World Academy of Science, Engineering and Technology
International Journal of Sport and Health Sciences
Vol:13, No:08, 2019

Understanding the Perceived Barriers and Facilitators to Exercise Participation in the Workplace

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Abstract : The World Health Organisation recognises the workplace as an important setting for exercise promotion, with potential benefits including improved employee health and fitness, and reduced worker absenteeism and presenteeism. Despite these potential benefits to both employee and employer, there is a lack of evidence supporting the long-term effectiveness of workplace exercise programs. There is, therefore, a need for better-informed programs that cater to employee exercise preferences. Specifically, workplace exercise programs should address any time, motivation, internal and external barriers to participation reported by sub-groups of employees. This study sought to compare exercise participation to perceived barriers and facilitators to workplace exercise engagement of university employees. This information is needed to design and implement wider-reaching programs aiming to maximise long-term employee exercise adherence and subsequent health, fitness and productivity benefits. An online survey was advertised at an Australian university with the potential to reach 3,104 full-time employees. Along with exercise participation (International physical activity questionnaire) and behaviour (stage of behaviour change in relation to physical activity questionnaire), perceived barriers (corporate exercise barriers scale) and facilitators to workplace exercise participation were identified. The survey response rate was 8.1% (252 full-time employees; 95% white-collar; 60% female; 79.4% aged 30–59 years; 57% professional and 38% academic). Most employees reported meeting (43.7%) or exceeding (42.9%) exercise guidelines over the previous week (i.e. 30 min of moderate-intensity exercise on most days or 25 min of vigorous-intensity exercise on at least three days per week). Reported exercise behaviour over the previous six months showed that 64.7% of employees were in maintenance, 8.3% were in action, 10.9% were in preparation, 12.4% were in contemplation, and 3.8% were in the pre-contemplation stage of change. Perceived barriers towards workplace exercise participation were significantly higher in employees not attaining weekly exercise guidelines compared to employees meeting or exceeding guidelines, including a lack of time or reduced motivation ($p < 0.001$; partial eta squared = 0.24 (large effect)), exercise attitude ($p < 0.05$; partial eta squared = 0.04 (small effect)), internal ($p < 0.01$; partial eta squared = 0.10 (moderate effect)) and external ($p < 0.01$; partial eta squared = 0.06 (moderate effect)) barriers. The most frequently reported exercise facilitators were personal training (particularly for insufficiently active employees; 33%) and group exercise classes (20%). The most frequently cited preferred modes of exercise were walking (70%), swimming (50%), gym (48%), and cycling (45%). In conclusion, providing additional means of support such as individualised gym, swimming and cycling programs with personal supervision and guidance may be particularly useful for employees not meeting recommended moderate-vigorous volumes of exercise, to help overcome reported exercise barriers in order to improve participation, health, and fitness. While individual biopsychosocial factors should be considered when making recommendations for interventions, the specific barriers and facilitators to workplace exercise participation identified by this study can inform the development of workplace exercise programs aiming to broaden employee engagement and promote greater ongoing exercise adherence. This is especially important for the uptake of less active employees who perceive greater barriers to workplace exercise participation than their more active colleagues.

Keywords : exercise barriers, exercise facilitators, physical activity, workplace health
Conference Title : ICSEHS 2019 : International Conference on Sport, Exercise and Health Sciences
Conference Location : Vancouver, Canada
Conference Dates : August 07-08, 2019