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## **Maintaining momentum: the challenge of a workplace physical activity program to sustain motivation and activity**

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### **ABSTRACT**

Physical inactivity is one of the major contributors to ill health and, hence, productivity costs in Australia. While the workplace is increasingly recognised as an appropriate site for promoting healthy behaviour, the effectiveness of workplace physical activity programs remains to be demonstrated, particularly with regards to participants' motivation to achieve sustained positive physical activity behaviour change. This exploratory study applied a qualitative data gathering approach, using guided introspection, with participants in the Global Corporate Challenge (GCC) to examine how participation in the GCC affected participants' motivation to sustain regular physical activity. The GCC is a commercially operated four-month program based on the 10,000 steps-a-day concept. Findings highlight differences in motivation between previously 'sedentary' and 'active' participants. Three distinct sequential phases over the duration of the challenge were identified: (1) raising self-awareness of low activity level and strategy development to increase physical activity; (2) implementation of strategies and increasing of activity levels; and (3) maintaining a healthy activity level. While initial motivation was high, resulting in positive physical activity behaviour changes in the short term, findings highlight the difficulty in achieving sustained positive physical activity behaviour, particularly with sedentary participants.

### **ARTICLE**

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#### **Introduction**

Physical inactivity is one of the largest risk factors for the burden of disease in Australia (Begg et al. 2007). Participation in physical activity can contribute to reducing the burden of disease as it helps to improve an individual's health and wellbeing (Fox 1999; Hu et al. 2001; Lee et al. 2000; Oguma and Shinoda-Tagawa 2004). To reduce the risk of several common non-communicable diseases and for other health benefits of physical activity, a number of national governments (e.g. US in 1996 and Australia in 1999) and the World Health Organisation (WHO, in 2004) have adopted physical activity guidelines for adults which recommend at least 30 minutes of moderate intensity physical activity on five or more days per week (Department of Health and Aged Care 1999; Haskell et al. 2007; WHO 2008; Bellew et al. 2008). Although the importance of physical activity is generally understood and acknowledged at a population level, this understanding has not yet translated into more physically active populations (Arora et al. 2006). For example, in 2005-2006, only 29% of Australians regularly (i.e. more than twice a week) engaged in sport and physical recreation

activities, including 'walking' which is the most popular form of physical activity (ABS, 2007). This indicates that the majority of the Australian adult population falls short of the physical activity levels recommended in the national guidelines.

One of the key factors for governments' continued intervention in the health and wellbeing of the population is that good general health, on a population level, leads to substantial economic savings due to reduced healthcare spending. In Australia it was estimated that the direct annual health costs attributable to physical inactivity in 2006/07 amounted to \$1.5 billion (Medibank Private 2007). The economic outcomes of workplace health programs (interventions targeting diet and physical activity) are not well established (WHO 2008), though a meta analysis of economic return studies relating to workplace health programs indicated that significant cost reductions relating to reduced absenteeism, healthcare costs and workers' compensation and disability costs could be achieved (Chapman 2003; Chapman 2005).

In a workplace context, positive health behaviour changes in employees may result in reduced stress levels and in particular in a decrease in absenteeism due to illness and thus could result in considerable direct cost savings for employers (Haines et al. 2007). Strong physical and mental health is also commonly reported to positively affect an employee's performance and productivity, energy and concentration levels, motivation and morale, team spirit, loyalty and staff-turnover and creativity (Government of South Australia 2008; Soul Body Focus 2008; Global Corporate Challenge 2007). However, few published refereed studies so far have demonstrated evidence to support these links (Marshall 2004; Dishman et al. 1998; Proper et al. 2002). With an increasing prevalence of obesity and cardiovascular diseases affecting population health (OECD 2008), employers are becoming increasingly aware of the effects of employees' health on business activities and are taking a more active interest and role in promoting healthy behaviours to their employees (Bannister 2005). According to O'Reilly (2006), there is a trend for increased responsibilities in occupational health and investments by employers in healthy workplace programs, including those specifically targeting physical activity. The potential to target the workplace to achieve health benefits in individuals and employee groups has been acknowledged in the literature (Riedel et al. 2001; Reid et al. 1994; Richmond et al. 1998).

Externally organised physical activity programs and events provide an easily accessible platform for organisations to encourage and support staff participation in physical activity. Examples from Western Australia, where this study took place, include the yearly half-day fundraising event Freeway Bike Hike organised by the Asthma Foundation (Asthma Foundation 2008), longer term programs with fundraising purposes such as the Heart Foundation's Climb to the Top program (Heart Foundation 2008) or programs specifically targeted at corporate organisations and run as a commercial venture such as the Global Corporate Challenge which is now run in Australia, the UK and the US (Global Corporate Challenge 2008). The effectiveness of worksite physical activity programs even on physical activity, fitness and health nevertheless remains to be demonstrated, with the current scientific evidence still inconclusive or limited (Proper et al. 2003; Dishman et al. 1998; Marshall 2004). In addition, most existing studies of physical activity workplace programs focus almost exclusively on quantitative assessments of physical health, such as pre- and post-program measurements of body mass index and cholesterol and glucose levels, with few also including some quantitative measure of general wellbeing and mental health. From a health perspective, the achievement and transition of participants' positive physical activity behaviours into their long-term non-program environment should be the ultimate aim of any such program. However, virtually no attention has been given to uptake and attrition rates of such programs, participants' changes in motivation during a program and the effectiveness of such programs to achieve sustained improvements and motivation in participants' physical activity behaviour.

To begin to address this gap, this study applied a qualitative approach, using guided introspection, with participants in the Global Corporate Challenge (GCC), a virtual around-the-world team race based on daily step-count entries by participants. The GCC is a commercially operated four-month program which targets employers to enter workplace teams under the banner of their organisation. Run annually, the program has grown rapidly since its inception in Australia in 2004 and in 2008 it expanded to the United Kingdom and the United States. This exploratory study aimed to elicit valuable insights as to how participants feel and behave when publicly committed in a workplace context to be more physically active.

Specifically, this study examined the research question: How does participating in a workplace and team initiative such as the Global Corporate Challenge (GCC) affect participants' motivation to sustain a physical activity program? This paper reports on the research findings with particular focus on the different motivational phases apparent over the duration of this four-month program and the challenge of maintaining positive physical activity behaviour throughout and beyond the workplace program.

## Methods

Qualitative data were collected in the form of 'Guided Introspection'. Introspection was first used and documented in psychology in the late 1800s and early 1900s (Boring, 1953). The essence of introspection is self-reflection. The technique aims to explore the feelings and emotions associated with the experiences of the participant at the time of performing an activity to obtain rich, in-depth data in a timely manner. This provides authentic insights into the inner experiences of the individual which could not be observed overtly or detected in other ways (even in-depth interviews may not yield such rich data) but which could be critical in understanding people's motivations to behave in certain ways (Couper & Stinson, 1999). This methodology was appropriate for this study as it allowed the participants to reflect on their experiences and provide their reflections at set times throughout the program, reducing interviewer and measurement instrument biases.

The GCC 2007 was a 125 day (18 week) program that ran from 14 May to 25 September 2007. As a general goal or benchmark for all participants, the GCC encouraged people to achieve a daily step count of 10,000 steps. GCC participants also received regular newsletters via email which were designed to encourage and maintain interest and participation using elements including participant 'testimonials', team photographs, health facts and tips and competitions with prizes. All participants in the GCC from a single organisation (i.e. 56 GCC participants grouped in eight teams) in Perth, Western Australia, were invited via email to participate in this study. In the invitation, entry into the draw of a bottle of wine for each diary-round was offered as incentive and participants were reminded that their individual entry fee had been subsidised by the employer organisation and the GCC, reducing the registration cost to individuals from \$99 to \$37. A total of 27 out of the 56 GCC participants (i.e. 48%) agreed to participate in the study and responded to at least one of four requests for information in the form of email diaries. Twenty-three participants completed at least three diaries. In total, 88 email diaries were completed by the 27 participants over four rounds: 26 in the first round, 26 in the second round, 21 in the third round and 15 in the fourth round.

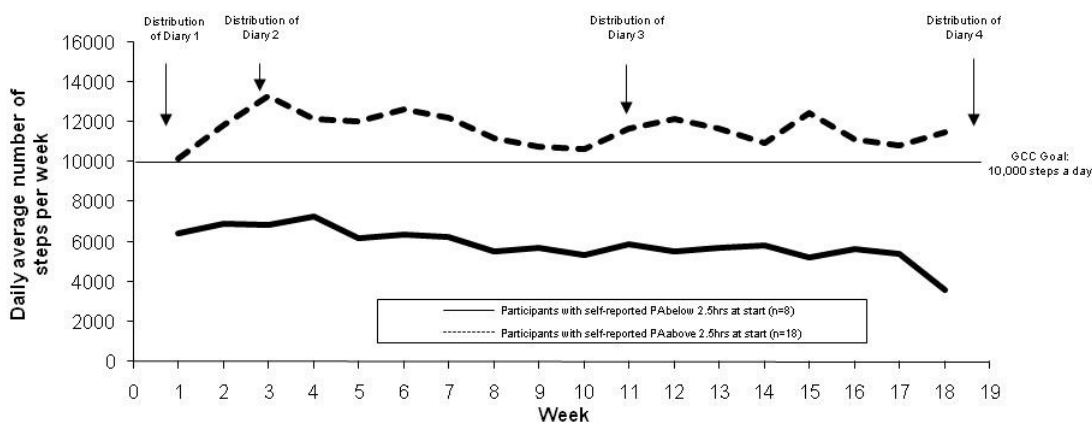
Only five out of the 27 study participants were male, reflecting the gender split of the people from the organisation who registered for the event, though not that of the organisation overall. Sixteen participants (three male) were in the age bracket 45-64, ten (two male) were 25-44 and one was between 18 and 24 years of age. Much of the organisation's work is desk-based and participants provided a broad cross-section of the organisation in terms of functions and seniority.

Study participants were invited to complete four email diaries over the course of the GCC (see Figure 1), each requesting them to reflect on their current thoughts and feelings:

- as the Challenge commenced, the participants were prompted for feelings of anticipation, mastery or apprehension;
- in the first month of the Challenge, the participants were prompted for early impressions, team cohesion and competitive feelings;
- in the third month of the Challenge, the participants were prompted for experiences and feelings towards the Challenge, and on sustaining or improving early levels of physical activity; and
- one week after the end of the Challenge, the participants were prompted for assessments of their own levels of physical activity (increased, decreased or stayed the same?), the value of being part of a workplace initiative, the value of being part of a team, and their strategies, if any, for being more physically active, and on sustaining of physical activity levels achieved during the Challenge.

The completed email diaries were returned to an email account specifically set up for this project and solely accessed by an independent research assistant who de-identified the data upon receipt. Data were then entered into the qualitative data management software NVivo 7 for analysis. All researchers reviewed the transcripts for separate information and emerging themes within the diary entries. To protect the identity of the participants, gender identifying pseudonyms were used with verbatim for each individual throughout this paper, together with an identifier for each of the four diaries (D1 to D4).

Figure 1. Reported average daily step counts by ‘sedentary’ (solid line) and ‘active’ (dashed line) study participants over the duration of the GCC.



## Study limitations

This qualitative study is based on a sample of 27 participants from a single organisation. Only a third of those participants reported activity below recommended levels at the beginning of the Challenge. Thus in the context of the Australian population, the sample was skewed towards people with a comparatively high level of physical activity at commencement of the study. This may be a reflection of the level of motivation of program participants overall, with the voluntary program potentially attracting the more motivated or competitive people within the organisation in terms of physical activity participation.

## Findings

Results from this study highlight three overarching issues influencing the success of a healthy workplace program in achieving lasting positive behaviour change in terms of participation in physical activity: (1) the importance of individual activity level prior to program commencement; (2) the difficulty of creating behaviour change; and (3) the challenge of maintaining momentum.

### Importance of individual activity level prior to challenge

In this study, eight out of 27 participants reported a level of physical activity below the National Physical Activity Guidelines of a total of about 2.5 hours of moderate intensity activity a week at the beginning of the GCC. Another 18 participants reported levels at or above the guidelines, while one participant did not respond to this question. The physical activity patterns of these two groups, as measured by reported step counts, varied considerably throughout the entire period of the challenge (Figure 1). Average step counts of previously 'active' participants commenced at the 10,000 step benchmark, rapidly increasing to the overall peak of almost 14,000 steps which was reached by week three and remained well above the initial step count and the 10,000 step benchmark for the duration of the challenge (Figure 1). Average step counts of previously 'sedentary' people, on the other hand, experienced a much slower increase, reaching an overall peak by week four of the 18 week challenge, before gradually declining to below initial levels (week five) until reaching a plateau sustained between week eight and 16, followed by a renewed decline (Figure 1).

These descriptive figures highlight that in terms of the main physical activity measure of the program (number of steps), the goal of achieving a sustained increase in physical activity of 'sedentary' people was not achieved. These results support findings by Tudor-Locke et al. (2004) who reported that setting a universal step goal may not be the best approach, particularly with inactive people. Instead, the use of individually relevant incremental goals that are regularly reviewed, taking into consideration starting levels of physical activity, general fitness and activity patterns of the individuals may be more appropriate and effective (Le Masurier et al. 2003). In addition, a goal of 10,000 steps per day may not be sustainable for some groups, such as chronic disease sufferers or older adults, while at the same time being too low for children (Tudor-Locke and Bassett 2004; Tudor-Locke and Myers 2001).

According to GCC promotional materials, the program is generally targeted at increasing everyday physical activity by physically inactive people, thus achieving positive behaviour change where it most counts: moving people from high risk to moderate or low risk (Global Corporate Challenge 2007). GCC organisers further state that the program is not a 'race', but prefer the use of the term 'journey' instead. While such play on words may work well in terms of marketing the event to potential participating employers who are likely to fund or subsidise participation of their employees from occupational health and safety budgets, the reality for our sample was quite different. The structure of the challenge (a term which by definition implies taking part in a competition) with teams being ranked against each other as well as against a pacer team (a virtual team averaging 10,000 steps a day), clearly relies on the 'race' aspects to motivate people. This has resulted in a competition where in 2007 the top twenty teams achieved average daily counts of above 19,000 steps, with the leading team averaging above 30,000 steps a day, three times the target benchmark of 10,000. While such results reflect a remarkable achievement by these individuals and teams, it raises questions about how the program is faring in terms of its original target group of inactive people. Does it achieve a sustained increase in steps by participants engaging in low levels of physical activity prior or at commencement of the challenge? What are the attrition rates amongst the high risk group of inactive people? Do inactive people participate in the first place? While this study was not focussed specifically on inactive people but

included individuals at a range of levels, results highlight the variations in motivations, experiences and perceptions of the challenge by individuals from different baseline physical activity levels and the importance of matching the baseline activity levels of team members. For example, some 'sedentary' and 'active' participants reported perceived pressure to 'not let the team down'. This was a motivator for some, but resulted in de-motivation for others, particularly where the baseline activity of team members differed strongly. Further, for physically active people, there were some negative effects of limiting 'countable' activities to walking and cycling and not considering intensity. This resulted in some people changing their activity types 'to be counted' in the challenge:

*...I am finding that I am not participating in physical activities that do not register on the pedometer but do contribute significantly to well being, i.e. swimming, gym circuit. In particular there is no value in this activity in this program so I find it discouraging to do the workout but instead try to rush home in time to get that extra walk in to keep up my steps....Because I am replacing my gym with more walking, I feel that my overall fitness is decreasing (Chantal, D2).*

The motivation to join a team for some active participants was largely for social reasons, rather than increase physical activity. As one participant states:

*... the GCC has not changed my activity. ... My main benefit was in seeing other participants, from my team as well as others at work, getting into the discipline of regular exercise. Some are really quite inspirational (Christopher, D3).*

## **Changing habits is difficult and takes time**

For people in full-time employment, the time spent at work and getting to and from work constitutes at least one third to half of a 24 hour day, for five days a week. The workplace and routines associated with the workplace context thus provide an ideal platform for achieving changes in habits relating to physical activity. The incorporation of positive behaviours into the workday routine and people's everyday lives and environments could help to achieve a healthy minimum level of physical activity. Thus if good physical activity changes established during the program have not been adopted as habits, participants are likely to revert to lower levels of physical activity after the conclusion of the program. Hence the ultimate aim of raising the long-term baseline physical activity level of participants will not have been achieved and the effects of the program will likely be short-lived. However, changing habits is not an easy or speedy process, and the four month duration of the GCC is an acknowledgement of that. Results from this study have identified three phases that participants went through which should be addressed sequentially in any physical activity program aimed at achieving long-term outcomes: (1) raise self-awareness of low activity level; (2) increase activity level; and (3) maintain healthy activity level.

### **Phase one - Raising self-awareness of low activity level**

The most important result of the simple process of monitoring and recording their step counts was raising participants' self-awareness of actual physical activity levels. Overall, there was a sense of surprise (particularly in participants ranking at the low end of the activity scale) at the low step counts achieved at the beginning of the challenge, as reflected by reports such as: "*The GCC made me realise how little activity I was actually doing and it did motivate me to do more physical activity in the form of walking*" (Bernice, D4). Similarly, even participants who already had established a pattern of regular activity on some days and thus considered the 10,000 step benchmark a relatively easy target, gained awareness of the effect of days with low activity on their average. As one participant reported:

*I have worn a pedometer for years and try to get over 10,000 steps and manage it quite often so I thought my average was over 10,000 but, in fact, a day of only 2,000-3,000 can bring that average right down. So I wasn't as active as I thought I was" and "It was a shock to me to realise how consistent you have to be to maintain an average over 10,000 steps (Caitlin, D2).*

A reality check and awareness of the difference between actual physical activity levels compared to their expectations and the recommended levels provides the first step to positive behaviour change and is a strong motivator for change. Thus, the realisation of shortcomings compared to the benchmark of 10,000 steps can act as a motivator for positive behaviour change, commencing with the development of strategies and hopefully resulting in eventual behaviour change:

*I have certainly been more conscious of my activity levels and of ways I can increase my activity as part of my everyday life (Belinda, D2).*

Nevertheless, actual change may not be immediate:

*The first few weeks – not a lot of change [occurred] other than thinking more about how I could increase my steps (Candice, D2).*

## **Phase two – Raising the activity level supported by motivation through individual challenges and goals, team support and monitoring**

Once the need for change has been acknowledged, there is a good opportunity, backed by motivation, to achieve positive behaviour change. The first step is the development of strategies and ways to increase physical activity. This may involve strategies as simple as choosing the stairs over using the lift to access the office, gaining a few extra steps every day, or replacing the daily drive to work with a walk or bicycle ride. As one participant reported: *"Whereas, I'd normally go to the closest place for lunch I'll now walk around the lake and go to another outlet on [the premises]" (Candice, D2).* Similarly, another participant reports on this phase of discovery and change:

*My behaviour has definitely changed though as a result of the challenge, I am always looking for ways to get a few extra steps now, parking the car further away, walking to places I might have driven to, etc. It's amazing how disappointed I feel when I get a low step count and how good I feel when I improve my daily average or record a big step count (Betty, D3).*

The second step is to implement the strategies, thus increasing physical activity. While there was generally a strong reported increase in the first few weeks of the challenge, increases by 'active' participants were immediate and bigger compared to the delayed and smaller increases by 'sedentary' participants (Figure 1). During this period, participants reported on a general 'buzz' and high motivation as they implemented their strategies and monitored an increase in their activity. One participant describes her experience:

*They [the number of steps] have definitely increased. Before the challenge I would have been lucky to do one 20-30 minute walk per week. In this, the second week of the challenge I have completed about six 20-40 minute walks over the week. I feel that I am more motivated to go for walks in the evening and as I have continued to do this I have become even more motivated the next day to go for a walk. I just hope this continues throughout the challenge. I also want to start going back to the gym in the next month (Bernice, D2).*

The monitoring of daily step counts as well as the individual and team averages provides a key motivator to increase or maintain participants' step count levels. In fact, as another

participant explained, the groundwork towards maintaining healthy physical activity behaviour beyond the challenge is being laid with a better perception of inactive days:

*My activity has certainly increased ... Wearing a pedometer and monitoring this activity on daily basis gives me the push to increase the activity level. ... I am now able to judge the days I have not partaken in much exercise and attempt to be more active the following day (Carmen, D4).*

Nevertheless, for others, monitoring alone may not be sufficient to achieve a considerable increase in physical activity, though the process does assist in identifying activity gaps. As one participant explained:

*I don't think my exercise behaviour has changed at all. I have simply monitored my average life and it has helped me to identify that I don't do enough exercise and need to get a plan to do more. ... If we were doing our activities as a group rather than competing with each other within the group than it could work. If I had an exercise buddy then perhaps I might do better (Becky, D3).*

Support and encouragement from colleagues and team members, partners or friends, including pets, provide additional motivation and a social element essential to some: *"I still have to be pushed or push myself to go – the thought of going on a group activity is fun. I still don't view walking as something to be really enjoyed but if I can combine it with others at least the activity is more enjoyable"* (Candice, D3). Some participants teamed up with a 'buddy', which provided accountability, motivation and encouraged continuity:

*I had already begun to walk with a friend in the mornings once or twice a week along the seafront. This became a regular event so that now we regret when we can't make it. I think we will maintain that which will be good in the long run. We even managed to keep it up during the winter and only got drenched once; only turned back twice (Caitlin, D4).*

There were three main types of participants in terms of underlying drivers. To some, the motivation came from the setting of personal challenges and goals: *"Over the [duration of the] challenge, the motivation has actually increased to a level that I find comfortable for myself. For me, it was never about being the winner or the best at [the organisation], it was more about the personal challenge"* (Bernice, D3). For others, motivation stemmed from being part of a team: *"Being in a team (and especially my team!) makes you feel like you don't want to let them down, and you need to keep doing your part to help the team"* (Betty, D3). Others used the extra push and/or perceived peer pressure to spur them on to achieve their personal goals: *"I feel some pressure to keep the steps number up as our team is rather low in the group and I have a personal goal of not being in the team that comes last!!"* (Carla, D2). Or *"The work environment is also helping, some people are getting highly involved (and competitive), which is rubbing off on me"* (Alice, D2). Nevertheless, given that most programs (and thus team membership) are of limited time, the challenge, particularly in relation to the latter two groups, to any workplace physical activity program based on team participation is to maintain motivation and thus continuation of participants' physical activity behaviour beyond the program and outside the team structure.

### **Phase three - Maintaining activity level at healthy level**

In terms of long-term health benefits, the third observed phase is the most important as it is about maintaining a healthy activity level for the long term and beyond the program. Thus it should also be about the transition from participation in a program such as GCC to healthy daily personal physical activity behaviours and habits.

The main motivation to GCC participants during the first two phases, apart from the novelty value, was to see measurable improvement in physical activity participation. However, as



time progressed, the novelty effect of engagement in the GCC as well as the initial boost and enthusiasm generated by setting personal best step counts and raising the average waned. A continuing increase in activity level could not be sustained because of limited time in a day and other commitments. As activity began to plateau, the loss of the main motivator - improvement - was inevitable. At the same time, cracks started appearing in the functioning of some teams: *“The team bonding has broken down a little bit as we all get on with things”* (Beryl, D2). Further, bad habits by individuals affected the motivation of fellow team members: *“When members delay their entries for long (sometime me too) time I loose competitive sprit”* (Bob, D4).

In addition, maintaining a routine was difficult for some due to making work and other commitments a higher priority: *“Mainly due to travel and intense workload, I have had a rather irregular week and little opportunities for routine exercise”* (Bart, D4). Thus the key challenge to a healthy workplace program such as the GCC is to maintain momentum despite the loss of novelty and motivation of continuing improvement in terms of the measure monitored, in this case the number of steps.

### **Challenge of maintaining momentum**

The transition from being driven by observing a continuing increase to accepting and maintaining a steady but healthy level of physical activity is an important step in the process of forming healthy long-term physical activity habits. This process was described by a study participant: *“Honestly I’m finding it harder and harder to break my personal best record every day. I simply aim to stick to my daily average number of steps – if I can keep it at around my average I am happy”* (Beryl, D2).

Study participants reported a marked decline in motivation over the duration of the GCC: *“I have found that my motivation was really high at the start of the challenge and although I am still motivated it has definitely declined”* (Betty, D3). Another participant explained: *“I did become more motivated to walk and get out there, but not to the extent that I expected. Petered out towards the end to be honest. But at least now I know what my activity levels are and what I would like them to be so can work on it”* (Brenda, D4). Thus, at the very least, the lasting benefit of participation in the GCC is an increased awareness of inactivity.

Looking beyond the challenge, some participants reported a distinct decline in physical activity: *“... my exercise levels have really dropped off since it finished!”* (Christine, D4). Another participant reported that strategies engaged to increase physical activity were no longer maintained after the completion of the GCC: *“I started to go walking in the evening more with my partner – that was my main strategy. However, since the challenge has ended this strategy has also seemed to end as other activities in our lives have taken precedence”* (Bernice, D4).

Nevertheless, there were also some positive reports, indicating that the GCC approach did indeed help individuals overcome boundaries and provide a platform for positive longer term behaviour change:

*I think the GCC and – especially – seeing that average drop when I have a day off – has helped me establish a habit of activity that is much higher than it was. I’m wishing that there was a way to continue entering our steps after the challenge – and still get that average step feedback. ... My walking buddy and I have registered for the City to Surf 12 km walk at the end of August – I would never have done that otherwise* (Caitlin, D3).

## Conclusions

The findings of this study highlight the importance of regular review and evaluation of the effectiveness of physical activity workplace programs, particularly with respect to engagement, participation and focus on sedentary people. In this study, while the program achieved an increase in awareness of participants' (in)activity, it did not achieve a sustained increase in the actual physical activity level of sedentary people. In light of evidence from this and other studies relating to the baseline activity of sedentary people, employing an increasing stepped target in the GCC depending on baseline activity, culminating in the achievement and maintenance of the recommended 10,000 steps per day benchmark, may be a more successful approach than the current 'one-size-fits-all' target. Similarly, to provide ongoing motivation and achieve improvements in physical activity for the duration of the challenge (and hopefully beyond) in the described target group of sedentary people, organisers could consider introducing ways to provide a level playing field and real opportunities for all teams, including those of less active participants. Maintaining motivation for the full duration of the program would go a long way towards developing lasting changes in behaviour and the implementation of positive physical activity habits, which would provide the foundation for long-term changes beyond the structure and motivation of a workplace team program.

Health and social benefits, and their perceived links to improved workplace productivity, are two common elements used to promote externally organised physical activity programs and events, particularly where employers rather than individuals are targeted to facilitate participation. The main purpose, nonetheless, of such programs and events is commonly to raise funds (for not-for-profit organisations) or make profit (for commercial organisations), with the added benefit of increasing general public awareness of health issues and promoting their organisation and cause. Thus in general, the organisers have little direct gain from evaluating the effectiveness of these programs and events beyond demonstrating some positive results for promotional purposes. The findings of this study highlight that employers genuinely wanting to shift sedentary workers to become more active may need to look at alternative strategies that go beyond externally organised physical activity programs.

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