>
<td>There is overlap between some responses to this question (e.g., group fitness occurs in the gym). Another department offers various exercise activities for students, including some which employees can join: “Pilates is the only one that isn’t directly offered as part of staff fitness here but it is offered by (department). They run yoga and pilates classes every semester”.</td>
</tr>
<tr>
<td></td>
<td>A particular concern: “We have not got an academic that has the time in part of their job description to oversee the staff fitness program” (this includes research into outcomes from the program). There has been “a different person each semester” managing the program: “That’s a big concern for me”. “The staff that attend are really committed to the program”.</td>
</tr>
<tr>
<td></td>
<td>The gym is also used for research and teaching so availability is an issue.</td>
</tr>
<tr>
<td></td>
<td>Information was given (emails to employees) about other exercise activities available in 2010:</td>
</tr>
<tr>
<td></td>
<td>• Cardio salsa</td>
</tr>
<tr>
<td></td>
<td>• Social soccer</td>
</tr>
<tr>
<td></td>
<td>• Mixed netball</td>
</tr>
<tr>
<td></td>
<td>• 8 week activities (‘group personal-training, toning, weight loss, wellbeing’).</td>
</tr>
<tr>
<td></td>
<td>• HBF Freeway Bike Hike</td>
</tr>
<tr>
<td></td>
<td>• Asics Bridges Fun Run</td>
</tr>
<tr>
<td></td>
<td>• City to Surf.</td>
</tr>
<tr>
<td></td>
<td>Other exercise activities available to employees in 2011:</td>
</tr>
<tr>
<td></td>
<td>• Yoga</td>
</tr>
<tr>
<td></td>
<td>• Krav Maga (a form of martial arts)</td>
</tr>
<tr>
<td></td>
<td>• Mixed netball</td>
</tr>
<tr>
<td></td>
<td>• Mixed soccer</td>
</tr>
<tr>
<td></td>
<td>• Zumba (including a challenge to support an Australian charity)</td>
</tr>
<tr>
<td></td>
<td>• Twilight Challenge (‘fun, easy, non-traditional sports’)</td>
</tr>
<tr>
<td></td>
<td>• Gyms (privately run, outside of the organisation).</td>
</tr>
<tr>
<td></td>
<td>The researcher will also speak with other contacts in the organisation to confirm whether further activities are available.</td>
</tr>
</tbody>
</table>
The Exercise Incentives Model was then presented and discussed. The importance (‘Imp.’) of the various dimensions was assessed, followed by the extent to which these were ‘Being done’ (in place, in action or similar).

The original Exercise Incentives Model (supplied before the meeting) showed exercise activities at the centre surrounded by other dimensions of equal size. ‘Gaps’ (differences shown in white below) between what is considered important and what is actually being done would be of most concern when they could not be explained. The Organisational Contact readily explained reasons for the various gaps, and areas for improvement were also noted. Before finalising the ratings, the Organisational Contact sought further information from several other employees. These written comments are also given in italics.

The Fuller, Gall Gap Analysis Model (2011):

| Types of support provided for employee exercise | Endorsement was discussed particularly: “I am actually quite surprised even some identifying that there was endorsement, because you don’t know what is going on in the other (departments). You kind of hope that they are being supported”.
There is potential for additional support for exercise which happens in some other organisations: “Ideally it shouldn’t even be part of their lunch hour. It should be, you can go and do that, then have your hour lunch”.

| Independent exercise (employee exercise not supported in any way by the organisation) | The responses were not surprising: “Walking, cycling, swimming, running are all quite independent, self-motivating sorts of activities”.
“It is good to see that Zumba has got a mention”.
“It is reflecting what you would see in the community”.

| Impacts to employees’ exercise | “I am not surprised with any of those, because that is what I hear a lot too”. With regard to time: “A lot of people think that they don’t have time, but it is such a common excuse”. These impacts probably reflect the Stages of Change Model which is useful to include in discussion (researcher will follow-up). |

The Fuller, Gall Gap Analysis Model (2011):

<table>
<thead>
<tr>
<th>IMPORTANT</th>
<th>BEING DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supp.</td>
<td></td>
</tr>
<tr>
<td>Comm.</td>
<td></td>
</tr>
<tr>
<td>Str.</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td></td>
</tr>
<tr>
<td>End.</td>
<td></td>
</tr>
<tr>
<td>EIAM</td>
<td></td>
</tr>
<tr>
<td>Imp.</td>
<td>Being done</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
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<td>5</td>
<td>3</td>
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<td>5</td>
<td>2</td>
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<td>5</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

“There is a little bit out there that we are doing, but not very much”.

Additional feedback

“I like your model”.
“It makes sense”.
There is a need for a longitudinal study with an organisation that makes use of this model including “mapping this with sick days”.

There is potential for:
- The organisation to take a proactive approach where large gaps exist.
- The model to be presented and further tested in academic publications.
- Funding applications through Healthway (supported by the Western Australian State Government) for health promotion and "evidence based practice”.
- Alignment with the existing work of organisations such as the Department of Sport and Recreation (Western Australian State Government).

Next, recommendations to implement and evaluate exercise incentives were discussed. Categories of ‘important’ and ‘being done’ were again used. Because a full model for the recommendations is not used, the results are given in graph form.

![Graph showing importance and being done categories](image-url)
<table>
<thead>
<tr>
<th>Imp.</th>
<th>Being done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Rec. one</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider and explain the Exercise Incentives Model</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>“We really need someone like you have identified. We need staff who are dedicated to do it, and we don’t have that”. Support of senior management is needed “in terms of being very proactive in encouraging managers to encourage their staff”. Rating of 2 reflects the funding currently available.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. two</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>One employee as co-ordinator of exercise incentives</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>Funding for the current (casual) co-ordinator (7.5 hours per week) comes from the sessional (casual) staffing budget in one department. This department must find the funds each year to do so. “We need more stability” (of staffing). Organisational Contact “totally agrees” with the recommendation, but acknowledges that overlap between student needs (learning and practicum commitments) and the needs of employees can be problematic.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. three</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change leaders</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>“That is a really interesting concept and that would probably fit in with the Stages of Change Model”. The organisation has no change leaders currently and no funds are allocated to do so.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. four part one</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rationale: strategic and operational</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>Senior management is supportive of employee exercise but funds must be requested each year (as per information in recommendation two). No funds are available for a full-time employee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. four part two</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk assessment</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>Acknowledged that with the current exercise activities: “we have made progress, a long way”. However: “The (organisation) is very cautious about embarking on any project that may be high risk. Every initiative must be approved by the legal team”. Risk assessment resulting in particular activities not being offered could be a “unique characteristic” of the organisation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. four part three</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practical considerations and arrangements</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>As mentioned earlier, the organisation’s gym is used for teaching and research as well as for the exercise program. Time and space is an ongoing limitation: “It is an issue in terms of even how many people can fit in the gym”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rec. four part four</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication with employees and other stakeholders</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>“No dedicated staff member” undertakes this. Currently, emails are sent to employees via one department manager. The availability of fitness appraisals is mentioned and bookings are required. In terms of the current communication: “I think it could be done a lot better”. (cont.)</td>
</tr>
</tbody>
</table>
Rec. four part five
Monitoring and interim reporting

4 1 “We don’t have anybody to do it. Who is going to monitor it and report back on how it is going? ”.
“A lot of information/data has been gathered but nobody has had time to analyse/review”.
Monitoring occurs at the individual (employee) level (e.g., employee assessment by a personal trainer) but not at the organisational level: “Couldn’t even probably say how many come each session unless they do all remember to sign in”.
“Don’t think anybody has been given any opportunity to feed back except anecdotally”.

Rec. four part six
Evaluation and final reporting

4 1 “No personnel”.
This is an important activity as it can be used to inform senior management in decision-making and the needs of particular employees: “I don’t think staff fitness makes any particular allowances for staff with special needs”.
Nonetheless, valuable outcomes are shown (e.g., employees with “quite severe health conditions” can access a rehabilitation clinic run by students as part of their practicum requirements).

Organisational Contact’s responses:
(It is important that your information is captured correctly. Please indicate if there are any corrections or additions, or if you wish to offer any further feedback at this stage).
SGD: Review of interim analysis

This document summarises our meeting in September 2011 where some early findings, models and recommendations were presented. This information (which does not identify your organisation specifically) is planned as an appendix item in the final publication.

Survey outcomes were discussed firstly:

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Organisational contact’s feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees’ levels of exercise</td>
<td>“Because of the industry we are in, hopefully people would be exercising as a result”.</td>
</tr>
<tr>
<td>Exercise activities supported by the organisation</td>
<td>“Everyone knows that you can get a complimentary gym membership when you are a permanent employee, so I imagine that one would be high”. The results could be influenced by participants’ gender: “group fitness usually resonates more with females than the male staff”. Some specific activities mentioned by participants (e.g., resistance training, weights and strength) could also be grouped under ‘gym’. Similarly, aerobic, step and body combat could also be listed under ‘group fitness’. It was surprising that specific activities (e.g., City to Surf and Million Paws Walk) were not mentioned, but these could have been listed by exercise type rather than name.</td>
</tr>
<tr>
<td>Types of support provided for employee exercise</td>
<td>The link to the Exercise Incentives Model was discussed (on later pages).</td>
</tr>
<tr>
<td>Independent exercise (employee exercise not supported in any way by the organisation)</td>
<td>Swimming and group fitness are readily available and well used in the organisation. One reason was suggested for employees using these activities in their own time: “a lot of people, once they have finished work, they want to get away from the workplace or they don’t want customers to see them exercising”. Some employees want customers to see them exercising while others want to keep work and exercise separate.</td>
</tr>
<tr>
<td>Impacts to employees’ exercise</td>
<td>It would be interesting to see reasons and background for these impacts through the written comments and particularly the interviews: “I know that the number one reason most people don’t exercise as they should is usually time, so probably no surprise there”. “I would think that the majority of our staff would be relatively healthy so I don’t know why that (health) would be a barrier, but I do know that some of them suffer from injuries”.</td>
</tr>
</tbody>
</table>

The Exercise Incentives Model was then presented and discussed. The importance (‘Imp.’) of the various dimensions was assessed, followed by the extent to which these were ‘Being done’ (in place, in action or similar).

The original Exercise Incentives Model (supplied before the meeting) showed exercise activities at the centre surrounded by other dimensions of equal size. ‘Gaps’ (differences shown in white) between what is considered important and what is actually being done would be of most concern when they could not be explained. The Organisational Contact readily explained reasons for the various gaps, and areas for improvement were also noted.
Overall, it can be seen that the ratings between what the organisation views as important and what is currently being done are fairly consistent.

The Fuller, Gall Gap Analysis Model (2011):

<table>
<thead>
<tr>
<th>Dimension and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise activities (EA)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Imp.</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>
| | | As mentioned earlier, some employees may well be happy to exercise in their own time, away from the organisation: “I think it is being done, but there are still some aspects that people are doing outside of work. Whether they feel they should be supported from us is an interesting question”. “It is extremely important to have a variety of different activities. We have got gym, we have got swimming, we have got group fitness classes, we have got all those types of things”.

<table>
<thead>
<tr>
<th>Communication (Comm.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Imp.</td>
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<td>5</td>
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</tbody>
</table>
| | | “Again, it is extremely important so people know what is available to them”. Email and word of mouth are commonly used across the organisation, particularly as there are many part time and casual employees. The organisation doesn’t have a staffroom or similar common area where information could be displayed. As a Government department, the organisation is mindful of advertising about employee exercise in public places and negative / unintended messages which could result.

<table>
<thead>
<tr>
<th>Employees’ interest, ability and motivation (EIAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Imp.</td>
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<td>5</td>
</tr>
</tbody>
</table>
| | | “I think that is actually the key. If people haven’t got the interest and the motivation they aren’t actually going to be doing it, regardless of what you offer them”. Discussion took place about intrinsic versus extrinsic motivation: “I don’t know how much we can influence that motivation”. “We try to let them know what the benefits of being active are” (physical health, mental health and productivity at work were mentioned specifically).

<table>
<thead>
<tr>
<th>Endorsement (End.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Imp.</td>
</tr>
<tr>
<td>5</td>
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</tbody>
</table>
| | | “Endorsement, I think, is again extremely important”. The organisation’s most senior manager exercises regularly and is well known by employees for doing so. Endorsement varies across different managers. (cont.)

<table>
<thead>
<tr>
<th>IMPORTANT</th>
<th>BEING DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Str.</td>
<td>EIAM</td>
</tr>
<tr>
<td>End.</td>
<td>EA</td>
</tr>
</tbody>
</table>
The title should be changed to ‘infrastructure’ as the current term suggests staffing and reorganisation.

“We have got pretty much anything you would want to do in terms of exercise”.

**Supplementary services (Supp.)**

Employees have access to physiotherapists, masseurs, dieticians and doctors at a discount. The importance of these services varies: “I know when I have been injured, for example, those supplementary services come high up in the rankings. If I am healthy, I don’t really think about those.” Discounted exercise equipment is also available to employees.

**Additional feedback**

“This is excellent”.

Next, **recommendations** to implement and evaluate exercise incentives were discussed. Categories of ‘Important’ and ‘Being done’ were again used. Because a full model for the recommendations is not used, the results are given in graph form.

There are some gaps between what is considered as ‘Important’, and what is ‘Being done’. For all recommendations, reasons for the current status were given or opportunities for improvement were noted.

<table>
<thead>
<tr>
<th>Imp.</th>
<th>Being done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec. one</td>
<td>Consider and explain the Exercise Incentives Model</td>
<td></td>
</tr>
</tbody>
</table>
| 5 | 3.5 | “The model would be a nice way to help people understand what parts of the jigsaw they are missing”.
“Aspects of the model are being done”.
“We’re doing it, but not as a collective”. |
The researcher will present the model and some findings to employees at a future meeting as an update and a way to ‘close the research loop’.

### Rec. two
**One employee as co-ordinator of exercise incentives**

<table>
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<th>3</th>
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</table>
| This is currently managed collectively by the senior management team. Feedback is sought from employees, through to managers, then to directors.  
“I am just concerned if you have one employee to do that role, then all the onus falls on to them”.  
“I think that role is important, but whether it is just one person… I think a collective may be better”.

### Rec. three
**Change leaders**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
</table>
| This is already in place across the organisation: “We have got a lot of change leaders”.  
“We have people encouraging people”.  
A diverse group of change leaders (e.g., ages, roles, exercise levels and ability) is important: “Perhaps that is something that we need to do better”.  
Attention is given to catering for and supporting different exercise abilities (e.g., different distances and levels for participants in the City to Surf).

### Rec. four part one
**Rationale: strategic and operational**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
</table>
| Rationale is in place and in action, but there are still opportunities to revise this and to improve.

### Rec. four part two
**Risk assessment**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
</table>
| “Whatever we do, we have to do a risk assessment”.  
“It is probably more so to do with the infrastructure. When is it due for replacement?, those sorts of aspects”.  
“Do we have a risk assessment on each activity that we offer? Probably not”.  
Risk assessments are also undertaken for staff with pre-existing injuries.

### Rec. four part three
**Practical considerations and arrangements**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
</table>
| “It is definitely important”.  
“I think by and large it is being done”.

### Rec. four part four
**Communication with employees and other stakeholders**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
</table>
| “Is it being done? I think it is. It could be better, particularly with the stakeholders”.  
“There is a stigma attached that you are a State Government worker and you are exercising. You should be working”.

### Rec. four part five
**Monitoring and interim reporting**

<table>
<thead>
<tr>
<th>5</th>
<th>2</th>
</tr>
</thead>
</table>
| “It is important, but we’re not really doing it that well”.  
“It is something we really need to work on, same with the evaluation and final reporting” (below).

### Rec. four part six
**Evaluation and final reporting**

<table>
<thead>
<tr>
<th>5</th>
<th>2</th>
</tr>
</thead>
</table>
| Evaluation: “was something I was concerned about”.

342
Organisational Contact’s responses:
(It is important that your information is captured correctly. Please indicate if there are any corrections or additions, or if you wish to offer any further feedback at this stage).
LGA: Review of interim analysis

This document summarises our meeting in late August 2011 where some early findings, models and recommendations were presented. This information (which does not identify your organisation specifically) is planned as an appendix item in the final publication.

Interview comments from the two Organisational Contacts are coded A (administration) and D (department). Survey outcomes were discussed firstly:

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Organisational contact’s feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees’ levels of exercise</td>
<td>General discussion took place.</td>
</tr>
<tr>
<td>Exercise activities supported by the organisation</td>
<td>The main offer is a 50% discount to the organisation’s gym. “There should be more provision to provide regular personal training” (D)</td>
</tr>
<tr>
<td></td>
<td>There needs to be more than just discounts: “a lot of people who aren’t that into exercise will need that one on one” (personal training – D).</td>
</tr>
<tr>
<td></td>
<td>Continuous and regular exercise is needed – it can’t just be ‘one-off’ situations or events.</td>
</tr>
<tr>
<td></td>
<td>With regard to the interview write-ups for the final publication: “Quotes make it more personal and they are really what people are feeling” (A).</td>
</tr>
<tr>
<td>Types of support provided for employee exercise</td>
<td>Due to limited time, these topics were not discussed in detail.</td>
</tr>
<tr>
<td>Independent exercise (employee exercise not supported in any way by the organisation)</td>
<td></td>
</tr>
<tr>
<td>Impacts to employees’ exercise</td>
<td>“No surprises there. That all makes sense to me” (A). “A few of these could be classed as excuses” (D).</td>
</tr>
<tr>
<td></td>
<td>Time is a common reason for people not exercising.</td>
</tr>
</tbody>
</table>

The Exercise Incentives Model was then presented and discussed. The importance (‘Imp.’) of the various dimensions was assessed, followed by the extent to which these were ‘Being done’ (in place, in action or similar).

The original Exercise Incentives Model (supplied before the meeting) showed exercise activities at the centre surrounded by other dimensions of equal size. ‘Gaps’ (differences shown in white) between what is considered important and what is actually being done would be of most concern when they could not be explained. The Organisational Contacts readily explained reasons for the various gaps, and /or areas for improvement were noted. For some dimensions, there were different ratings between administration (A) and the particular department (D), as noted. Explanation of these ratings is given after the models.
The Fuller, Gall Gap Analysis Model (2011):

**ADMINISTRATION:**

**IMPORTANT**

- Supp.
- Comm.
- End.
- Str.
- EA
- EIAM

**BEING DONE**

**DEPARTMENT:**

**IMPORTANT**

- Supp.
- Comm.
- End.
- Str.
- EA
- EIAM

**BEING DONE**

<table>
<thead>
<tr>
<th>Imp.</th>
<th>Being done</th>
<th>Dimension and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise activities (EA)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>Exercise activities are very important as they assist with productivity, reducing stress levels and overall quality of life. There is potential for changes to suit employee needs over time: “Some is being done but not everything we could do” (A). “So there is a lot more that we could be doing” (D).</td>
</tr>
</tbody>
</table>

(cont.)
This dimension is vital because of turnover and “just the amount of people that we have got on board” (A). “Whenever there is any issues, it is usually because of communication” (A).

The organisation must work to ‘drive home’ (reinforce and build up) employees’ interest, ability and motivation. “Even if the workforce isn’t interested in exercise I don’t think that should stop you from ... the organisation putting them into place” (A). It was agreed that the other dimensions would be assessed separately.

The organisation must work to ‘drive home’ (reinforce and build up) employees’ interest, ability and motivation. “Even if the workforce isn’t interested in exercise I don’t think that should stop you from ... the organisation putting them into place” (A). It was agreed that the other dimensions would be assessed separately.

Endorsement (End.)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>A</td>
<td>“I would say we do some endorsement but we could do a lot more” (A).</td>
</tr>
<tr>
<td>5</td>
<td>D</td>
<td>“It has got to be a top down approach” (D). Employees working at the gym are already on site, many exercise as a part of their job role and “I always get them to train on shifts”. This was seen as a further form of endorsement (D). “We always make an effort if people want to work out” (D).</td>
</tr>
</tbody>
</table>

“We do have showers here at work but a lot of people complain that there is only one” (one shower for males and one for females, and no mirror).

Structure such as showers could lead to big excuses if not available and suitable to employees’ needs. Again, it is a different in the gymnasium than in the office environment.

Supplementary services (Supp.)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>A</td>
<td>“I think it is important but not fully important” (A). From an administration perspective, it is not being done at the moment.</td>
</tr>
<tr>
<td>5</td>
<td>D</td>
<td>Arrangements are in place with various providers such as physiotherapists and chiropractors: “they get really, really good discounts” (D). “We have got a network”.</td>
</tr>
</tbody>
</table>

Next, recommendations to implement and evaluate exercise incentives were discussed. Categories of ‘Important’ and ‘Being done’ were again used. Because a full model for the recommendations is not used, the results are given in graph form.
There are some gaps between what is considered as ‘important’, and what is ‘being done’. For all recommendations, reasons for the current status was given or opportunities for improvement were noted.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Rec. one</strong></td>
<td>Consider and explain the Exercise Incentives Model</td>
<td></td>
</tr>
</tbody>
</table>
| 4 | 1 | “I think it is also important for the organisation to support it, not just your manager” (A).
“Even if the organisation supported it and the manager didn’t, it would still be ok” (A).
“In terms of managers I would say one” (A). |
| **Rec. two**  | One employee as co-ordinator of exercise incentives |
| 4 | 1 | Responsibility rests with the HR department rather than an individual. |
In another organisation, one person is appointed as co-ordinator of such incentives: “that person reports to the OH&S (occupational health and safety) manager” (A). The Organisational Contact is also aware of another organisation with one employee as co-ordinator. This recommendation would be seen as best practice. |
| **Rec. three**  | Change leaders |
| 4 | 2 | “That has taken my particular interest at the moment because we have lots of changes in the organisation and we do need champions in the organisation” (A). The organisation has recently set up a “network of people working together across the organisation” to support various initiatives (A). “We need to drive it because we work across the organisation” (A). “I’d say two because we are starting the journey” (A). |
### Rec. four part one
**Rationale: strategic and operational**

| 5 | 1 | “I think all of them are important because that is what brings them together. If you don’t have that, the program is not going to work” (A). “We know what we should be doing, but there is nothing driving the direction” (D – agreed by A). “Nothing strategically in a plan or anything” (A). |

### Rec. four part two
**Risk assessment**

| 5 | 1 | No risk assessment is being done. |

### Rec. four part three
**Practical considerations and arrangements**

| 5 | 2 | “It is just like: “here is the gym discount, go ahead”” (A). The gym incentive is promoted when people start, but not so well down the track. |

### Rec. four part four
**Communication with employees and other stakeholders**

| 5 | 2 | Some efforts are being made, with good intentions. |

### Rec. four part five
**Monitoring and interim reporting**

| 5 | 1 | No evaluation or monitoring is taking place. |

### Rec. four part six
**Evaluation and final reporting**

| 5 | 1 | As with the previous point. |

### Overall comments

“We want to improve” (A). The (Western Australian State Government) Department of Sport and Recreation provides some guidance to organisations about employee exercise and this has been used by the organisation. The researcher will follow-up about this information.

**Organisational Contact’s responses:**

(It is important that your information is captured correctly. Please indicate if there are any corrections or additions, or if you wish to offer any further feedback at this stage).
PTC: Review of interim analysis

This document summarises our meeting in late August 2011 where some early findings, models and recommendations were presented. This information (which does not identify your organisation specifically) is planned as an appendix item in the final publication.

Survey outcomes were discussed firstly:

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Organisational contact’s feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees’ understanding of the term ‘exercise’</td>
<td>It was likely that employees viewed physical activity and exercise separately. This would explain why gym was the only exercise activity listed for this question.</td>
</tr>
<tr>
<td>Exercise activities supported by the organisation</td>
<td>Discussed at the end of the Exercise Incentives Model, shortly.</td>
</tr>
<tr>
<td>Types of support provided for employee exercise</td>
<td>The information was “fairly typical” and of no surprise. “In some part, the majority of them (independent exercise types) are all supported by the business already”.</td>
</tr>
<tr>
<td>Independent exercise (employee exercise not supported in any way by the organisation)</td>
<td>“All of these impacts would be the typical impacts that we would assume would stop people or would have to be taken into consideration”.</td>
</tr>
</tbody>
</table>

Two discussion points provided further background:

1. **Employee demographics:** The organisation has “polar opposites” in terms of employees’ exercise interest, involvement and/or ability:
   - Employees who are “very health aware, health conscious, exercise conscious and take on very much planned, physical activity outside of work and during work”.
   - Employees who are “inactive and sedentary in their lifestyle”.
   - “If you looked at the bell curve I wouldn’t say that we have a huge lump of people that sit in the sweet spot in between”.

2. In recent years, the organisation has developed an exercise activity (swimming) to support a local charity. This is strongly endorsed by management and publicised accordingly. An exercise activity developed specifically by an organisation to support a charity had not been mentioned in the research until this point.

A possible extra dimension to the Exercise Incentives Model was also given, discussed shortly.

**The Exercise Incentives Model** was then presented and discussed. The importance (imp.) of the various dimensions was assessed, followed by the extent to which these were ‘being done’. Take up rates, participation levels and similar for the ‘being done’ provided compelling evidence. For some activities that ran over weeks or months, there was also variation between the number of employees who commenced and those who completed an activity.
The original Exercise Incentives Model (supplied before the meeting) showed exercise activities at the centre surrounded by other dimensions of equal size.

‘Gaps’ (differences shown in white below) between what is considered important and what is actually being done would be of most concern when they could not be explained. Reasons are given for the importance and current status of the various dimensions and for supplementary services, the organisation’s current achievements exceeded the level of importance. The organisation displays a balance between business needs and priorities and it is willing to consider different or new approaches to exercise from experience and feedback.

The Fuller, Gall Gap Analysis Model (2011):

<table>
<thead>
<tr>
<th>Imp.</th>
<th>Being done</th>
<th>Dimension and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Exercise activities (EA)</strong></td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>A variety of activities are currently available. The organisation regularly seeks input from employees about activities (exercise and other) they would like support for.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Communication (Comm.)</strong></td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>“I wouldn’t quite say ‘fully’ because there is always ways of improving”. “I think we do a pretty good job at communicating what is coming up”. “That in-person sponsorship is also very important, rather than just relying on posters or electronic communication”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Employees’ interest, ability and motivation (EIAM)</strong></td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>“It would probably be the most important part of the whole model, because the reality is that a lot of our exercise activities or initiatives are actually driven by the interests of the employees”. “How many employees are actually interested, motivated or have the ability to do an exercise activity? I would say it is probably at a two”. “Motivation is a tenuous thing. Once you create an interest, you have got to have the follow through”.</td>
</tr>
</tbody>
</table>
It was acknowledged that the organisation provides many types of support and activities currently.

"On a scale of one to ten, if I went to my executive group and said: “how important are exercise initiatives for our [number of] staff?”, in line with profitability, customer service, our sales target for the next quarter, our customer service target for the next quarter... if you looked at the business holistically, what is happening in the business right now, what is critical to us, being a publicly listed company, continuing to be profitable, I think they would probably say it is around a two or a three”.

“There is no metric or measure in the business at the moment that says it is important”.

No additional comments.

“I don’t think employees are relying on the employer to do all of that for them, but it is still a good benefit”.

“We partner a lot of businesses with those sorts of things”.

Next, recommendations to implement and evaluate exercise incentives were discussed. Categories of ‘important’ and ‘being done’ were again used. Because a full model for the recommendations is not used, the results are given in graph form.

As with the Exercise Incentives Model, while there are again some gaps between ‘important’ and ‘being done’, justification was given and/or opportunities for improvement were recognised.
<table>
<thead>
<tr>
<th>Imp.</th>
<th>Being done</th>
<th>Comments</th>
</tr>
</thead>
</table>
|      |             | **Rec. one**  
|      |             | Consider and explain the Exercise Incentives Model |
| 5    | 1           | “It is not the expectation of managers to support, sponsor, spruik, bring to your attention any of these sorts of things. It has sort of been at the behest of HR... or our Events Co-ordinator”.  
“The only time you might hear that would be if a particular manager himself is interested in that activity and then would try and drum up support for people in his team to go and do it” (specific example given). |
|      |             | **Rec. two**  
|      |             | One employee as co-ordinator of exercise incentives |
| 5    | 2           | If the organisation supports exercise incentives, “it is very, very important”. Currently there are two managers involved collaboratively: the Events Co-ordinator for “the big things that corporates are asked to be involved with”, and the Organisational Contact in an HR management role. |
|      |             | **Rec. three**  
|      |             | Change leaders |
| 4    | 1           | “Informally it would probably be a three”.  
“There is absolutely nothing in their job description or their day-to-day activities that would say that they do any of this, but informally you will have people constantly in the break-out rooms, talking, saying: “have you signed up for this?”, “what training are you doing?”, “are you interested?”. |
|      |             | **Rec. four part one**  
|      |             | Rationale: strategic and operational |
| 5    | 5           | “You won’t get anything done unless you have put together a business case to say why you are or aren’t doing it”. |
|      |             | **Rec. four part two**  
|      |             | Risk assessment |
| 5    | 3           | “The three things I would be looking at are physical risk, emotional or mental risk and opportunity cost”.  
“More of a common sense approach to the risk assessment rather than some sort of policy and procedure”. |
|      |             | **Rec. four part three**  
|      |             | Practical considerations and arrangements |
| 5    | 5           | No further comments given. |
|      |             | **Rec. four part four**  
|      |             | Communication with employees and other stakeholders |
| 5    | 3.5         | Activities are included in the social calendar, developed on a twelve monthly basis. Some events are indirectly connected with exercise (e.g., employee picnic day where exercise equipment is taken along). The calendar also allows employees to plan for future activities.  
Ongoing communication could be improved, beyond the initial information about the activity: “once again it comes down to administration and time and who is going to do those updates, because we are so busy, but we haven’t been great at doing the ongoing updates”. |
|      |             | **Rec. four part five**  
|      |             | Monitoring and interim reporting |
| 3    | 2           | “I think that can take up a lot of time. We are also wary of ‘spamming’ our employees”. (cont.) |
Rec. four part six
Evaluation and final reporting

5 5 “I have to do it. (Activity named) now. What is the wrap-up? How many people did it? What was the outcome? Have we got an article written about it?” “Often it is the justification to get something paid for”. “They want to know, what bang did we get for our buck?”

Overall comments
“I think the key considerations always to the business are cost time and opportunity cost”. Initiatives are considered and offered quarterly: “why is that the best initiative we could offer our employees, knowing that we have got a finite pool of resources and we probably can only give one. So why that one?” Referring to recommendation four: “The model is logical, it makes sense. It is like any other model that we would have in the business for launching a product or delivering on a project or so forth as well.”

Organisational Contact’s responses:
(It is important that your information is captured correctly. Please indicate if there are any corrections or additions, or if you wish to offer any further feedback at this stage).
21. Revisiting the Exercise Benefits / Barriers Scale (EBBS)

A further contribution from the current research involved possible areas to update the EBBS (Sechrist et al. 1987). While the scale does not refer to organisations in particular, the completion rate was not suggestive of any concerns about question clarity or relevance. As discussed in Chapter Four, each question was confirmed as suitable through pilot testing (refer Appendix 4). Therefore, the scale remains relevant into the 21st century.

The current research confirmed a complex and complementary interplay between exercise incentives and exercise undertaken independently by some employees. For example, some employees became interested in particular exercise incentives because they were already involved in similar activities outside of the workplace, or vice-versa. Exercise incentives were also shown as useful when independent exercise types were unavailable, such as during particular months of the year. In view of increased awareness and research into organisational support for exercise (e.g., Government of Western Australia 2009) it is critical that as many benefits and barriers to exercise as possible are assessed. Two particular areas for expansion of the scale, or the addition of supporting questions, are indicated. These are derived from Appendix 4, previously.

The ‘Supplementary Services’ dimension of the Exercise Incentives Model (Figure 5-3) involves support from third-parties such as medical professionals to ensure that employees’ use of exercise incentives is safe (not influencing health negatively) and productive. It would be appropriate to investigate relevant benefits and barriers to the use of such services through targeted questions; a “population-specific” approach (Ransdell et al. 2004, p.202).

Correspondingly, cultural aspects influencing exercise were an area of consideration by Ransdell et al. (2004). While not investigated in detail, findings from the current research and future formal research directions support the addition of relevant directed questions.
22. **An Update to Maslow’s Hierarchy of Needs**

Particularly in superordinate themes one and two (Chapter Five), the topic of motivation was emphasised. Because of this, various motivation theories were reviewed. While extensive literature is available about exercise and motivation, particularly from a physiological perspective, organisations provide a different setting.

Into the 21st century, it has been recognised that motivation involves leadership quality, clarity of team and organisational goals and even spirituality (Latham & Ernst 2006). Motivated employees demonstrate performance through creativity and curiosity (Beswick 2007). Self-reflection is also relevant (Latham & Ernst 2006). Vigour and dedication are additional considerations (Van den Broeck, Vansteenkiste, De Witte & Lens 2008). These qualities were all spoken about by participants in the current research.

Existing theories, such as those below, are widely used in academia (including the preparation for students entering Human Resource Management and other business disciplines) and in other organisations:

**Some Motivation Theories**

<table>
<thead>
<tr>
<th>Theorist</th>
<th>Theory Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abraham Maslow</td>
<td>Needs such as food, water and safety are pre-requisites for personal growth, achievement and self-awareness (Pardee 1990; Latham &amp; Ernst 2006).</td>
</tr>
<tr>
<td>Hierarchy of Needs</td>
<td></td>
</tr>
<tr>
<td>David McClelland</td>
<td>Three needs (achievement, affiliation and power) affect an employee’s motivation and also his or her willingness to motivate others (Pardee 1990; Xu, Xu, Mellor &amp; Duan 2012).</td>
</tr>
<tr>
<td>Needs-based model</td>
<td></td>
</tr>
<tr>
<td>John Adams</td>
<td>The perceived balance between employee inputs and outputs (for instance, payment versus effort) affects motivation (Adams 1963; Latham &amp; Ernst 2006).</td>
</tr>
<tr>
<td>Equity Theory</td>
<td></td>
</tr>
<tr>
<td>Victor Vroom</td>
<td>Explores the connection (expectancy) between effort, performance and outcomes of personal importance (valance) (Elding, Tobias &amp; Walker 2006).</td>
</tr>
<tr>
<td>Expectancy Theory</td>
<td></td>
</tr>
</tbody>
</table>
In Maslow’s Hierarchy of Needs, five levels are provided, with each being a prerequisite for the next: physiological, safety, belonging, esteem, and self-actualisation, referring to ultimate potential and achievement (Pardee 1990; Latham & Ernst 2006). In developing this theory, Maslow wanted to learn from those who had achieved success, including health, in various ways (Frick 2000). This approach could now be seen as salutogenic.

Other researchers have seen the value of updating Maslow’s theory; many examples are available in the literature. Kiel (1999) suggested that Maslow’s dimensions were sound, but the triangle model required updating and ‘opening out’ to reflect changes to work styles and expectations, particularly a move away from one employer for life for many employees. An open triangle for self-actualisation suggested wide options and potential. Without realising it at the time, a similar sentiment was taken for health in the 21st century in the Research Outcomes Model (Figure 5-10).

Maslow updated his model in 1969, adding ‘self-transcendence’ beyond self-actualisation. The hierarchy was extended beyond the individual level to specifically include contributions to the lives of others. Some researchers saw overlap between the two highest levels and the need for further investigation (Koltko-Rivera 2006). Unfortunately, Maslow’s death in 1970 left the responsibility with others (Frick 2000); the same can be said of Antonovsky’s work.

It is concerning that wider mention is not made of the sixth level. The emphasis on team structures, interpersonal skills and communication styles in contemporary organisations (Riebe et al. 2010) makes this critical today. As shown in the current research, these aspects strongly influence employee and organisational health.

For Maslow’s Hierarchy of Needs and for other theories, the current research has shown that there is value in taking a salutogenic approach. This can involve a strength-based approach in general, or a focus on particular activities or situations. Doing so would provide a strong connection into the Exercise Incentives Model (Figure 5-3) and could enhance other Human Resource Management activities as well, as shown in the Research Outcomes Model.