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# Factors affecting sustained engagement in walking for health: A focus group study

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**Title:** Factors affecting sustained engagement in walking for health: a focus group study.

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**Keywords:** Occupational engagement; physical activity; health promotion

## **Abstract**

**Introduction:** Health guidance recommends walking as a means to achieve advised levels of physical activity. The aims of the research were to consider the experience of the occupation of walking in relation to health and wellbeing; factors that lead to sustained engagement in walking; and factors influencing the sustainable provision of walking groups, to inform practice.

**Method:** This phenomenological study considered the experience of eight walking group members and six walk leaders. Data was gathered using three focus groups. Transcriptions were thematically analysed.

**Findings:** Participants perceived that the experience of walking groups included improved feelings of wellbeing; and meaning derived from social support and connection with nature. Participants reported changes that improved the health of walkers and their families. Factors considered to influence sustained engagement in walking included appropriate challenge and variety; woodland developments;

accommodation of routine; use of local green space and consideration of barriers. Factors considered to influence the sustainable provision of walking groups included facilitation style; health champions; marketing approaches and clarity; and collaboration with primary care referrers.

**Conclusion:** Walking groups can be used to support individuals to engage in health-promoting occupations. An occupational perspective can usefully inform practice.

### **Introduction and background literature**

The World Health Organization's action plan for non-communicable diseases (World Health Organization 2013) states the target of reducing the global prevalence of insufficient physical activity by 10% by 2025. Changing behaviour in relation to physical activity could reduce premature death, illness and costs to society, by avoiding a substantial proportion of cancers, vascular dementias and circulatory diseases (Her Majesty's Stationary Office Government 2010). Evidence suggests that established behavioural change models such as Prochaska and Diclemente's model of change (1986) considering readiness, and Bandura's self-efficacy theory (1986) continue to be used successfully within physical activity programmes (Martín-Borràs et al 2014, Voskuil and Robbins 2015). However in the current epidemic of sedentary behaviour, Biddle et al (2010) present the case that understanding mechanisms for achieving change in relation to physical activity participation is still a priority area for investigation. It has been suggested that an occupational perspective of population health is required to address problems linked to human occupations as both cause and cure (Frank 2014).

In the UK occupational therapy is considered to be an integral part of the public health workforce, with a significant role to play in relation to promoting physical activity (Public Health England 2015). The UK National Institute for Health and Care

Excellence guidance “Walking and Cycling” (2012) states that walking should be promoted by public health practitioners as a means to achieve recommended levels of physical activity; a view also represented within World Health Organization guidance (Kahlmeier et al 2014). In a systematic literature review considering 93 empirical journal articles, O’Brien et al (2010) claim that the evidence for positive health outcomes of access to woodlands and greenspace is persuasive because of the number and consistency of studies. Previous research has suggested that those who exercise outdoors (as opposed to indoors) have more enjoyment and are more likely to repeat it, promoting a more sustained engagement in healthy activity (Thompson Coon et al 2011). Freeman et al (2016) also suggest that exposure to wilderness can lead people to increase physical activity as they seek to re-experience nature. Hanson and Jones (2015), in a sizable review, identified 42 studies with 1843 participants and concluded that walking groups are effective, safe and have wide-ranging health benefits with no notable adverse side effects. Wensley and Slade (2012) suggest that walking can improve health and wellbeing, that occupational therapists could use walking and leisure occupations in intervention, and that there is scope for an occupational therapy perspective in health promotion.

The context for this collaborative study was that a local government project team, Stepping Stones to Nature (SS2N) commissioned the research to evaluate walking groups that were run in conjunction with a woodland regeneration project. These were targeted at populations with health needs relating to physical inactivity as identified by local government demographical public health data and practitioners. Providers of the scheme felt that research exploring their walking groups would help to establish evidence of influence on health and wellbeing and enhance their relationship with referrers. In addition, the National Institute for Health and Care

Excellence (2012) recommends that researchers consider individual and local factors influencing the effectiveness of approaches to encourage walking. The negotiated aims of the research were to consider the experience of the occupation of walking in relation to health and wellbeing; factors that lead to sustained engagement in walking; and factors influencing the sustainable provision of walking groups, to inform practice.

## **Method**

*Research design:* Qualitative research invites inquiry about the human condition and explores the meaning of human experiences (Taylor and Francis 2013). The underpinning philosophy for this research is descriptive phenomenology with the aim of describing meaning found in everyday lived experience (Finlay 2011); in order to understand the experience of walking from individual walkers', the group and the walk leaders' perspectives.

*Data collection:* Focus groups can be useful to evaluate programmes with pre-existing groups whose members have had a similar experience (Holloway and Wheeler 2010). However there is some debate as to whether focus groups are an appropriate tool within phenomenology (Taylor and Francis 2013). Focus group responses are socially constructed, reflecting group norms, with the potential for dominant voices to steer the discussion (Berg and Lune, 2012). Individual opinion as expressed in a group may differ from one-to-one interviews due to the influence of others. However, Bradbury-Jones et al (2009) argue that use of focus groups can provide a greater understanding of phenomena, because they stimulate discussion and generate new perspectives, despite traditional views that one to one interviews are the only way for uncontaminated description of experience. The research aims are concerned with both the individual and the group experience. Naturalistic

communication within established groups focussed on shared topics of importance (Gibson and Riley 2010) was therefore considered to be a strength in addressing these aims. Reports arising from focus group research have been criticised as operating only at a group level, at the expense of recognition of individual positioning in relation to the themes (Tomkins and Eatough 2010). To address this, pseudonyms have been used to enable individual opinion to be followed in the findings. Details in brackets after a quote identify the group and page number, for example, focus group one, transcript page one (F1.1).

*Sample:* Data were gathered from three focus groups with participants who were walking group members and walk leaders. Stepping Stones to Nature (SS2N) and the Young Men's Christian Association (YMCA) acted as gatekeepers for access to participants involved in a scheme of collaboratively facilitated walking groups targeted at people with health needs relating to physical inactivity. Participants in focus group one had been involved in a walking group for people who had recently had a cardiac event. The walking group ran for a few weeks, but then stopped due to poor attendance; the participants' opinions offer some useful counter arguments to the rest of the dataset. Focus group two was for the walk leaders to capture their evaluation of the scheme and perspective of factors influencing the sustainable provision of walking groups. Focus group three was with a walking group for school parents, in a geographical area where prevalence of inactivity was considered to be high. Table 1 shows the roles of people present at the focus groups, identified by pseudonym:

Table 1: Focus Group participants

Focus Group:	Walking group member:	Walk leader:	Researcher:
One - participants from the cardiac rehabilitation health promotion walking group.	Melissa Malcom Marj	Frank Fiona	A B
Two – leaders of the health promotion walking groups.		Fiona Frank Kath Karen Harry	A B
Three - participants from the school parents' health promotion walking group.	Sarah Sylvia Sam Sally Sharon	Emma	A

As identified in table 1, walk leaders were present alongside walking group members in focus group one and three. Walk leaders opinions are identified within the findings with “leader” by each quotation.

### **Ethical considerations and trustworthiness**

Ethical approval was granted through the University Health Research Ethics Committee. In line with recommendations by King (2010), key issues addressed included informed consent, openness and honesty, right to withdraw, protection from harm, debriefing, confidentiality and researcher safety. All potential participants were provided with an information sheet about the project clarifying research aims and process. Participants were asked to sign a consent form for the use of their comments within research. No deception featured in the research process. It was made clear that the choice to participate in the focus group, or not, or to withdraw at any point had no bearing on permission to have full involvement in all walking group

activities or on the relationship between group members and the organisations involved. Participants were identifiable by pseudonym within transcripts so that data could be removed if requested. Risk assessment for walking activities were completed by walk leaders, contact details of researchers were provided to participants for further debriefing if required. Participants attending focus groups were requested to regard proceedings as confidential. Participants and gatekeepers consented to the naming of organisations involved within publications on the understanding that all individual identifiers would be removed. All data was stored in password protected electronic files or locked cabinet. One participant in the first focus group objected to audio recording, so two researchers took written field notes recording direct quotes where possible. Focus groups two and three were audio recorded and transcribed verbatim. Participants were provided with a copy of the initial findings (via the gatekeeper) and invited to make corrections, by way of member checking for accuracy (Holloway and Wheeler 2010), however no comments were received.

### **Data analysis**

The data were considered using phenomenological analysis to elicit meaning, as described by Patton (2015) who suggests that the researcher is required to suspend judgement; inspect key statements in relation to personal stories; consider differing perspectives and present a synthesis of meanings. The data were organised into themes to represent the essence of the experience (Patton 2015) as identified by individuals, whilst acknowledging that some influence from the researcher's standpoint is unavoidable (Braun and Clarke 2013).



## **Findings**

The themes arising from the data analysis have been grouped to address the research aims and are presented below.

### **The perceived influence of walking groups on health and wellbeing**

#### ***Feeling better***

The findings demonstrate a consensus across individuals within the walking groups that being engaged in the occupation of walking made people “*feel better*” (Malcom, F1.2). Sarah stated “*well everything is good about it, it’s positive, it gets you out in the fresh air, meet up with people and it’s healthy*” (F3.10). Sylvia declared “*you are more energised when you have been out*” (F3.15) and Sally said “*it helps me sleep*” (F3.2). Sharon stated: “*it is really nice because you just forget everything...I could just walk and switch off and it was just brilliant and I wouldn’t have to worry*” (F3.13). These findings suggest physical and mental health benefits.

#### ***Meaning from social support***

It was evident from the findings that individuals valued the social aspects of the occupation of walking. Melissa stated that the facilitated walking group “*gives you the confidence to go out*” (F1.1) and Malcom agreed that it was good for people “*who don’t want to go out on their own*” (F1.2). Sylvia also said “*it is not something I would do on my own*” adding “*it is more a question of being motivated, if I am in a group I am happy to go along*”; Sharon agreed “*with others it’s much nicer*” (F3.10). The walk leaders’ focus group also raised this issue “*I think the social side is really key... they’ll come because they know the other one or two are coming*” (Kath/leader F2.11). Harry (leader) described a successful group stating “*(its) working out because it’s a social day event ...with lunch*” (F2.8). Additional social activity such

as “coffee” (Sarah, Sylvia, Sam, and Sally F3.4) was also seen to contribute to the success of the group in focus group three.

### ***Meaning from being outside in nature***

Walking group members described how being outside was meaningful. Malcom said “*I use the exercise studio, but I prefer just walking*” (F1.2), Marj agreed adding “*I’m too self-conscious to be indoors*” (F1.2). Malcom then said “*it’s the nature side as well, I heard a woodpecker today*” (F1.2). In focus group three, woodland was described as “*peaceful*” (Sarah), “*healthy*” (Sharon) and “*a haven*” (Sally) (F3.12). Sarah said “*it’s just nice watching all the seasons really, it was quite fruity up in those woods, berries and other things, deer...*” This demonstrates connection to time and change, in addition to enjoying green space.

### ***Behaviour change, adopting new healthy occupations***

Some individuals from focus group three reported secondary associated changes. This included walking (at other times) instead of driving, Sharon reasoned “*so I find now I will walk, because I think, well, I would walk further than that if I went on a walk so what is the difference?*” Sarah agreed adding “*it’s making sure you allow a bit more time to walk*” (F3.15). Group members also reported that subsequent to facilitated sessions they had started: “*running*” (Sarah, F3.14), “*swimming*” (Sylvia, F3.4), “*Zumba*” (Sally, F3.14), and “*tai chi*” (Sam, F3.4), mainly together as a group. Sharon also reported an improvement in eating habits “*the kind of things you feel like eating changes as well when you start doing more walking and exercise... I went on purpose to find fruit, which for me is a change in diet, I fancy eating fruit and yoghurts*” (F3.15). This demonstrates potential for wider impact on health.

### ***Improving the health of others***

A number of individuals also referred to changes for others as a result of their own choices, Malcom said *“with the walk, you can go with your wife”* (F1.3). Members of focus group three described how they had considered different ways to engage children in walking (F3.9) including *“looking at bugs”* (Sylvia), *“bush craft”* (Sarah), *“we built fires”* (Sharon), *“and we made little men out of mud and wood and logs and twine and bind weed”* (Sylvia). Sharon suggested *“it is just about making it more interesting in terms of what you do ... a tree to climb or something”* (F3.18). Emma (leader) agreed adding *“some kind of outdoor play area”* or *“say they’ve got to collect something”* (F3.18). Sarah suggested *“it’s good when they have got other children to keep them company and play with each other”* (F3.19). This suggests the importance of social connection, variety and interest.

### **Factors influencing sustained engagement in the occupation of walking**

#### ***Challenge, variety and woodland developments***

In terms of engaging adult walkers, challenge, variety and additional focus were recommended. Participants in focus group one were involved in a group that was discontinued for poor attendance, Malcom said this was because the walks were *“too short for some in the group, they wanted longer walks”* (F1.1), later adding *“I don’t want to see the same thing again ...it gets boring”* (F1.3). This was in contrast to Sharon in focus group three, who said *“I have found that it was nice to know that walking wasn’t so boring”* (F3.13). Sarah agreed *“its thoroughly enjoyable”* (F3.3), later adding *“it’s getting people interested to start with and then they find that they enjoy it and want to do it again”* (F3.19). Ideas for making walks interesting for adults included using a *“pedometer”* (Sarah, F3.10), *“clearing bramble and searching*

*for mammals*” (Fiona/leader, F2.26) and *“the park warden can give a talk”* (Melissa, F1.2). Woodland developments such as an *“orienteering course”* (Fiona/leader, F2.15) and accessible paths were seen as useful tools to promote engagement in walking, Sarah said *“the good thing about it is it’s so accessible she can use the pushchair if she wants”* (F3.3) which also suggests the breadth of needs to be accommodated.

### ***Accommodating routines***

Careful consideration of the time of day in relation to the target group, proved to be significant to the success of the group. Malcom suggested that the walking group he attended was *“at the wrong time”* adding *“not lunchtime”* (F1.1) and Sally suggested that other people would like to join their group *“but they work so they can’t make it”* (F3.6). Walk leaders suggested fitting in with other routines, Emma (leader) said *“it seems to work well doing it right as school starts”* (F3.12) and Karen (leader) said *“they like to get it done and dusted first thing in the morning”* (F2.5). In terms of frequency, Sarah stated *“once a month, everybody quite looks forward to that and then maybe we do organise something outside of that”* (F3.16). Requirements here are again diverse.

### ***Using local green space***

The use of local green spaces for groups was considered beneficial. One of the walk leaders, Kath, discussed *“utilisation of green space for exercise”* adding *“a lot of it is that they don’t know what is going on in their local area”* (F2.9). In focus group three, Sam said *“it was nice for people to actually see the woodland if they hadn’t ever seen it before”*. Sylvia agreed *“yes because people might think oh I’m not taking my children up there and then saying oh well it’s nice, there are paths and open spaces, there are tables, and I can bring a picnic... so you learn you got a*

*preconceived idea, then that is dispelled*" (F3.8). It was evident that walking groups had helped to address knowledge of local resources.

### **Considering barriers**

All focus groups discussed poor weather as a barrier to participation in walking. In focus group one Melissa stated *"we are fine weather walkers"* (F1.2). In the walk leaders' group two, Karen (leader) stated *"the weather has been absolutely atrocious"* (F2.1) and that starting a group *"in the autumn was a mistake"* (F2.10). Members of focus group three described finding alternative activities, or walking despite the weather, Emma (leader) stated: *"it was horrendous weather and I was surprised they went ahead with it"* (F3.7) demonstrating that an established group may well find ways to overcome poor weather. The cost of keeping healthy in general was discussed at length in focus groups two and three, Sylvia said *"I don't know why healthy living has to be so expensive"* (F3.17) later adding (in relation to health club membership) *"one of the things that puts me off exercise groups is that it is so expensive"* (F3.19), Sarah agreed *"it is not accessible due to price"* (F3.17). Kath (leader) stated *"you've got these wonderful places on your doorstep, take a picnic... it won't cost you anything except for the bus fare to get there, or walk"* (F2.18), in contrast to the cost of club membership.

### **Factors influencing the sustainable provision of walking groups**

#### **Walk leaders and health champions**

The role and responsibilities of the walk leader were considered in focus groups two and three. Sylvia said to the walk leader *"I don't think it would have continued without you"* (F3.20), to which Emma (leader) replied *"I think it's those little texts that remind people ...it helps with motivation"* (F3.20). Sharon said she valued the group being

*“not too serious... and not having the pressure of having to be there”* (F3.16). Sally agreed that *“being flexible”* was good (F3.16). In focus group two, Karen (leader) described how one of her group members had become a walk leader *“well one of mine has gone on to do walks ...so he has set up a group with the group that used to come on my walks ...absolutely brilliant”* (F2.8). There was also further discussion about health champions, Kath (leader) stated: *“they are far better than any of us professionals in whatever we do to encourage other people, because they say, well look, I’ve done it, I mean we’ve got Liz (pseudonym) she has lost a lot of weight, overcome depression, she is worth 10 of me and she lives in the area”* (F2.12). Individuals who had themselves overcome health related problems were considered strong advocates for exercise.

### ***Marketing and clarity***

The role of marketing was seen as key to engagement across all groups. In focus group three, Sam (a group member) said *“my newsletter that I send out once a month, I just put it on the bottom... and it’s just really sort of word of mouth”* (F3.5). It is also evident here that in a well-established group, members have taken on facilitating roles as above. In focus group one, Melissa described how the walking group had started with 14 members *“it was advertised in the paper, there was a great atmosphere”* (F1.1) however the numbers had then dropped off, Melissa recommended *“you need to mention it to more groups”* (F1.3) supporting the “word of mouth” idea above; Malcom agreed *“yes work on the promotion”* (F1.3). However there was some discrepancy over the target group, with Frank (leader) saying *“we advertise this as a beginners’ walk, if someone has had a heart attack they need short walks”* and Malcom saying *“some of the group want more like 3 miles”* (F1.1). In the walk leaders’ focus group, *“word of mouth”* (Kath/leader, F2.13) was again considered the best advertising, alongside *“web pages”* (Fiona/leader, F2.16). Harry

(leader) reflected on how poorly attended groups were managed in a health centre environment *“change the name, change the time, sometimes it will be exactly the same class ...so ‘legs, bums and tums’ became ‘whole body conditioning’ and it got busier just because we changed the name”*. (F2.10). Names of walking groups were discussed and it was evident that groups whose name related to the area of the walk (such as the coastal path or moors) or to the social nature of the group were more popular than groups whose name indicated a focus on health.

### ***Primary care referral***

All groups suggested that primary care practitioners should recommend a variety of exercise initiatives in addition to gym referral. Malcom said *“the GP asks if I am still going to the gym every time I see him”* (F1.3). Sylvia said *“I don’t think I have ever been to the doctor and they have said... what do you do in your spare time? Do you get outside?”* Sarah agreed *“it’s usually go to the gym isn’t it from the GP point of view, like we can book you in at the gym and that is not everybody’s cup of tea”* (F3.17). This idea was evident in the walk leaders group too, Karen (leader) said *“well walkers are walkers and gym users are gym users, they are different”*, Fiona (leader) agreed *“they are outdoor people”* (F2.17) introducing the concept of identity and individual preference. Kath (leader) stated *“in the new world with GP commissioning and everything, there will be ...the physical health outcomes, one of them is about linking it with green space”* (F2.9). This suggests a need for further collaborative working.

## **Discussion**

The findings are discussed below in relation to broader literature, addressing the research aims.

### **The perceived influence of walking groups on health and wellbeing**

In terms of the potential benefits of using walking groups within occupational therapy and health promotion practice, the findings suggest that all participants felt that walking could have a positive influence on health and wellbeing. This was both in relation to the immediate impact of feeling better, having social support and appreciating being outside in nature; as well as the longer term impact of behaviour change and improving the health of others. Feeling better from exposure to nature is consistent with literature claiming the restorative aspects of natural environments (Thompson Coon et al 2011). The findings of improved energy levels and sleep patterns are in line with the benefits of physical activity proposed by Cole (2014). The findings of walking for wellbeing, social support and connection to nature were also evident in the research by Wensley and Slade (2012). In addition, findings in the current study suggest that social activities such as lunch and coffee and alternative indoor options during poor weather were useful tools to keep the group socially committed to each other. This is consistent with phenomenological occupational science research identifying that connection with others is meaningful (Reed et al 2010) and suggests that prioritising this aspect may promote sustained engagement.

In relation to a longer term influence, the findings show that some participants reported broader behavioural change, with not only an increase in walking, but also other forms of exercise. This is in line with the “Start Active, Stay Active” (Department of Health, Physical Activity, Health Improvement and Protection 2011)



recommendations for variety of type and intensity of physical activity. This (plus for example, the reported change in diet to more fruit), perhaps demonstrates a shift to ownership of healthy living concepts consistent with recommendations by Cole (2014) for sustained involvement in exercise behaviours; and Bandura's self-efficacy theory (1986). The fact that these health improvements then also prompted change in others, including partners and children, is another useful finding in terms of population health and involvement of friends and family in intervention. A recent large population-based study (n = 3722) highlighted a significant impact of behaviour change on partners, stating that when one partner changed to a healthier behaviour, the other partner was more likely to also make a positive health behaviour change, and therefore recommended involving partners in behaviour change interventions (Jackson et al 2015). This is also apparent in another phenomenological occupational science study by Van Nes et al (2012) which suggested the significance of meaning from co-occupation in relation to older adults walking with their partners.

### **Factors influencing sustained engagement in the occupation of walking**

The findings suggest that in order for walking groups to result in sustained engagement in walking, a number of factors need to be considered, including appropriate challenge and variety, accommodating routines, use of local green space, and understanding of barriers such as weather and cost. Some ideas here relate to a report by the National Institute for Health and Care Excellence (2012) which stated that barriers to walking included poor weather and that difficulty integrating walking into daily routines and boredom were associated with discontinued membership of groups; a variety of routes, paces and distances at different times of the day and week were recommended. Research by Wagman et al (2012) describes the challenge of balancing valued occupations to allow time for

healthy habits such as exercise alongside competing demands. Seminal author, Yerxa (1998:415) described the importance of meaningful variety to avoid boredom; and the “just-right challenge” where there is an appropriate balance between the demands of the occupation and the skills of the individual. The “Start Active, Stay Active” report (Department of Health, Physical Activity, Health Improvement and Protection 2011) claims there is evidence to suggest that proximity to green spaces correlates with increased physical activity and reduced obesity. The findings in the current study showed however, that people may not be aware of the green spaces near them without support to find them. In addition, woodland developments such as accessible footpaths and orienteering courses prompted further engagement.

### **Factors influencing the sustainable provision of walking groups**

The findings suggest that sustainable provision of walking groups for health may be affected by walk leaders, health champions, marketing, clarity of remit and relationship with primary care. One of the walking groups in this study struggled to recruit and maintain membership. This is in contrast to Hanson and Jones’ (2015) claim that walking groups have good adherence, but consistent with recruitment issues described by Matthews et al (2012) who distinguished between walking groups in general and groups for populations who are targeted for a specific health issue. As with the current study, Matthews et al (2012) suggested that word of mouth was the most effective recruitment strategy, but that this takes time, effort and effective partnership working; they also suggested that where marketing of groups focussed on the social rather than health aspect of walking, they were better attended. The recommendation for use of health champions within the findings of the current study is supported by Woodall et al (2013) who suggested that the community health champion role can be a catalyst for change, with positive outcomes for individuals and communities in terms of health and wellbeing. Findings

in the current study suggest that walking group leaders felt that local referrers and service commissioners need more information about the provision of walking groups as an option for their patients. Information should be given to promote the benefits of walking for health and wellbeing and prompt referral to walking groups and a broader range of opportunities in addition to gym referral, this is consistent with the National Institute for Health and Care Excellence guidance (2012).

### **Limitations of the study**

Although the use of focus groups enabled participants to share and debate ideas; further research involving individual interviews might reveal greater depth of meaning and personal reasons for sustained engagement in walking and prompt further consideration of the process of establishing occupational engagement in healthy behaviour. The lack of audio-recording with the first focus group could have reduced the detail of the data. The presence of walk leaders in focus group one and three was to support the walking group members and reflected the dynamic of each walking group as a whole; however it may well have influenced the opinions expressed. Whilst the researchers encouraged balanced debate and some negative critique was offered, walking group members may not have felt able to explore this more fully. In addition, two walk leaders, Frank and Fiona were present at two focus groups (one and two). Their role in each group differed (group one was just for support as opposed to group two where their opinion was sought) however there was potential for duplication of ideas and influence. Finally, focus group three had one researcher present whilst the others had two, which may have influenced the dynamic of the group and opportunity for sharing researcher reflections. In terms of other influences, the two lead researchers were independent of the walking group service (they were not walk leaders or participants); their remit was to run and evaluate the focus groups to provide an external perspective of the participants' lived

experience. The lead researchers were not biased towards a perpetuation of the specific walking groups evaluated, though some participants may have been. However, the researchers acknowledge personal belief in the value of walking for health and in the value of an occupational perspective of engagement in walking and this may have influenced the interpretation and organisation of the findings. In addition, the research commissioners were an integral part of the service delivery and were keen to establish recommendations for local practice in relation to walking groups, as a legacy of the woodland regeneration and collaborative walking group projects.

## **Conclusion**

Occupational therapists have a significant role to play in public health, including the promotion of physical activity. Walking groups can be used to support individuals and their families to engage in health-promoting occupations, increase levels of physical activity and improve their health and wellbeing. The use of descriptive phenomenology enabled elicitation of meaning from focus group discussion of the lived experience of engagement in walking groups. An occupational perspective of engagement in walking and walking groups highlighted the meaning of being in nature, connection with others and co-occupation; the importance of consideration of convenience, routines, and balancing competing occupational demands; and the need for appropriate challenge and diversity within the occupation of walking. In addition, consideration of facilitation style, marketing approaches and collaboration with primary care referrers is recommended for use of walking groups within occupational therapy and health promotion practice.

**Key messages:**

**Key findings:**

1. Walking can improve feelings of health and wellbeing.
2. Walking groups can be used to support individuals and their families to engage in health-promoting occupations.

**What the study has added:**

An occupational perspective of public health intervention to promote walking prompts consideration of meaning from connection with nature and others, occupational balance, convenience and appropriate challenge.

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