

Title

‘Everyone’s so kind and jolly it boosts my spirits, if you know what I mean’: A humanising perspective on exercise programme participation

Abstract

Background: Maintaining a physically active lifestyle across the life course can add to an individual’s health and wellbeing. Many people are insufficiently active to achieve these gains with a trend towards further decreases in activity as people age. Community-based group exercise programmes have been shown to be one means of increasing sustained activity levels for older people.

Aim: To understand how and why older people sustain participation to community-based group exercise programmes from a humanising perspective.

Methods: A multiple-case study approach was employed to study three exercise programmes in the South-West of England. Data were collected through participant observation, focus groups, and documentation. Data were analysed with deductive thematic analysis and mapped against the humanisation framework.

Results: Findings suggest that the humanising nature of these particular exercise programmes supported sustained participation. In these programmes, *agency* was evidenced in the way participants self-selected their level of exertion with exercises. There was freedom to be their *unique* selves and exercise within the limits of their *insider* challenges of an ageing body. Through this non-judgemental exercise environment, there was an *embodied* understanding of who they were as people. The exercise programme became part of their *personal journey*. This journey helped inform their future by enabling them to keep active and maintain independence, allowing them to continue engaging in the world. There was a sense of *togetherness* and belonging which led to feelings of homeliness as they found a *sense of place* within the group. The friendships they formed helped them *make sense* and add meaning to their experiences and personal health challenges.

Conclusions: When planning exercise environments to support the long-term adoption of a sustained behaviour change, in the form of physical activity for older people, it is helpful to consider dimensions that make an individual feel human.

Word count: 5,533

Key words: Older people, community-based group exercise, humanisation, qualitative, United Kingdom, humanising

Introduction

The role of sustained participation in physical activity throughout the life-course provides some of the best prospects for ageing well (1). Maintaining a physically active lifestyle plays a protective role in the prevention and treatment of noncommunicable diseases such as heart disease, diabetes, stroke, colon, and breast cancer (2). There are also cognitive benefits of sustained physical activity including improved quality of sleep and health-related quality of life (3, 4). However, many people are insufficiently active to achieve health gains (4). Physical inactivity is viewed as a global phenomenon, with estimates of one in four adults not being active enough to achieve health benefits (5). Physical inactivity has been said to be ‘one of the most important public health problems of the 21st century’ (4) (p.1)

Given the global growth of an ageing population, coupled with declining activity levels with increasing age (6, 7), it is important to understand physical activity and exercise from the perspective of older people. It is the sustained aspect of physical activity which is important because in order to acquire the health and wellbeing gains associated with physical activity there is a need for engagement to be maintained over an extended period of time.

Physical activity behaviours and their numerous determinants are known to be complex (8, 9). As such, there are no all-purpose formulas for helping older people engage in a physically activity lifestyle. Some individuals prefer structured settings with social interaction for engaging in physical activity, others favour more solitary exercise environments (10). Hence, it is understood that many different approaches, such as brief interventions in primary care, walking and cycling programmes, or exercise referral schemes will be necessary to engage older people in maintaining physical activity (11, 12).

Cited barriers to physical activity for older people include unclear guidance, lack of role models, physical health limitations, and for the oldest old (>80 years) fear of injury or fear of going out were also noteworthy (6, 13, 14). Programmes which utilise exercise facilitators and limit the barriers need to be identified to promote sustained physical activity in older people. Public health literature is calling attention to a fifth wave of public health. The fifth wave requires consideration of the complex challenges of obesity, inequality, and loss of wellbeing with a focus on enabling growth that nourishes human life and spirit (15). The importance of this fifth wave of public health is highlighted further given that although there has been a rise in public health policy on physical activity levels, there has been limited success, with the literature challenging decontextualized health messages such as ‘move more, sit less’ (16).

Concentrating on the objective world of behaviour change, such as increasing physical activity levels without consideration of the deep, inward human experience such as purpose and meaning may limit long term effectiveness (17). Exploring the deeper meanings of the individual may provide valuable insights (18, 19). Furthermore, ‘the more thorough, multidisciplinary, and wide spanning our knowledge of the aging, active body is, the more informed we might become in every dimension of its existence’ (20) (p. 362). Thus, a range of disciplines and perspectives are called upon to better understand the relationship between physical activity and aging.

The authors of this paper have chosen to focus on the subjective meaning of physical activity participation of older people who have sustained activity through community-based group exercise programme. These programmes have been shown to be one means of not only increasing physical activity levels for older people (21-23) but of sustaining activity with mean programme adherence rates (≥ 1 year) of between 69-75% (24, 25). This is important given that usually half of participants who commence an exercise programme will drop out within the first six months (26, 27). Thus, the authors were interested in why these forms of exercise programmes worked for individuals. There is unique knowledge that can be gained by drawing on the perspectives of older people who have been successful in adopting sustained engagement in physical activities. The authors of this paper seek to develop empirical and theoretical knowledge in understanding sustained physical activity from a humanising perspective. This was carried out by employing the humanisation framework (28) as a way to understand the deeper human meaning of physical activity groups.

Humanisation is concerned with upholding ‘a particular view or value of what it means to be human, and furthermore to find ways to act on this concern’ (28, 29) (p. 69). This framework was initially developed in the context of care, to assist in understanding the more human aspects of illness and healing (28). The framework is rooted in the existential question of what it means to be human. Philosophically, it has been informed by the work of Husserl’s concept of the lifeworld, particularly the dimensions of embodiment, temporality, and spatiality; Heidegger’s reflections on freedom, being with others, and authentic ownness of self; and Merleau-Ponty’s notion of body subject, and body object, and sociological perspectives such as human agency and alienation (29). Following a philosophical analysis, Todres, Galvin and Holloway (28) developed a framework of eight humanising and dehumanising dimensions (agency/ passivity; Insiderness/ objectification; embodiment/ reductionist body; personal journey/ loss of personal journey; sense making/ loss of meaning; sense of place/ dislocation; togetherness/ isolation; and uniqueness/ homogenisation). These

dimensions, which consider the deeper, inward human experiences such as purpose and meaning may add to understanding of how and why older people continue to engage in community exercise programmes. This has the potential to inform public health policy development from the perspective of the individual. Therefore, the aim of this study was to understand how and why older people sustain their participation in community-based group exercise programmes from a humanising perspective.

Work with the humanisation framework is in its infancy. To date it has been applied to the care of older people living with dementia (30, 31), public health (32), high performance sport (33), undergraduate nurse education (34), stroke rehabilitation and dermatology (35). To the authors' knowledge, this is the first time the humanisation framework has been used to study older people's sustained exercise participation.

Methods

Overview of the study

Setting

This study sought to understand how and why older people (≥ 60 years) sustain participation to community-based group exercise programmes from a humanising perspective (29). The study was framed from a critical realist perspective using a multiple-case study approach (36). The research was carried out in the South West of England and focused on three cases of exercise programmes.

The sampling of cases was theoretically driven in a pre-specified sense with the choice of cases being made on conceptual grounds, be that a different socio-economic area, referral route, or indoor / outdoor exercise environment (37). Each case had exhibited high programme retention rates (69-78%) defined as the percentage of participants who had adhered to the programme for one year or more in the year prior to data collection. In addition, high individual participant adherence rates (74-91%) were noted in each case as calculated from archival records from the instructors and defined as the proportion of sessions an individual attended relative to sessions offered. The exercise programmes were multicomponent (aerobic, strengthening, flexibility, balance, and coordination exercises).

Participants

Convenience sampling was used to select participants from the three cases (38). Participants were invited to participate in the study through the exercise instructors. The

study was explained to participants as seeking to explore factors that helped them continue attending the exercise class with a view to understanding how we can help more people stay active.

The inclusion criteria specified that participants needed to be aged 60 years or over and have been attending the community-based group exercise programmes for a year or more. On-going adherence of one year or more was selected based on behaviour change guidelines (12). These guidelines recommend regular attendance of a year or more to bring about a long-term change in behaviour.

Ethical approval to conduct this study was obtained from Bournemouth University Research Ethics Committee (reference number 5103). Potential participants were provided with an information sheet one week before data collection. This detailed in accessible language a summary of the project, what participant involvement would entail, who to contact for further information, and that their involvement was entirely voluntary. The fact that participants could choose to opt out at any stage was emphasised along with assurance of anonymity and confidentiality. Participants were given the opportunity to ask any questions and if willing, then completed a written informed consent form. This process led to 27 exercise participants being recruited from the three cases.

Data collected

Participant observation, focus groups, and documentation were used to generate data. This use of multiple methods allowed the phenomenon of sustained participation to be understood from many perspectives at different levels by revealing a layering of meanings. Data collection took place between October 2014 and June 2015 at the exercise programme locations. The first author (CK - a Caucasian female in her late 30s) collected the data. She was a full-time post-graduate researcher with doctoral training in qualitative methods. She spent six-eight weeks as a participant observer at each exercise programme. This provided the opportunity for unstructured observations, allowing a deeper understanding of context which would only be possible through personal experience. She was introduced to the groups as a doctoral research student with a background in physiotherapy. Extensive field notes were documented in a notebook directly after each observation session and typed up into a word document at the earliest convenience for use in data analysis.

Four focus groups lasting up to one hour were carried out with participants (see table 1 for focus group guide). These were digitally recorded and transcribed verbatim. Documentation, predominantly in the form of the programme websites were available for

Cases 1 and 3 and were utilised as part of the textual data analysis. The participants did not have relationship with the researcher prior to the study commencing.

The use of a reflexive diary alongside regular peer-debriefing and discussions helped the researchers be aware of their own subjective standpoint in relation to the research. This was important because the first author had worked for many years as a physiotherapist in the area of rehabilitation with older people. She therefore needed to reflect on her influence as part of the data collection and analysis process.

Analysis and mapping of data

Qualitative data were imported into NVivo 10 qualitative data analysis software to support the analysis. Textual data (field notes, focus group transcripts, and documents) were brought together at the initial stage of data analysis when data were read and re-read to allow immersion to the extent of being familiar with the depth and breadth of the content. The textual data were submitted to deductive thematic analysis (39, 40). For the current paper, the humanisation framework (29) was used to map the data.

The data were reviewed by the authors having been sensitised to the humanising framework to identify where the findings sat on the humanising/dehumanising dimensions. The data within the humanising dimension were then mapped against the dimensions of agency, insiderness, embodiment, personal journey, sense making, sense of place, togetherness, and uniqueness (29). This process was repeated for the data relating to the dehumanising dimension by mapping to the dimensions of passivity, objectification, reductionist body, loss of personal journey, loss of meaning, dislocation, isolation, and homogenisation (29). The process of analysis and searching for patterns was highly iterative (40). Alternative mappings were discussed between the research team and adjusted as necessary until a consensus was reached (40).

To understand which dimensions appeared to be more relevant the authors have used the frequency of coded segments to each dimension as a means to highlight the significance of each dimension as it appears in the texts (see table 2). It is recognised that this represents those dimensions which were discussed and came to the participants' and researcher's minds. Some dimensions may be easier to talk about than others but overall, the authors feel the coding is an indication of meanings as understood by participants. The authors sorted these into two groups, with the more relevant group being named as 'widely discussed' and the less relevant group as 'less widely discussed'. A narrative summary of the data coded to each dimension is presented in the results as a means to draw understanding from the mapping

process. Few references were made to the dehumanising dimensions but where evident, these were integrated into the narrative sections. This was used to provide a nuanced analysis in relation to understanding the nature of humanising practice in sustaining exercise in older people.

[Table 1. Focus group interview guide near here]

Findings

The findings are presented in the form of humanising and dehumanising dimensions which were ‘widely discussed’ and ‘less widely discussed’. The frequency of coded segments in relation to each dimension and summary definitions are provided in table 2 to support the findings.

[Table 2. Frequency of coded segments to each dimension and summary definitions near here]

Out of the 27 participants who consented to be involved in the study, 22 were female. Participants had a mean age of 70 years. Cases 1 and 3 were privately run, non-profit programmes carried out in village halls, and Case 2 was a referral scheme where National Health Service practitioners referred patients to an outdoor exercise programme. Table 3 provides a summary of the participant demographics, programme cost, programme and individual adherence rates to help contextualise the findings.

[Table 3. Participant demographic, programme type and cost, and adherence by case near here]

1.1 Widely discussed

The group nature of the exercise programmes promoted a social platform which supported the humanising dimension of *togetherness*. This appeared to generate a sense of belonging and community between participants; being together was important. This was an

important factor in on-going participation and seemed to be particularly pertinent for those who lived alone.

I mean I've had somebody staying with me for several weeks and you know to go back last Monday, and the house was quiet you know, it's different when you've got somebody at home...but yes it definitely makes a difference if you're on your own.
(Female, 78 years, Case1)

The *togetherness* also seemed to lead towards participants caring and empathising with one another. Participants would help each other attach the ankle weights correctly in the exercise group. At times they would offer to visit if someone was unwell, suggesting that the sense of *togetherness* went beyond the group itself. The *togetherness* participants experienced through the exercise programmes supported the human aspects of being in community where kindness was evident: '... everyone's so kind and jolly it boosts my spirits, if you know what I mean.' (Male, 67 years, Case 2). Participants' *uniqueness* was appreciated and celebrated in relation to each other, in their human connectedness: 'You feel that these people know you and are involved in your life and you're involved in theirs' (Female, 72 years, Case 3).

Linked to the *togetherness* was a *sense of place* which generated a unique sense of feeling within the group; they felt at home and comfortable.

I'd say, initially, it comes down to they have to feel at home. If they don't feel at home, if they don't feel comfortable then it doesn't matter how good the exercises are, or how good the machines are or even how cheap it is. If they feel uncomfortable. It has to start here. And then everything else will follow after. (Female, 63 years, Case 1)

Uniquely, participants from Case 2 expressed pleasure through the physical *sense of place* they were exercising in. This was the only case which took place in an outdoor environment, being a green exercise referral scheme in a country park. This environment added pleasure for participants through hearing the sounds of the birds in the forest, the colours of the trees or various plants, and was preferable to an indoor exercise environment.

The exercise programmes supported participants in *making sense* of their lives, both physically, and with the broader social experiences offered by the programme. The social connectedness they shared meant they were aware of the personal life challenges faced by some.

And I think the support is quite important as well. People begin to know who you are, they remember your little foibles, your particular troubles. If they see you're, you

know, not taking part as much as usual they're asking about you and finding out what's happened. (Female, 72 years, Case 3)

Exercising with peers who struggled with similar health challenges seemed to help participants make sense of their own health problems.

And because people have got different things wrong with them, you know, you appreciate, you think, well I'm quite lucky. (Female, 67 years, Case 2)

In Case 1, there were activities organised by the instructor which went beyond the exercise programme. These activities appeared to add another layer of meaning and *sense making* to the lives of participants beyond the exercise programme. This included things like pancake parties, carols by candlelight, day trips, knitting hats and gloves, or bring and share lunches.

The best thing about the group is getting out and meeting people, it's the highlight of my week. I have done so many things there that I would never have thought possible, going on outings, meeting new friends, knitting hats and gloves and things for children overseas and packing the little shoe boxes with presents for them - I don't have any close family of my own, so I'm pleased to be able to do it for them instead. (Participant quote from website documentation, Case 1)

The instructors were aware of the *uniqueness* of each participant and their individual health challenges. They therefore adjusted the exercise programme so that participants were not being pushed beyond their physical capabilities yet were still included. There was a freedom for participants to exercise within their own *unique* limits and not feel pressured by others.

...I've been to lots of keep fit groups and it is just, you just follow whatever they do and do it obviously to the best of your ability, but with [instructor's name] she watches and sees what you can do and she'll say 'oh, while we do this, you do something a bit different'. (Female, 77 years, Case 3)

Thus, the consideration of their *unique* physical abilities was highly humanising. This was in stark contrast to other group exercise programmes some had experienced when they were found to be treated in a uniform, *homogenised* way such that the instructor 'couldn't adjust to elderly people like us, I suppose. Maybe it was more so because we like a little chat and do the exercise and he was right 1,2,3. It was just too regimented.' (Female, 77 years, Case 1). The lack of adaptation of exercises to suit their needs also made them feel excluded and *dislocated* in other exercise programmes.

Participants who had tried exercising in gym environments had had similar dehumanising experiences. Gyms were found to be *isolating* and intimidating places where: ‘if you go to a gym nobody else talks to you. They’re all concentrating on the bike or what they are doing. Nobody says a word’ (Female, 67 years, Case 2). Exercising together as a group was more meaningful when compared to this gym which had a *loss of meaning* and were viewed as boring.

1.2 Less widely discussed

Attendance at the exercise programmes appeared to form part of participants’ unique *personal journeys* and meeting new people through on-going attendance at the exercise programmes meant that they intersected on the *personal journeys* of others.

We'd lived here less than a year when I started coming and my thought was it was a good way to meet people because I only knew the neighbours and that's how I met E [participant’s name] by coming. (Female, 67 years, Case 2)

This led to friendships which added to the enjoyment of the group and furthermore supported participation. As they became more familiar with the before and next of one another’s *journey*, their social world was expanded to include another circle of friends.

Yes, and I come out every week and meet the people you get to know a different group of people. It's enjoyable. It's another circle of friends you can say hello to when you're out. (Female, 68 years, Case 3)

For some participants, keeping active had always been part of their *personal journey*. This exercise programme was therefore the continuation of that physical activity journey in their retirement years. Others had not had an active lifestyle but there was recognition that to continue their *personal journey* in the way they wanted (such as maintaining independence) meant they had to make some changes or risk a loss of their *personal journey*. This included regular attendance at an exercise class.

I'd also really not rather have another heart attack, thank you very much. Erm so there's that motivation. Keep fit to keep alive. (Male, 68 years, Case 1)

These exercise programmes became part of the rhythm of their week and their continued journey. Thus, participants were exercising their *agency*, as they sought to take control of their lives: to get fitter, to maintain independence in daily living, or lose weight to be able to continue on their *personal journey*. For participants with more complex health

problems, maintaining independence was something they could not *passively* give in to but felt they actively had to fight for; the exercise programme facilitated this.

But it's something I'm used to [effects of long-term medication and their side effects] but it's something I've got to fight. This is why, one of the other reasons I come here, to keep moving. (Female, 68 years, Case 3)

The instructors sought to support *agency* by equipping participants with the information they would need to make their own informed exercise choices. This resulted in participants using exercises they had learnt in the group to help them have greater control in other situations such as following a fall, recovery after surgery, or day to day management of long-term conditions such as neck or back pain.

Participants did not feel that they were being treated like *objects*. They were not just a body in an exercise class but a human with a story which continued to be told.

When a new person joins the class E [the instructor] said she can work out quite quickly by chatting to them how confident they are and who they might gel with in the group and then she tries to pair them up. I could see how much E [the instructor] loves the people by how passionate, animated and enthusiastic she was as she spoke to them. She told me that people have all had such interesting and fascinating lives and she likes talking to them to hear their stories. (Field notes, Case 2)

There was a recognition that just because their bodies were ageing, it did not mean they felt old on the inside. This was respected and supported by the instructors in the way that the instructors were empathetic and sought to understand participants on the *inside*, such as the challenges of reduced mobility, pain, or the fear of losing independence. Participants were not expected to fit into a rigid exercise system, rather they were understood as being people who may have some challenges but still wish to keep active.

The inclusive, non-judgemental, adaptive nature of the exercise programmes allowed participants to be and express their *embodied* selves with the added social connections providing meaningful engagement with others. Corporal limitations were supported by seeking to strengthen the whole body which supported them in continuing to step into the world, almost literally in winter when they were aware of the increased risk of slipping and falling.

I think the balancing exercises are very important as D [the instructor] is referring to. Because especially in the winter you can always slip up and fall over, you know on ice or anything, the stairs even. But this does make you think a bit more and you coordinate yourself better. And it all helps. (Female, 77 years, Case 1)

Working the whole body also meant they also felt they kept their brains active:

I know that if I don't do some physical exercise, I can feel that my, not just my muscles but my brain seems to atrophy. (Male, 68 years, Case 1)

The importance of broader opportunities to engage in the world were understood and realised in the exercise programme through the social connections made between participants. Engaging with others brought an added dimension of meaning, far more so than a gym environment, which was perceived as more *reductionist* in nature. As such participants were not just adhering to a physical activity programme which focused on their physical body, but also to a community which extended the *embodied* boundaries of their world.

Discussion

This study sought to understand older people's experiences of on-going participation in community-based group exercise programmes from a humanising perspective. This is important in understanding exercise through the existential question of what it means to be human. The findings suggest that it was an insider, internal sense of feel, emotions or mood which filtered how the group was experienced. This insider view of the way the world is experienced has its roots in the lifeworld as 'an experienced world of meaning' (41) (p. 55). Thus, in this current study, the insider feelings of togetherness, belonging, and 'at-homeness' expressed by participants were important in understanding their experienced world of meaning. This experience was broader than feelings in reference to the notion of pleasure, although it is recognised that pleasure has been a 'forgotten dimension of physical activity in older age' (42) (p. 94); this 'feel' potentially stems from the humanising environment. It is to do with intangible aspects that link to companionship and a sense of belonging which occurs in a caring, humanising environment.

Evidence suggests that emotions are important in understanding regular physical activity for older people (43), with feelings or attitudes contributing to self-esteem and mental wellbeing (44). As such, physical activity initiatives for older people should not purely focus on the physical body but should also consider the experiential and affectual encounters that physical activity affords (45). This study adds further weight to the role of the affectual in sustaining exercise engagement in older people, something that is often missing from health policy with its focus on health education messages (45). Literature is calling for physical activity interventions for older people which focus on messages of the affective experiences

including physical activity as a fun, sociable, and achievable pastime (46, 47). These authors would add to this the consideration of affective experiences from an existential perspective of what makes participants feel more human in whatever context they choose to be physically active.

Some elements of the humanising dimensions are not new in the context of understanding physical activity behaviour. For example, self-determination theory focuses on the individual's psychological needs of autonomy, competency, relatedness (48, 49). Social cognitive theory considers the way that individuals may consider their conscious mind to make sense of their own psychological processes (48). These reflect the humanising dimensions of agency, togetherness, and sense making. Other aspects of the humanising dimensions that emerged from this study resonated with Evans & Crust (50) study on older people experiences of physical activity in cardiac rehabilitation. For instance, similar to participants in our study, the Evans & Crust participants belonged to a 'we' group which shared experiences, but this was coupled with an individual past, present, and future 'I' identities. This resonates with dimensions of togetherness, uniqueness, and personal journey. As humans our uniqueness is only able to exist in relation to others, just as being on a journey, our present needs to be understood in the context of before and next (28). Thus, part of what Evans & Crust (50) noted with belonging and shared experiences may be explained by the exercise milieu which supported participant's humanity.

The humanising dimensions of togetherness and sense of place also identify with Dionigi & Lyons (51) study on dimensions of community that feature in the lives of older people involved in a resistance training exercise intervention. A sense of belonging and emotional connection was felt with the exercise community and environment such that participants could feel a sense of community within a healthy aging culture. From a humanising perspective, a sense of place is part of what makes us feel human; it is a sense of place which generates feelings of 'at-homeness', comfort, security, and belonging (28). Therefore, understanding the importance of the humanising dimension of sense of place might help explain the psychological sense of community experienced by participants in physical activity environments that support sustained participation.

What is novel in this study is that past research has only reported on some elements of the humanising dimensions. What this study adds is a fuller insight into the breadth of humanising dimensions that may help explain why some exercise programmes support ongoing, sustained participation. However, some dimensions were more prominent than others, for example, togetherness, sense of place, sense making, and uniqueness. This suggests that

whilst the humanisation framework may be important in helping explain ongoing attendance at exercise programmes, some dimensions, or a collection of dimensions may be more significant or easier to talk about than others. Collectively, these dimensions help us reframe activity taking all human concerns into account. This is important because older people can feel invisible and isolated (52) and thus how exercise classes are carried out may offer opportunities to counterbalance those isolating experiences.

Finally, the potential effect of the humanising environment builds on Leder's (53) notion of forming one-body. This term is used not in reference to the bounded individual self or physical body but one that is inseparable from the wider world. Leder (53) discusses the porosity of bodies whereby the experience of absorption allows a form of one-body through an aesthetic opening to the world. For example, through the experience of walking in a forest, the environment can imbue our senses; we absorb the landscape, breaking down the distinction between the corporeal and incorporeal aspects of body and place. Perhaps this is some of what participants in Case 2 were alluding to when they expressed their appreciation of the outdoor exercise environment. More than this though, it is suggested that there is an experience of absorption which takes place because of the humanising environment. It may be that this humanising feel is the intangible sense of feel and 'at-homeness' that some participants commented upon. Furthermore, this suggestion of the permeating influence of the humanising environment allows us to consider the deep, inward human experience. It may be this human experience which has been missing from the objective world of behaviour change. As such, the presence of a humanising exercise environment could be a vital key in helping older people sustain participation to community-based group exercise programmes.

Strengths and limitations of the study

Strengths

To the authors' knowledge, this is the first time the humanisation framework has been used in relation to older people's on-going exercise engagement. It therefore adds new knowledge in terms of being more informed about the humanising dimensions of community-based group exercise programme participation. The study of real-life exercise programmes in the UK from the perspective of longer-term engagement (≥ 1 year) is novel. To date studies around community-based group exercise programmes have either been under research trial conditions, for time limited periods of one year or less, or with non-UK populations (Anonymous, 2017). This makes the findings of this current study highly relevant to real-life

community-based group exercise programmes. The on-going sustainability of the programmes also warrants special mention as a strength since the financial sustainability of these programmes in the present economic climate is highly valued.

Limitations

Several limitations to this current study are noted. The self-selecting nature of participants is recognised. Participants may have represented a highly motivated group of older people introducing potential bias. This limits application to older people who do not sustain participation in community-based group exercise programmes or to those who may be less sociable but still wish to exercise. The geographical boundaries of the study may be a further limitation in that participants were limited to being from one county in the South-West of England. Further cases should be selected nationally using a similar study design to allow wider application of the findings.

Conclusion

The humanisation framework as applied in this current study has added new knowledge in terms of becoming more informed of the humanising dimensions of community-based group exercise programme engagement. It was not just the exercise environment which appeared to be important but the humanising quality of that environment. As far as the authors are aware this is the first time this has been reported in the literature and is suggested to be integral in supporting older people's sustained involvement in community-based group exercise programmes as a form of physical activity. The humanising qualities of these programmes must be considered if older people are to be supported in sustaining a physically active lifestyle as they age.

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Table 1. Focus group interview guide

Question
How did you find out about the programme?
What made you start coming to the programme?
What keeps you coming back to the programme?
If you missed any classes, what were the reasons?
What do you think may stop you coming eventually?
Is there anything about your personality which keeps you coming?
Is there anything about the class which keeps you coming back?
How does participating in the class make you feel?
Is there anything about the way the class is led which keeps you coming?
How does the social aspect of the class influence you coming?
What do you feel like after the class?
Have you participated in other exercise classes in the past? What's the difference between this programme and your other past experiences?
Anything else anyone would like to add?

Table 2. Frequency of coded segments to each dimension and summary definitions

Forms of humanisation / dehumanisation (number of coded segments)	Summary definitions of the dimensions (28, 29)
Togetherness (50) / Isolation (3)	Togetherness relates to the understanding that as humans, an individual's uniqueness is only able to exist in relation to others, in belonging and community. When we feel separated from a sense of belonging with others then isolation can enter.
Sense of place (31) / Dislocation (11)	Sense of place refers to the way that as humans we come from a particular place which is more than just a physical environment; it is a place which generates the feeling of 'at-homeness', security, comfort, and belonging. When a sense of strangeness arises then our sense of place can be lost.

Sense-making (27) / Loss of meaning (3)	As humans, we care about meaning and have a desire to make sense of events and experiences. As human beings, when we feel that we are becoming a number of a statistic then loss of meaning can happen.
Uniqueness (26) / Homogenisation (6)	A person's individuality is unique in space and time and cannot be reduced to a descriptive, definitive list of their personality and character. If there is a lack of emphasis on the uniqueness of a person and they are made to fit in, then homogenisation may be evident.
Agency (13) / Passivity (0)	Agency is closely linked to the dignity and freedom we have as humans to make decisions and be responsible for the outcomes of those decisions. When that control is removed, there is a risk of passivity entering in and surrendering control.
Personal journey (13) / Loss of personal journey (1)	Being human involves being on a journey and any present moment needs to be understood in the context of before and next on a continuum. This moment in our lives is informed by the past and the hope of the future. When this journey is ignored then loss of journey is evident.
Insiderness (12) / Objectification (0)	Insiderness refers to the understanding that as humans we carry a view of living life from the inside out and that we alone are the authors of that inward sense. If people are made to fit into a system or labelled such that it does not take account of their insiderness then they can be objectified.
Embodiment (11) / Reductionist body (1)	Embodiment recognises our aesthetic being which is inseparable from our experience of the wider world. When the body is separate from its broader contexts and the more relational view of the body is ignored then a reductionist view of the body is present.

Table 3. Participant demographic, programme type and cost, and adherence by case

	Case 1 n=14	Case 2 n=5	Case 3 n=8
Gender, n (%)			
Male	3 (21)	1 (20)	1 (13)
Female	11 (79)	4 (80)	7 (78)
Age, years, Median (Interquartile range)	71 (10)	70 (6)	69 (5)
Programme type	Privately run, non-profit programme for older people and those with chronic health	Green exercise referral scheme (National Health Service practitioners referred	Privately run, non-profit programme for older people in a village hall.

	conditions in a village hall.	patients) to exercise outdoors in a country park.	
Programme cost	£3.50	£4.00	£5.00
Programme adherence rate	69%	71%	78%
Individual participant adherence rate, Median (Interquartile range)	74% (16)	91% (20).	74% (39).