

Sticking to It: The Use of the “Group” in the Promotion of Adherence to Workplace Wellness Programs

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Outline

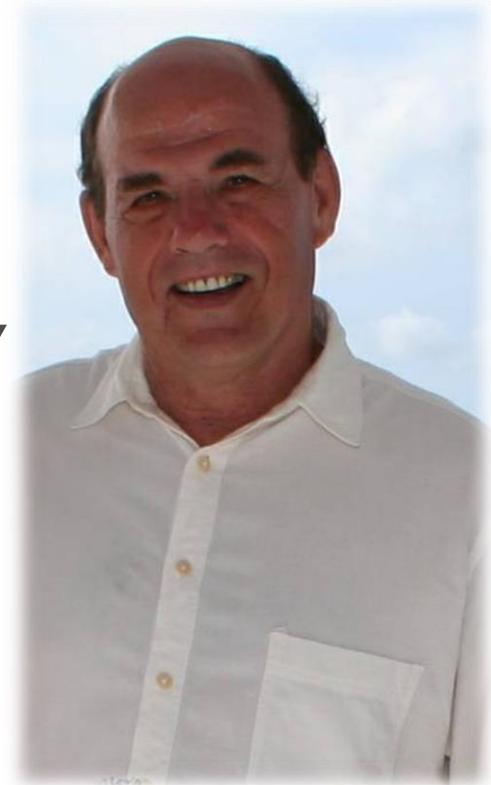
- 1) Introduction
- 2) Benefits and prevalence of physical activity
- 3) Optimal context for effective exercise programs: Evidence
- 4) Group cohesion in exercise: Research and practical implications
- 5) Team building strategies



General Research Focus

- Health Promotion
- Psychology of health and physical activity, with a primary focus on group dynamics

Group dynamics → *the study of group processes and/or group behaviour*



General Applied Focus

- Team member → Sun Life-Ivey Canadian Wellness Return on Investment Study



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General Applied Focus

- **Sport Psychology Consultant → team building, group cohesion, and the development of psychological skills for athletes, coaches, and teams**



What is Physical Activity?

Any bodily movement produced by skeletal muscles that requires energy expenditure



Psychological Benefits of

- ↓ state and trait anxiety
- ↓ depression
- ↑ cognitive functioning
- ↑ self-esteem
- ↑ mood states
- Improved reactivity to stressors



Physiological Benefits of Physical Activity

- **↑ bone and functional health**
- **↑ muscular & cardiorespiratory fitness**
- **↓ risk of hypertension, coronary heart disease, stroke, diabetes, breast & colon cancer**
- **↓ risk of falls and hip or vertebral fractures**
- **weight control and energy balance**

Consequences of Inactivity

Inactivity ↑ the incidence of at least 17 unhealthy conditions:

- Obesity
- Coronary heart disease
- Type 2 diabetes
- Some cancers



“We know of no single intervention with greater promise than physical exercise to reduce the risk of virtually all chronic diseases simultaneously” (p.778)

Booth, Gordon, Carlson, & Hamilton, 2000



Physical Activity Guidelines

Canadian Physical Activity Guidelines

FOR ADULTS - 18 – 64 YEARS

Guidelines



To achieve health benefits, adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.



It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.

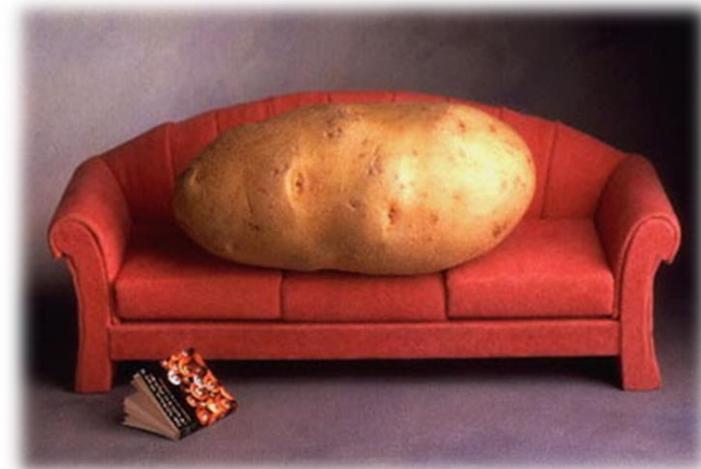


More physical activity provides greater health benefits.

Prevalence of Physical Activity

- † Approximately 47% of Canadian adults are *inactive*
 - More men (55%) than women (51%) are active
- † Globally, at least 1 in 4 adults fails to achieve the minimum recommendation of daily physical activity

Statistics Canada (2014);
World Health Organization (2015)

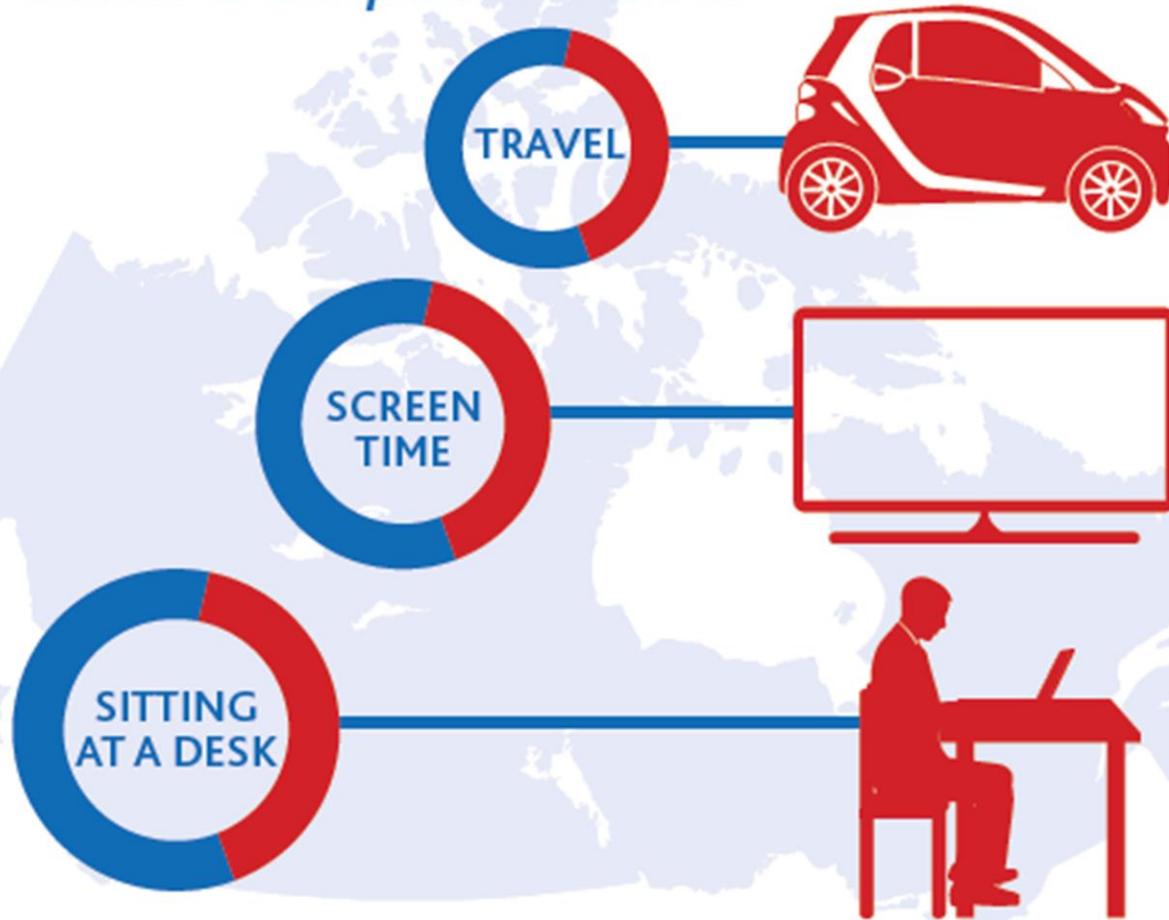


What is Sedentary Behavior?

Any waking sitting or lying behaviour with low energy expenditure



*Average Canadian adults are sitting 9.5 h/day.
Some examples include:*

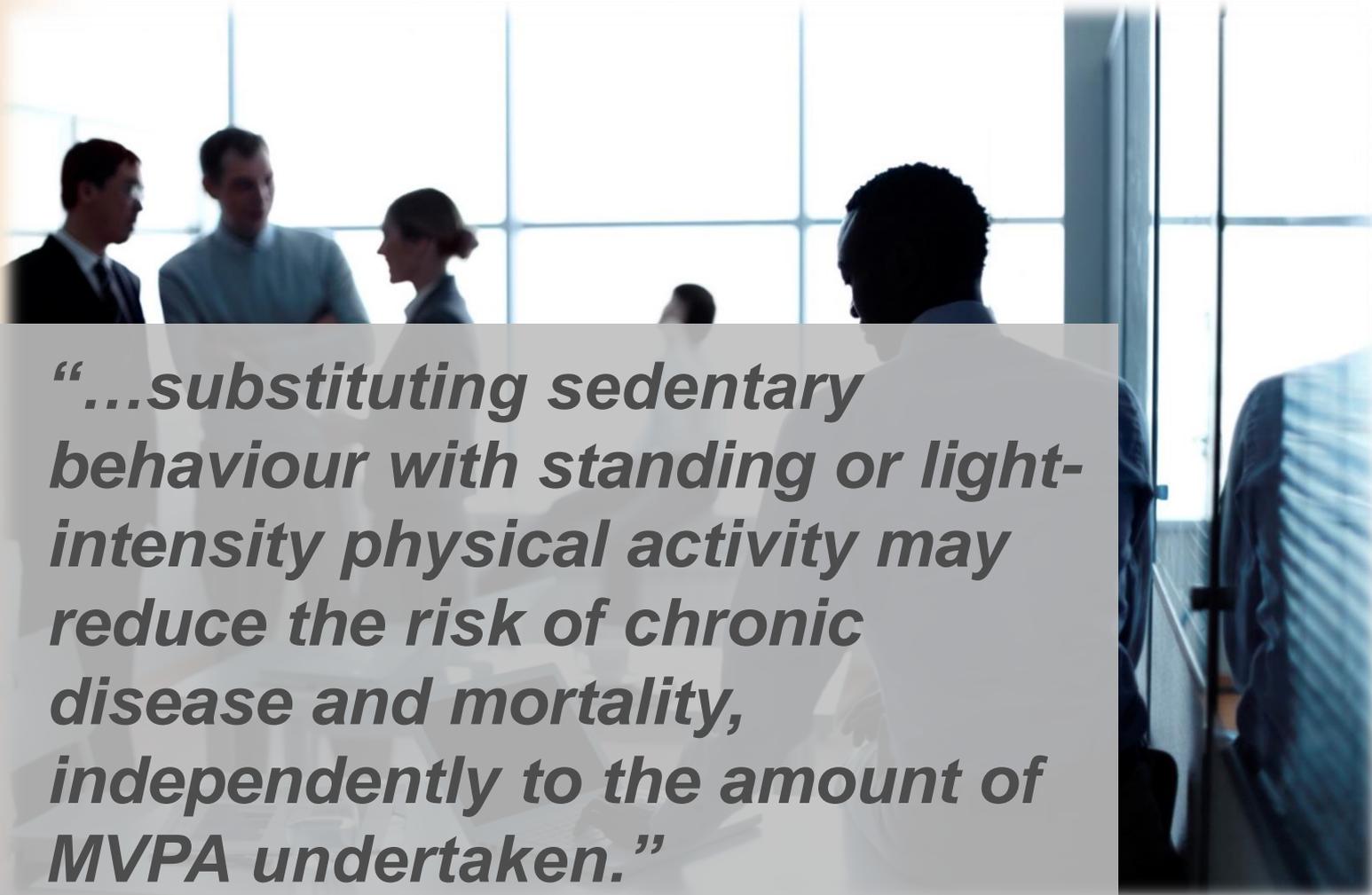


Risks of Sedentary Behaviour



Sedentary time is associated with an ↑ risk of diabetes, cardiovascular disease, and cardiovascular and all-cause mortality

Risks of Sedentary Behaviour



“...substituting sedentary behaviour with standing or light-intensity physical activity may reduce the risk of chronic disease and mortality, independently to the amount of MVPA undertaken.”

Economic Impact of Physical Inactivity



The estimated total health care costs of physical inactivity in Canada in 2009 were \$6.8 billion

Increasing Exercise Participation

‡ 20-50% withdrawal rate within the first 6 months of an exercise program

Dishman, 1988; Oldridge, 1984; Ward & Morgan, 1984

‡ Researchers have sought to identify factors associated with exercise behavior

‡ One important factor is the *context* in which exercise takes place



Optimal Context for an Effective Exercise Program?

- The most common contexts for exercise are *group-based* or *individually-based*

Iverson, Fielding, Crow, & Christenson, 1985

- Which context is superior has been a focus of research and some controversy

e.g., Burke, Carron, Eys, Ntoumanis, & Estabrooks, 2006; Carron et al., 1996; Dishman & Buckworth, 1996; King, Haskell, Taylor, Kraemer, & DeBusk, 1991



The Evidence

...providing insight into which context should be emphasized in the promotion of physical activity

Sources of Evidence:

1. Theory and “What Works”
2. Individual Preferences
3. Adherence Behaviour



Part One

THEORETICAL UNDERPINNINGS and THE ISSUE OF "WHAT WORKS"



"I have a theory about your insomnia..."

Need to Affiliate is a Fundamental Human Motive

Baumeister & Leary (1995)

Evidence supporting this contention...

- **Is manifested in countless situations (e.g., relationships, clubs, teams)**
- **Influences our thoughts and emotions (e.g., lack of a relationship)**
- **Influences health if not satisfied**
- **Influences behaviour (e.g., conformity of dress, manner of speaking)**
- **Is present in all people**



The Issue of “What Works”

- Many human behaviours are considered to be socially inappropriate and/or personally destructive
- Health professionals have developed programs to induce effective behavioural change
- These programs use group support to facilitate behavioural change



Groups Whose Mission Statement has a Preamble...

“A fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from...”

- **Gamblers Anonymous**
- **Cocaine Anonymous**
- **Marijuana Anonymous**
- **Debtors Anonymous**
- **Sexaholics Anonymous**
- **Sexual Compulsives Anonymous**



Part Two

THE ISSUE OF PREFERENCE



The Issue of Preference

- **Physical activity programs have the most potential for success when tailored to individual preferences**

Ruland & Moore, 2001; Wilcox et al., 1999

- **Creating programs based on exercise preferences should increase physical activity adoption and maintenance**



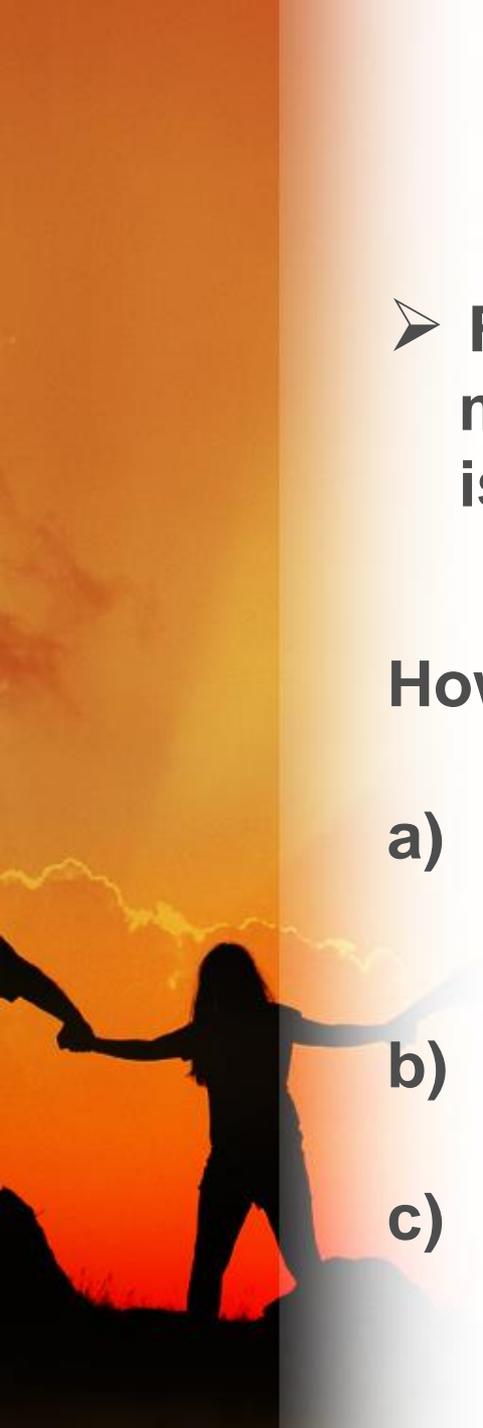
The Issue of Preference

- For *middle-aged and older adults*, the most preferred context for physical activity is exercising alone

King et al., 1990; Wilcox et al., 1999

However, this research examined preferences:

- For only 2 contexts → *alone* or in a *structured class*
- For aerobic activity only
- Among adults (> 30 years)

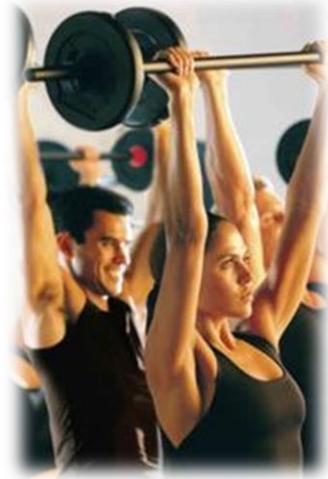


Physical Activity Context: Preferences of University Students

Burke, Carron, & Eys (2006)



Methods



➤ 601 undergraduate students:

- ❖ 198 males, mean age = 19.74, $SD = 1.35$
- ❖ 403 females, mean age = 19.36, $SD = 1.19$

➤ Individual preferences:

- ❖ Participants were asked to identify their most and least preferred contexts for aerobic activity and strength training



Four Possible Contexts for Physical Activity

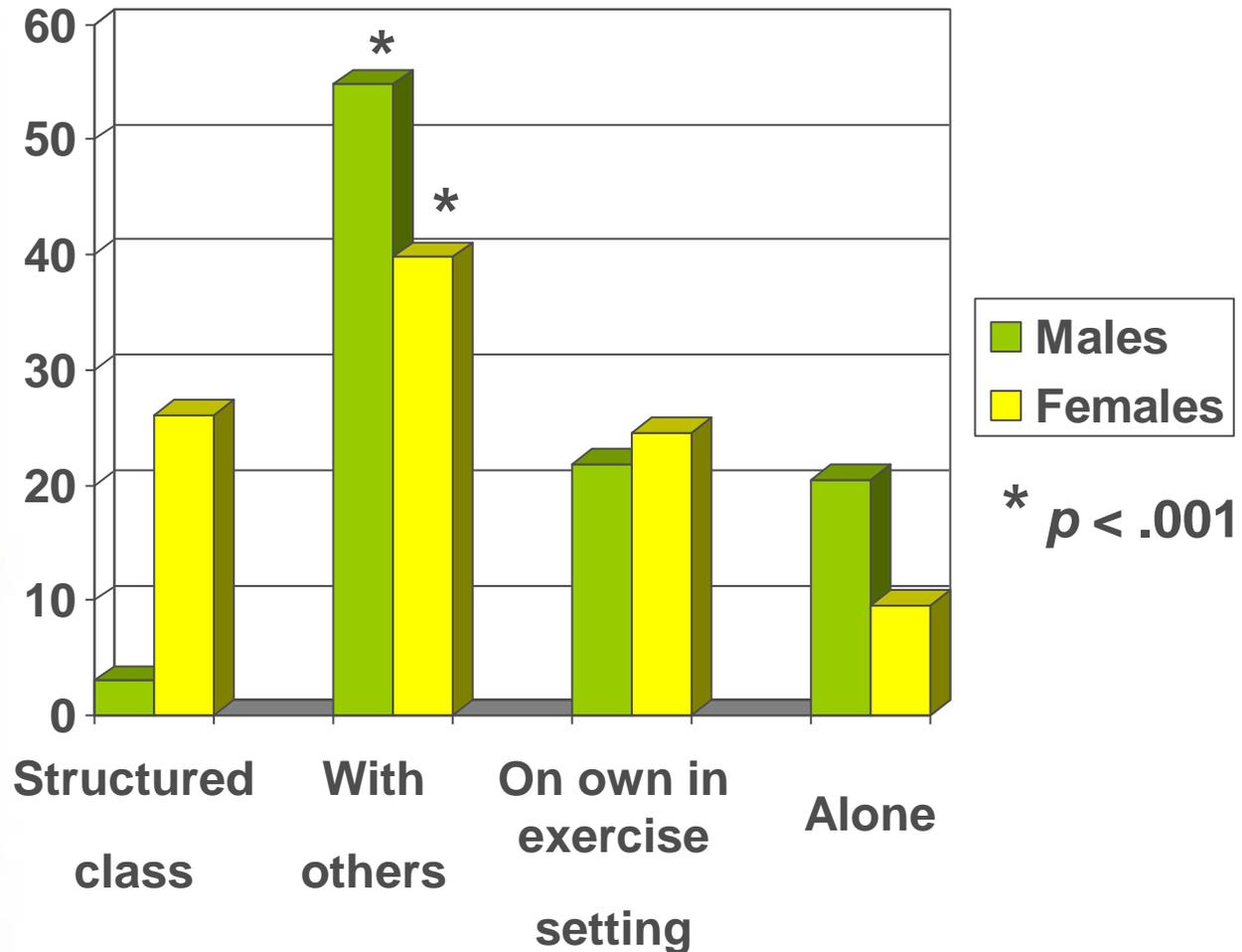
- 1) Structured class setting (e.g., an aerobics class at a fitness centre)**
- 2) With others outside of a structured class setting (e.g., walking/jogging with others outside or at a fitness centre)**
- 3) Alone in an exercise setting (e.g., walking/jogging on a treadmill at a fitness centre)**
- 4) Completely alone (e.g., walking/jogging alone)**



Results

Most preferred context for aerobic activity:

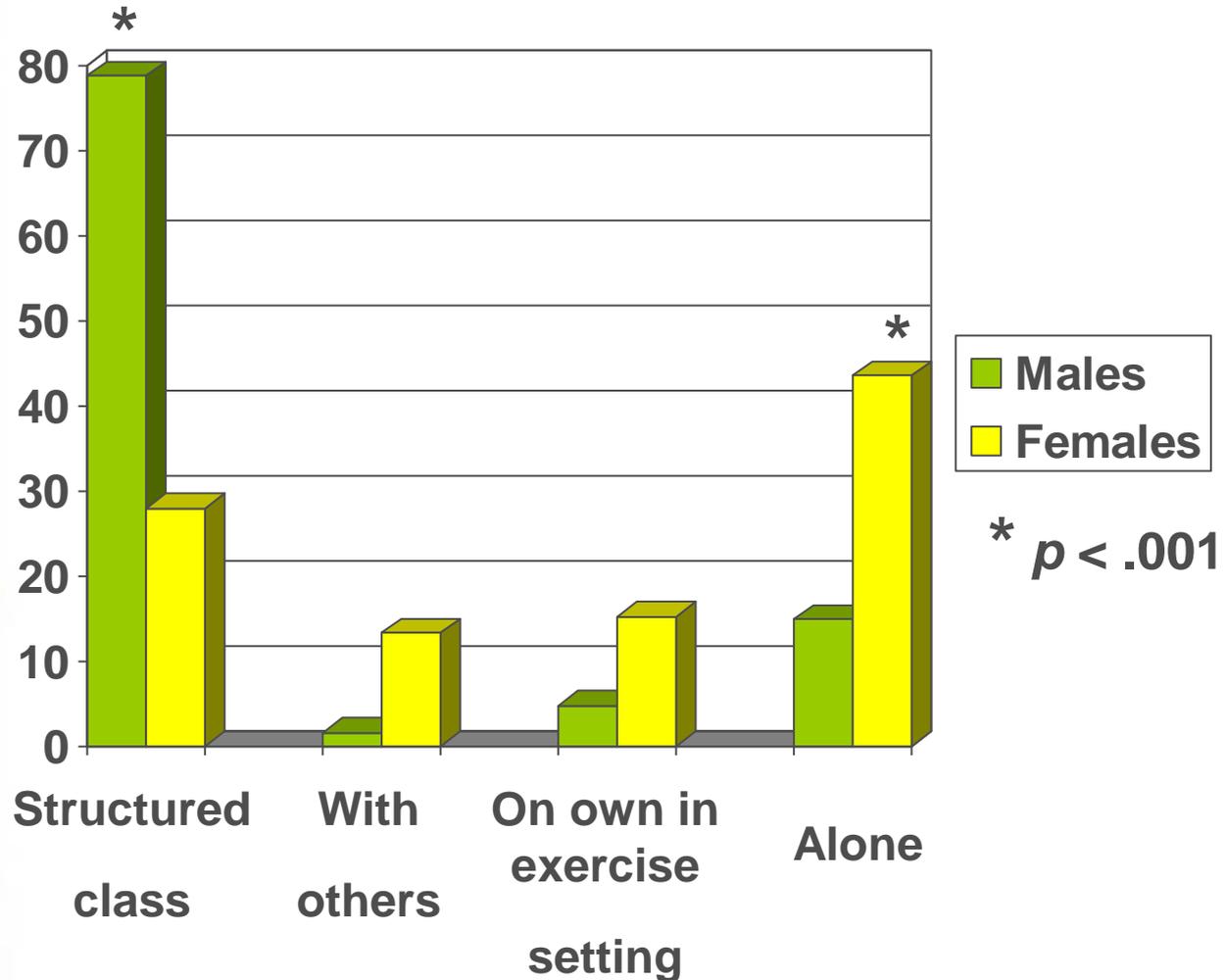
Percent
indicating
MOST
preferred



Results

Least preferred context for aerobic activity:

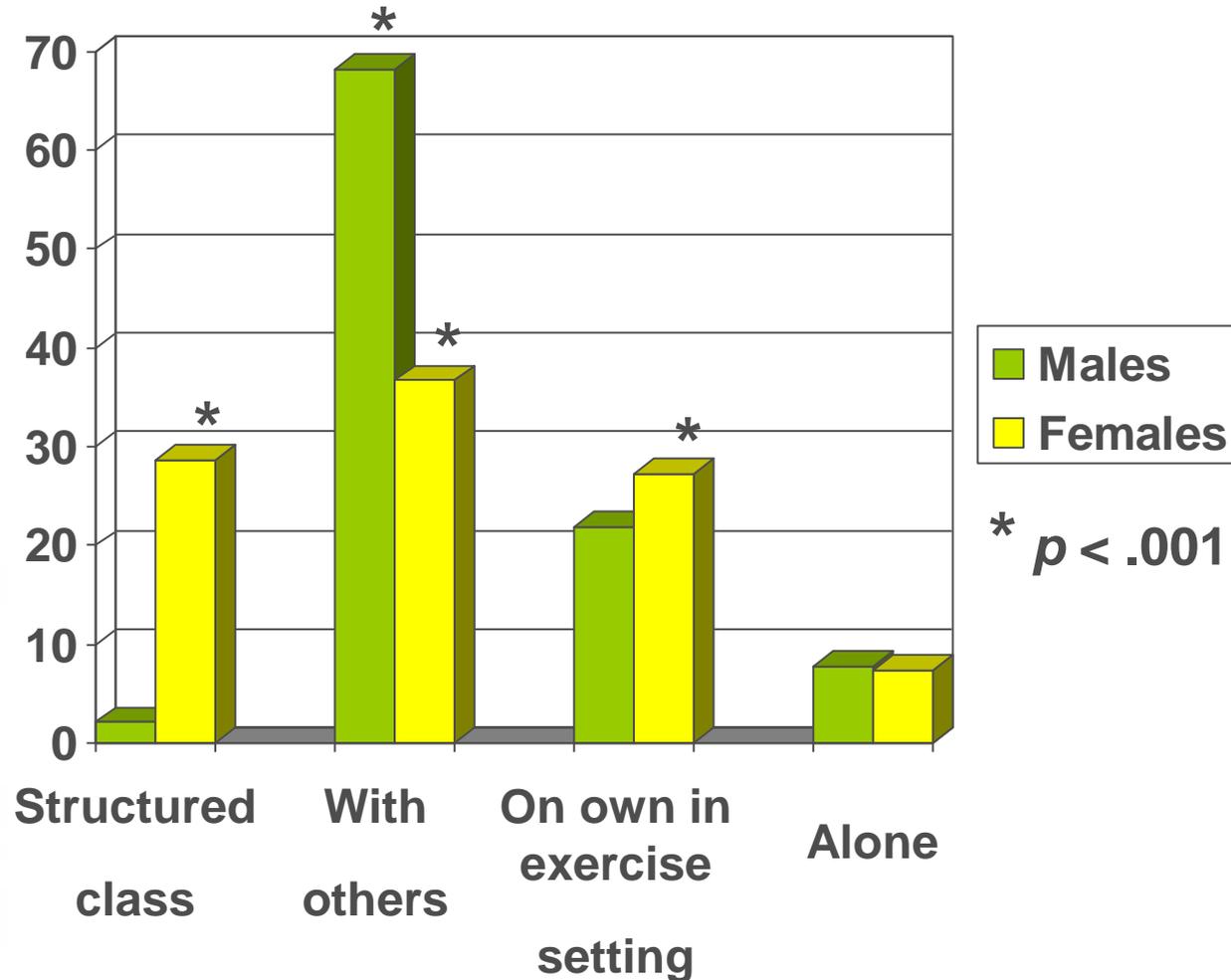
Percent
indicating
LEAST
preferred



Results

Most preferred context for strength training:

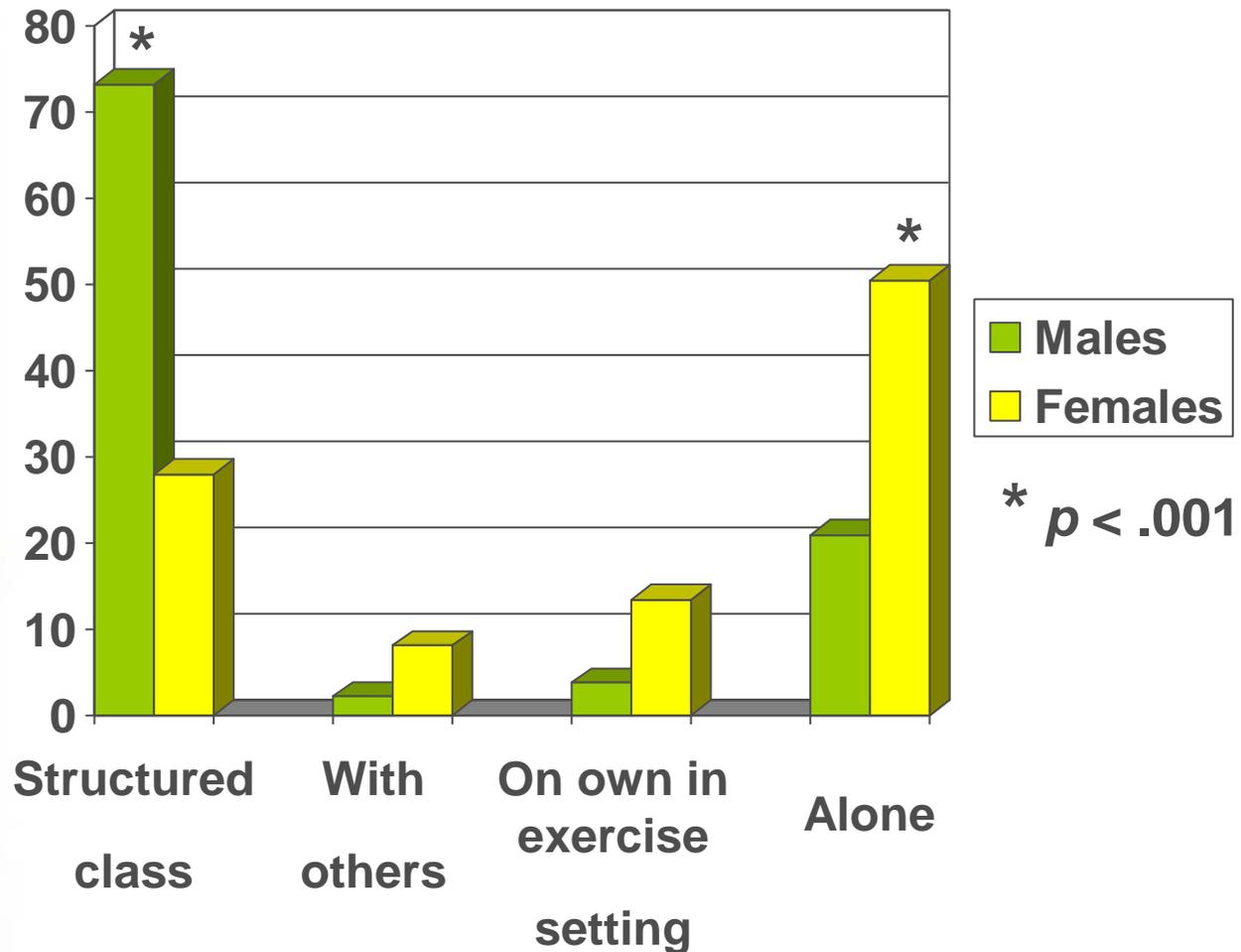
Percent
indicating
MOST
preferred



Results

Least preferred context for strength training:

Percent
indicating
LEAST
preferred



Part Three

THE ISSUE OF ADHERENCE

SET GOAL.
MAKE PLAN.
GET TO WORK.
STICK TO IT.
REACH GOAL.



The Issue of Adherence

- Two meta-analyses have provided support for the conclusion that exercising with others is superior to exercising alone
Carron et al., 1996; Dishman & Buckworth, 1996

- One review reported that “*exercise adherence ... was higher for home-based aerobic exercise compared to group-based exercise*”

Atienza, 2001, p. S50

- One meta-analysis found that adherence in home- vs. group-based interventions were small, comparable, and short-lived

Van der Bij, Laurent, & Wensing (1996)



Group Versus Individual Approach? A Meta-Analysis of the Effectiveness of Interventions to Promote Physical Activity

Burke, Carron, Eys, Ntoumanis, & Estabrooks (2006)



“Home-based programs”

Home-based Contact

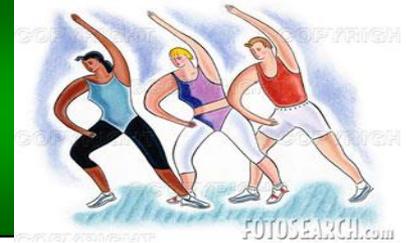


Home-based Isolation



“Group-based programs”

Collectives

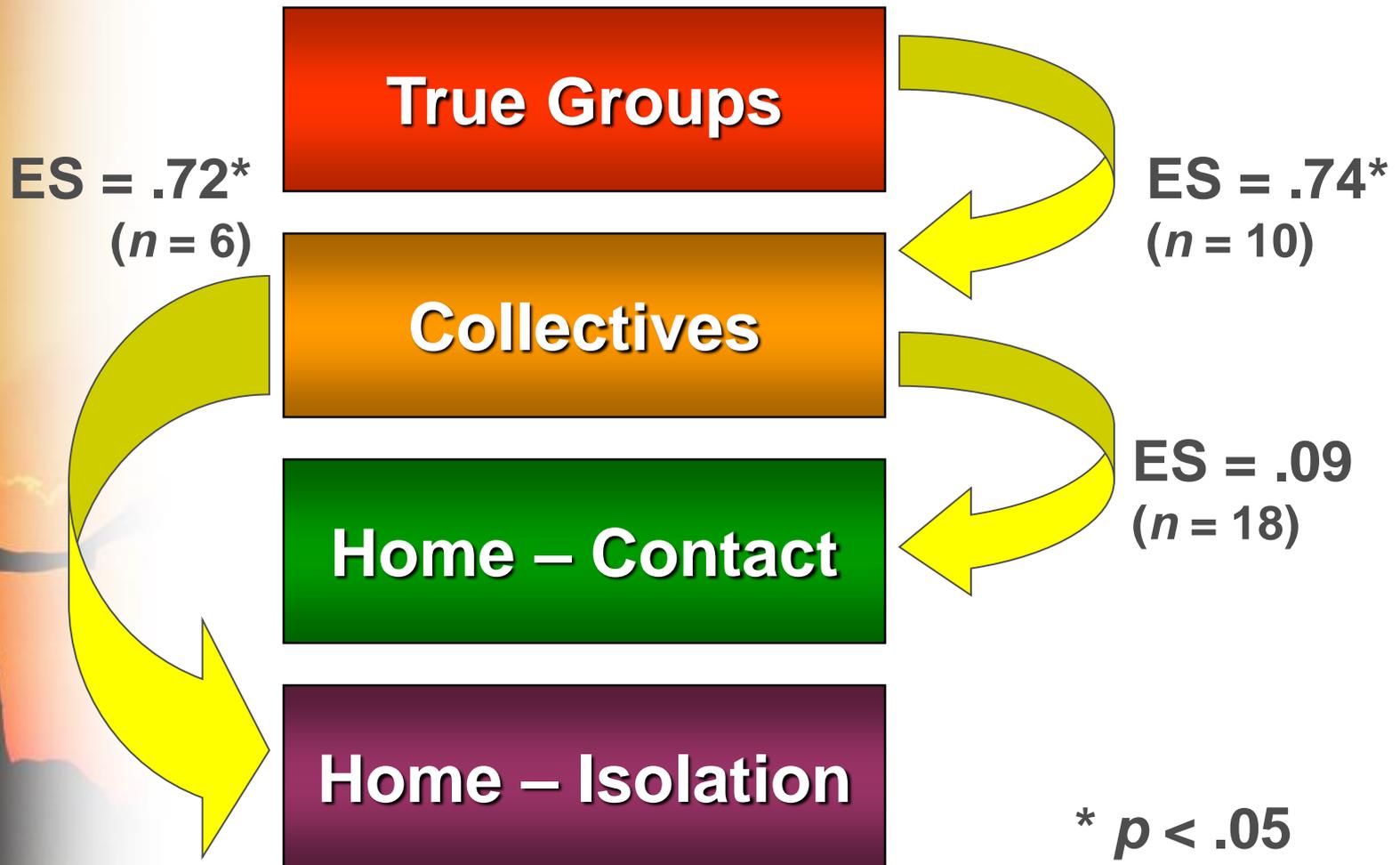


“True” Groups



Results - Adherence

Intervention protocols fall along a continuum of effectiveness:



Some Reasonable Generalizations

The case for groups and/or social support is strong...

Situations in which group cohesion is increased are particularly effective for adherence



A vertical strip on the left side of the slide features a sunset background with silhouettes of two people holding hands. The sky is a gradient of orange and yellow, with some clouds visible. The silhouettes are dark against the bright background.

Group Cohesion

“a dynamic process which is reflected in the tendency for a group to stick together and remain united in the pursuit of its instrumental objectives and/or for the satisfaction of member affective needs”

- Carron, Brawley, & Widemeyer, 1998

The Role of Cohesion in Exercise

“Experts agree that the support, variety and motivation a group provides can help improve physical and mental health and create lasting exercise routines.”

- Tammy Worth, Los Angeles Times

- ❖ An important factor within wellness programs is social support—forming a close-knit community among employees



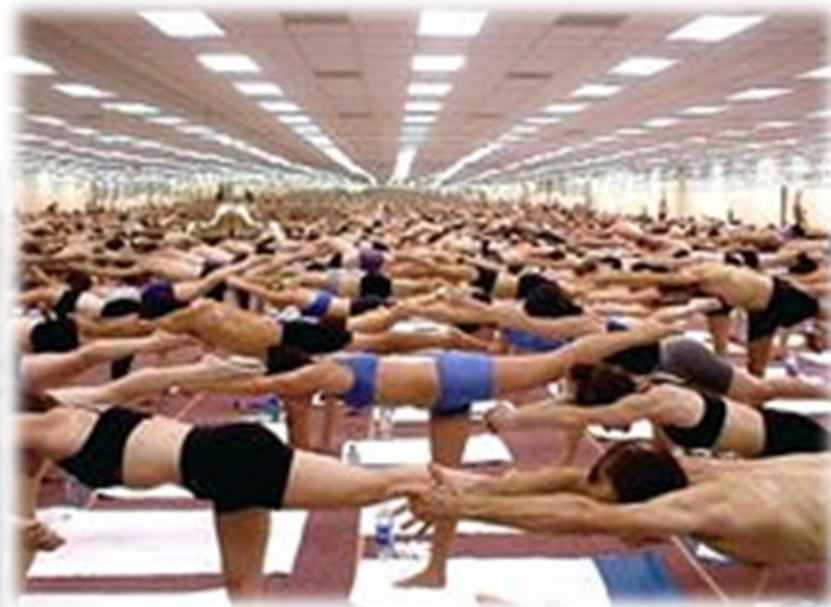
Cohesion in Exercise Groups: Research and Practical Implications

- Environmental Factors
- Personal Factors
- Leadership Factors
- Group Factors



Environmental Factors

- \uparrow class size = \downarrow cohesion



Personal Factors

- ↑ *diversity* in gender, level of previous physical activity = ↓ cohesion
- ↑ perceptions of *similarity* in age, physical appearance, attitudes, beliefs about exercise = ↑ cohesion



Leadership Factors

- **Enthusiasm, motivation, personal instruction, and availability → positively related to cohesion**
- **Sincere, honest, and consistent, showing concern for participants**
- **Awareness of non-verbal communication skills**
- **Strive to create a supportive atmosphere rich in praise, encouragement, and positive reinforcement**



Group Factors

- **Group goal setting associated with ↑ group performance**

Example → equating 10 minutes of exercise (group or individual) to one km of walking (e.g., across the province); participants set a collective goal for the total # of km the group or team ‘walks’ over 4-weeks



Additional Practical Implications: Team Building Strategies

- **Fundamental objective → to enhance exercise adherence by increasing perceptions of group cohesion**
- **Despite some challenges, a number of team building strategies have been successfully used in exercise and workplace settings**



Team Building Strategies

Factor

Intervention Strategies

Distinctiveness

Have a group name. Make up a group T-shirt. Hand out neon headbands and/or shoelaces. Make up posters or slogans for the class.

Individual positions

Use specific positions for low-, medium-, and high-impact exercisers. Let them pick their own spot and encourage them to remain in it for the duration of the program.

Group norms

Establish positive group standards. Encourage exercise leaders in the class to set high standards of achievement. Have members introduce each other to increase social aspects. Establish a goal to lose weight together. Promote a smart work ethic.

Team Building Strategies (cont'd)

Factor

Intervention Strategies

Individual sacrifices

Ask two or three people for a goal for the day. Ask regulars to help new people and encourage becoming fitness friends.

Interaction and communication

Use partner work and have them introduce themselves. Introduce the person on the right and left. Work in groups of five and take turns showing a move. Use partner activities.

Move More/Sit Less
Workplace Initiatives

Corporate Challenge

CORPORATE
CHALLENGE
PRESENTED BY: **ATPH**
THE PRINTING HOUSE

Example Group-Based Workplace Wellness Initiatives



ioo in motion[™]
Physical Activity - do it for life!

MIDDLESEX - LONDON
Building Canada's
Healthiest Community

The “group” as an agent of change...

Walking clubs, pedometer challenges, community-based “team” challenges (e.g., InMotion™ Challenge, Corporate Challenges, etc.)

Team building, team goal setting

Group-based activity sessions led by a qualified instructor

Group information sessions involving health professionals “making the case” for wellness in the workplace

Buddy system

Canadian Fitness and Lifestyle Research Institute (2008); Chénier, L. (2014); Physical Activity Resource Centre & Ontario Physical Education Association (2015)

The “group” as an agent of change...

- Choose one of the examples provided (or create your own) related to using the ‘group’ as an agent of change
- **Create a sample action plan for how this might be carried out in your workplace. What can YOU do to make this happen?**
- Considerations: Budget, time allotted, personnel required, buy-in and interest...others?
- Spend two minutes thinking about what you can do; anyone willing to share with larger group?



Final Thoughts...



- **As wellness “champions” we must find better ways to capitalize on the group as an agent for behavioural change in wellness programs**
- **The case for groups and/or social support is STRONG—how can we overcome the biases of some employees toward groups?**



Bottom Line

Evidence underscores importance of:



- Encouraging and promoting wellness (exercise participation in particular) in a **social context**
- Ensuring that employees embarking upon a wellness program receive regular **social support and/or contact**



Questions?

