Workplace Physical Activity: Theory, Policy and Practice

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Abstract

This chapter explores how workplaces have come to figure as a site for concerted efforts to effect physical activity through the guise of organisational wellness programmes. Historically, industrial work organisations provided access to recreational opportunities for employees within the confines of the workplace. However, contemporary discourses of organisational wellness are founded on the promotion of a health and fitness rationality which corresponds with the production of disciplined, self-regulating working bodies. Drawing on notions of governmentality, self governance and active citizenship, the chapter illustrates how organisational wellness has been carved out of a host of seemingly disparate, discontinuous and fragmented discourses of work, organisation, leisure and health into a relatively coherent, unitary medicalised discourse. Drawing on a short case study from one wellness provider for illustration, the chapter explores the intended outcomes, the practices and the issues of promoting physical activity in workplaces and reflects upon the tensions inherent in organisational schemes, such as those between compulsion and volunteerism.

Introduction

Wellness discourses have become increasingly influential in recent years, particularly in advanced Western societies. Lupton (2015) argues that the movements of human bodies are increasingly monitored, assessed and predicted by digital technologies. Mobile technologies in the form of smartphones, smartwatches, tablet computers and digital self-tracking devices generate endless data about fitness and broader health-related outputs. In this sense, people have become data-emitting nodes, leading to a focus on tracking the self, quantifying performance as part of a calculative rationality that renders the individual in a state of wellness or in need of remedial attention.

In a workplace context, the incursion of wellness narratives is also prevalent, but more difficult to assess in terms of reach, intended outcomes and associated practices. At the level of policy, governments (local and national) now frequently promote the workplace as a site for health promotional activity and national health agencies stress the clinical (and business) benefits of promoting physical activity in the workplace (NICE, 2008, 2015). There is a growing evidence base to suggest that organisational wellness practice (McGillivray, 2005a and b) has permeated the workplace across the advanced liberal democracies over the course of the last thirty years but, crucially for this chapter, its form and focus has changed significantly over this time. In this chapter I document the changing emphasis of wellness programmes from their original recreational and social function in the late nineteenth century, to a more explicit health and wellness agenda from the late 1970s onwards. I theorise this shift by building on the work of Michel Foucault (1977, 1978, 1986) and his ideas of governmentality and the subject central to his so-called 'later' period (Moss, 1998). I then draw on policy and practice examples to illustrate current thinking on the role of the workplace as a site for physical activity, before concluding with some implications for future (workplace) physical activity policy and practice. Whilst readers of this book might primarily be interested in finding out 'what works' in relation to physical activity interventions in the workplace, I deliberately locate discussions about organisational wellness in a critical theoretical framework because it is important that readers know about the 'why', as much as 'how' or 'what' associated with these interventions.

Historical perspectives of the workplace as a site for physical activity

In the late 1990s and early 2000s, there was a noticeable increase in the number of academic articles concerned with workplace health promotion, worksite wellness or recreation at work (Atkinson, 2001; Connell and Grainger, 2002; Dishman, Oldenburg, O'Neal and Shephard, 1998; Foley, Maxwell, and McGillivray, 2000; Grant and Brisbin, 1992; Grundemann and van Vuuren, 1997; Springett and Dugdill, 1995). I've used the term organisational wellness in my own work to describe the healthy-lifestyle activities promoted by organisations including topics including smoking and alcohol cessation programmes and health eating policies. In this chapter I focus on those activities that can be categorised as involving physical activity available *in* the workplace or facilitated *through* the work organisation.

The workplace has been considered a legitimate space for physical activity interventions for more than two centuries. As early as the seventeenth century, in the UK, with the Clyde shipbuilders (Burton, 1994) and Lanarkshire miners (Campbell, 1979), evidence of employer-sponsored recreational provision was apparent. However, it was during the period of industrial capitalism that paternalistic industrialists started to invest time and resource in providing recreational opportunities for their employees in, or connected to, their workplace. For these employers (e.g. Cadbury's, Rowntrees, Robert Owen), workplace *recreation* provision was a reaction to the emergent middling (or meddling) classes' public health concerns about the mass of workers emerging from rural poverty (Bailey, 1978). Crucially, decisions on 'appropriate' workplace recreational activities were made within a moral framework of Rational Recreation – contrasted with the traditional past-times of the urban working classes. As Holliday and Thomson (2001) have argued, capitalists of this time were concerned with controlling and disciplining unruly working bodies, sugarcoated with a concern for the moral and physical health of workers and delivered through the provision of parklands, public baths, gardens and, latterly, recreational sports teams. Instilling good (moral) habits – inside and outside of work – was of primary concern for employers as they sought to exert influence on workers' behaviour, 'establishing links between the workplace, the home and the cultural milieu' (Rose, 1990: 63). However, although 'health' and 'wellness' in its broadest sense was a feature of the activities of these industrialists, 'health

enhancement was neither the primary aim nor outcome' (McGillivray, 2005b: 129). Instead, the focus of investment was on the collective and social dimensions of workplace recreation. As a result, these investments were not the subject of an in-depth appraisal of impact, on the 'return' of investment so prevalent in discussions of corporate investments in the contemporary period. Rather, for paternalistic employers, these investments were considered, theoretically, to be the right things to do to create collective solidarity and to foster loyal and committed employees (Moorhouse, 1989).

However, two decades ago suggested over, a dramatic shift took place in the way organisations viewed the provision of sites and spaces for physical activity in the North America and the UK which brought about a change in the organisational landscape (Griffiths. 1996: 2):

> by the mid 1970s industrial sports and social clubs had become more commonplace…however…in North America, a change of emphasis from leisure to fitness programmes in such clubs began to take place in the 1980s…rather than helping employees play sports within the social club context, North American employers became increasingly concerned about promoting employee fitness…this pattern was followed in the UK.

The creation of workplace sports teams and the maintenance of playing fields to accommodate these activities ceased to be a prevalent feature of workplace provision from the 1980s onwards. Instead, partly as an outcome of the cult of health and fitness that can be traced back to the late 1970s and early 1980s, in the last three decades, we have witnessed a significant shift in discourse from collective solidarity to a focus on what I term the, 'project of the self', building on the work of Michel Foucault. There are a number of important features of this shift for how we understand and assess workplace physical activity interventions in the contemporary period. Firstly, there is both a discursive and a material shift in the emergence of the language of health and fitness, wellness and the body as a target of interventions evidenced by a sizeable growth in the number of organisations providing some sort of programme designed to facilitate the modification of employees' lifestyle behaviour (Chu et al, 2000). Theoretically, at this time it was assumed that investment in holistic organisational wellness initiatives would enhance organisational productivity (Townley, 1994;

Holliday and Thompson, 2001) by targeting individual lifestyle behaviours.

Governmentality and the project of the 'fit' (working) self

Conceptually, it is worth drawing on the work of Michel Foucault to help make sense of these emergent discourses of organisational wellness, and workplace physical activity specifically. Foucault's work has been applied extensively in the organisational studies terrain in recent years, especially his writings on governmentality (Moss, 1998). This work extends his analysis of power, focusing less on its (external) disciplinary tendencies, to consider the practices of self-subjectification and technologies of the self. The concept of governmentality refers to the management of populations at both the societal (macro) and individual (micro) levels, linked by an 'overarching rationale of management' (Jackson and Carter, 1998: 49). Taken in the context of organisational wellness, I have been interested for some time in 'the extent to which particular dominant organisational discourses constitute subject positions and how the knowing subject may reflexively interpret and resist particular contingent organisational truths' (McGillivray, 2005b: 127). Here, following Jackson and Carter (1998) I'm interested in how prevailing subject positions (i.e. of the active, healthy worker) are discursively produced, which requires consideration of discourses of resistance and the imperfections of power as much as those that contend that subjects are the *product* of disciplinary power. So, whilst not denying that normalising truths forged around wellness exist, constituting workplace subjects, I'm interested in exploring how local discursivities might also operate. A good place to start is to consider the way a health and fitness discursive formation came to exist and be viewed as a legitimate claim to truth within the work context.

Fitter, happier, more productive workers? Policy pronouncements

When thinking about governmentality, it is crucial to consider the management of populations at both the societal (macro) level as well as the experiences of workplaces and employees themselves. I contend that, since the early 1990s, the workplace has been reconceptualised as a site where 'particular truths and logics about healthy living' (Fullager, 2002: 70) are communicated, especially in the developed western economies where concerns over rising healthcare costs are most pronounced.

Workplaces, along with schools and other settings described elsewhere in this book, have been identified and policy prescriptions made to ensure they take on some of the 'burden' of educating the populace in the merits of preventative health interventions.

In terms of policy, in the UK there is a mixed picture in terms of who has responsibility for the workplace arena as a site for the promotion of healthy working lives and the efficacy of these interventions. Numerous health promotion campaigns exist to encourage (and incentivise) employers to embed the promotion of physical activity and associated practices in their operations. In Scotland, there is a dedicated Centre, part of NHS Scotland and funded by the Scottish Government. The Scottish Centre for Healthy Working Lives has been in operation since 1999 and targets mainly those organisations that lack the financial or human resources to invest in the health and fitness and wellness facilities described earlier in this chapter. They work with small and medium sized enterprises (SMEs) to provide support through a network of advisers based across the 14 health boards in Scotland. Although the work of the Centre also includes health and safety advice, being located in the NHS arena, there is an important symbolic emphasis on promoting the improved health of workers, further reinforced in the way they work with employers to register and gain recognition under the Healthy Working Lives Award scheme. Participating companies can secure either Bronze, Silver or Gold awards depending upon their alignment with good practice in providing their employees with an environment (including the provision of physical activity) that promotes health and safety and, crucially, health promotion. The initiative claims that a healthier workforce makes for a healthier business and the benefits listed for engagement with the programme include enhanced reputational capital, reductions in the costs of sickness absence, improved attendance rates, a healthier, more motivated and productive workforce, and controlling insurance costs.

Across the rest of the UK there is no equivalent body to the Scottish Centre for Healthy Working Lives. That said, in England, the Workplace Wellbeing Charter is a close equivalent scheme that, though voluntary, provides a framework through which companies can demonstrate their commitment to the health of the people that work for them. Like the Healthy Working Lives Award scheme in Scotland, companies can register and be awarded one of three award categories. A 'Commitment Award'

recognises the standards all organisations should meet, putting the building blocks in place. An ‘Achievement Award’ recognises activity encouraging positive lifestyle choices and addressing health issues and an ‘Excellence Award’ recognises fully engaged leadership with a range of programmes and support mechanisms. Again, like Scotland’s Centre for Healthy Working Lives, the Workplace Wellbeing Charter is designed to encourage organisations to audit and benchmark themselves against legal (mainly around health and safety) and established standards, help and advise in designing and implementing strategies and plans suitable for the size of the organisation and, finally, the national recognition accruable from possession of an award.

Building on the work of the Workplace Wellbeing Charter, recently the NHS in England has launched a major initiative with £5 million investment to improve the health and well-being of its 1.3million health service staff. Like the other policy developments discussed here, the three pillar strategy seeks to highlight how ‘NHS organisations will be supported to help their staff to stay well, including serving healthier food, promoting physical activity, reducing stress, and providing health checks covering mental health and musculoskeletal problems’ (NHS, 2015). As the Chief Executive stressed, when launching the new initiative:

> When it comes to supporting the health of our own workforce, frankly the NHS needs to put its own house in order…At a time when arguably the biggest operational challenge facing hospitals is converting overspends on temporary agency staff into attractive flexible permanent posts, creating healthy and supportive workplaces is no longer a nice to have, it’s a must-do’ (NHS, 2015)

Six actions have been agreed to, including establishing and promoting a local physical activity ‘offer’ to staff, such as running yoga classes, Zumba classes, or competitive sports teams, and promoting healthy travel to work by offering the Cycle to Work scheme. Beyond government and the NHS, the National Institute for Health and Care Excellence (NICE) also provides advice on the importance of the workplace as a site for health promotional activities, including specific advice for employers on the ‘business case’ for developing policies and plans for the promotion of physical

activity within and outside of the workplace. Like the macro-governmental rhetoric around the value of workplace health promotion and organisational wellness, NICE also emphasises the benefits associated with reduced sickness absence, increased loyalty and better staff retention from an investment (in time and resources). NICE also generated guidelines on *Physical Activity in the Workplace* in 2008 and have also recently produced a quality standard for *Physical activity: for NHS staff, patients and carers* (2015).

It is clear that the self-management of risk is now implicated in the economic rationales of private companies (Petersen, 1997) and there is a sense of 'offloading' of responsibility from state to private individuals and other formal and informal structures including work organisations (Jackson and Carter, 1998). More recently, research from the New Economics Foundation (Jeffrey, Mahony, Michaelson and Abdallah, 2014) suggests there is strong evidence of a positive association between good health and well-being and that the workplace can play an important role in encouraging physical activity. They go on to suggest that:

> employers should not just help employees avoid ill-health but should support their achievement of good health, by increasing physical activity…there are several interventions that employers can take to encourage an ethos of taking regular physical activity at work. This might include sponsored teams of staff to take part in organized walks, runs or cycles; facilitating in-house group exercise sessions, such as lunchtime yoga; participation in schemes that grant employees tax relief on buying a bike…or simply encouraging staff to take breaks during the day, during which they can engage in physical activities (p19)

Whilst work organisations are increasingly likely to be considered part of the wider healthcare solution, the focus on physical activity interventions at work and a health promotion logic aligns closely with what Rose (1993: 3) views as a feature of neo-liberalised governance, which 'embraces the ways in which one might be urged and educated to bridle one's own passions, to control one's own instincts, to govern oneself' (ibid.). It is in the realm of health promotion that workplaces are considered suitable settings for the communication of good habits, as they take on functions

outside of their core business (Chu et al., 2000). As I've already argued, this is not a new phenomenon, but over the last two decades there is ample evidence of the intensification in organisational wellness activity – illustrated by the case of Nuffield Health detailed in the practice case in the latter part of this chapter. In some large organisations (the Royal Bank Of Scotland HQ provides a good example), the workplace is beginning to mimic a 'surrogate surgery' (McGillivray, 2005), with not only a range of high-specification health and fitness equipment and activities, but health clinics staffed by medical professionals found on site. Here, discourses of organisational wellness are increasingly legitimated (Foucault, 1980) because of the medicalisation of everyday life. Workers voluntarily sign up to be subject to the medical gaze, willingly accepting their prescriptions to exercise more or eat more healthy food. Whilst the very presence of the wellness programme carries with it a presumed 'good', it is the 'active consent and subjugation of subjects, rather than their oppression, domination or external control' (Clegg, Pitsis, Rura-Polley and Marosszeky, 2002: 317) that is worthy of further scrutiny.

As others have suggested, health promotion logic is based on societal regulation or health risks, alongside self-surveillance, placing the individual in a position of responsibility *vis-à-vis* their own health and wellbeing (Lupton 2014). Again, we can see governmentality in operation here with 'a subtle, comprehensive management of life drawing both from a top-down exercise of power over conduct…with a subjectivity constituted in a sense of personal responsibilities, rights, freedoms and dependencies' (Fox, 1993: 32). As healthcare providers, corporate fitness companies and others come to invade work contexts, so the separation of public and private, worker and patient, becomes more difficult to sustain. The workplace extends its jurisdiction over the lives of its employees.

It is not the intention of this chapter to suggest that all employees are expected to participate in health and fitness or 'body work' (Hancock and Tyler, 2000) whilst at work, or facilitated by their organisation. In reality, relatively few companies can afford to build shiny onsite fitness suites, swimming pools or develop a set of running trails around their workplaces. Yet, there is a growing body of literature suggesting that demonstrating 'disciplinary self improvement' (Petersen, 1997: 198) does carry with it a positive set of connotations in workplaces, whereby in some occupational

settings a professional body is also a fit body (Trethaway, 1999) communicating values associated with self discipline, responsibility and willingness to work. Some organisations clearly trade on their employees' aesthetic labour and there is a clearer association between their core business and the demands of a healthy, fit working body (e.g. personal trainers). Yet, those organisations that need no fit and sculpted employees still invest in wellness facilities and activities, or they seek the support of others to design and plan policies for physical activity in the workplace.

Some commentators (e.g. Holliday and Thompson, 2001, Conrad and Walsh, 1992) decry the trend towards the extension of wellness concerns outside of the workplace and into the previously sacrosanct lives of their employees. Health promotional discourses encourage the subtle, comprehensive management of life whether in or outside of the workplace. Participation in health at work schemes provide an avenue for employers to influence the behaviour of their employees as they are provided with free skin caliper readings, weight management tips and the like. Lifestyle incorrectness (Leichter, 1997) is identified in the workplace and remedial action prescribed for the employees' private life. The intensification of wellness discourses illustrates a more generalised omnipresent gaze over the conduct of individuals' lives, where health (and by definition, ill health) is an always-present consideration.

Barriers to workplace physical activity: Resistance at/in work

We have to be careful not to view this extension of wellness discourse as some sort of *fait accomplit*. In fact, as I have argued elsewhere, 'there is evidence available to suggest that the employee reception of organisational wellness initiatives is not wholly docile and passive' (McGillivray, 2005: 133). Contestation, conflict and resistance are, in fact, ever present (as Foucault suggested in his later work) so that the subject cannot be considered a product of the exercise of power. Instead, 'resistance is never in a position of exteriority in relation to power' (Foucault, 1978: 95). As we know from other sites and settings where physical activity is promoted, participation profiles are not uniform or consistent. Contextual factors associated with income, locality, familiarity and social status impact on participation statistics. The same issues confront those proponents of organisational wellness, including the promotion of physical activity interventions in the workplace. Although discourses of

organisational wellness align closely with a trend towards enabling individuals to 'make the right choice', this narrative is not recognised by a significant proportion of the workforce in many organisations. The 'powerful norms about what is good and bad; 'healthy' or 'unhealthy'; acceptable or unacceptable; desireable or undesireable' (Duncan and Cribb, 1996: 346) do not result in uniform participation rates across the workforce. In my own previous research, I found that, 'employees bring a project of the self, fostered elsewhere, with them to their work environments' (McGillivray, 2005: 133) meaning that they responded in different ways to 'external discourses and strategies that attempt to discipline them' (Lupton, 1997: 103).

As with the prevailing literature around physical activity participation, there are some individuals predisposed to invest in their physical capital and the opportunity to participate at the workplace represents a significant benefit, as they would 'have been mobilising their bodies elsewhere anyway' (McGillivray, 2005: 134). However, there are also employees who only want to participate in physical activity outside of work, to maintain a clear separation between work and non-work, and those that reject participation discourses outright. For those interested in increasing engagement with and participation in workplace physical activity interventions existing subject positions create both a threat and an opportunity. For the employee that has 'fully assimilated the discourses of wellness and practices a calculable, disciplined and ascetic lifestyle' (McGillivray, 2005b: 134) awareness raising and behavioural change interventions are unlikely to be necessary. They have already bought into the benefits of regular physical activity and provision of facilities and activities either free or at a heavily discounted rate will be viewed as a significant benefit. These individuals are already likely to be accruing distinction from their adherence to health and fitness regimes (Frew and McGillivray, 2005). Those in a transient position, at the contemplation stage in the stages of change model (Prochaska and DiClemente, 1983) are perhaps most open to workplace physical activity promotional information and associated policies and plans. To put it another way, they are listening, weighing up the benefits and the dis-benefits of participation. They can be persuaded to put their decisions into practice or action.   At the other end of the spectrum, however, sits the non-participant (or non-user), in the stage of pre-contemplation, expressing passivity towards healthy lifestyle discourses and unwilling or unable to contemplate changing their lifestyle. The non-participant becomes the target of wellness initiatives to initiate

change in the 'unproductive' or 'absent' body, subject to hierarchical surveillance and normalising judgment (McGillivray, 2005b: 134).

However, those occupying a pre-contemplation stage related to physical activity participation will also respond to different cues in terms of what motivates them to get involved, whether in a workplace setting or outside of it. As Miller and Rollnick, (1991) have suggested, 'different skills are needed' at 'different stages of readiness for change' (p15). This is why it is important for those charged with the responsibility to encourage companies to play a part in the preventative health project to recognise that employees, like the general population, bring their own subject positions to bear when making choices around participation. In the industrial era, some companies had welfare inspectors who actively intervened in the lives of workers to ensure compliance with puritanical discourses around health (for work), now each individual employee is constituted as being responsible for his or her health and wellbeing.

In some workplaces there have been attempts to address the perception of an invasive organisational gaze and the limitations of prescriptive policies and programmes by co-opting work colleagues as mentors or 'champions' to help promote physical activity. For example, Edmunds and Clow's (2015) research suggests that peer health champions might play an important role in promoting healthy behaviours such as physical activity. Their research found that peer physical activity champions (PPACs) providing direct encouragement and facilitation of wider physical activity supportive social networks within the workplace encouraged behaviour change. Crucially, they found that the PPACs had to provide enthusiastic and persistent encouragement without seeming judgmental. They also conclude that PPACs were deemed acceptable by employees targeted in workplace physical activity programmes but that they need training in managing the sensitivities involved in talking to colleagues about increasing their physical activity and in creating social connections that were valuable in sustaining participation. These findings align closely with NICE's (2008, 2015) advice for the promotion of physical activity in workplaces, where it stresses the importance of being flexible and non-threatening in the action taken. Specifically, NICE suggests an emphasis on accessible physical activity, encourage employees to walk, cycle or use other modes of transport involving physical activity to travel to and from work and as part of their working day accompanied by the dissemination and

ongoing advice on how to be more physically active and on the health benefits of such activity - including information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs. NICE guidelines are built on the idea that to reach those most at risk from disease associated with the absence of physical activity, voluntary participation in programmes with a low threshold for involvement is necessary.

However, although these guidelines, whether in Scotland, England or via organisations like NICE exist and are part of promotional activity, other than for Health and Safety at Work, there remains no legal obligation for companies to promote health at work. Furthermore, critics argue that the absence of any form of tax incentives to encourage workplaces to commit resources to the promotion of healthy working lives means that only the most enlightened employers will invest in coordinated, strategically embedded schemes. The workplace as a setting for the promotion of physical activity makes sense at a theoretical level, but, in practice, there are numerous obstacles to effective implementation. This is reinforced by recent research from Malik, Blake and Suggs (2014). They conducted a systematic review of workplace physical activity interventions published since 2011 (n=58) and found that though there was evidence that workplace physical activity interventions can be efficacious, many of the studies were inconclusive, especially in terms of the effectiveness of workplace interventions for increasing physical activity and in identifying the *types* of interventions that show the most promise.

A practice perspective: Nuffield Health

So, whilst in theory it appears that workplace physical activity interventions *should* be efficacious with a large, captive audience, supportive policy pronouncements and the macro context of increasing costs associated with sickness absence, there is little evidence in practice of significant gains or successes. In this final section, I highlight the example of an organisation that has invested time and resources in the corporate side of the wellness industry, focusing on interventions across the individual's lifeworld. Nuffield Health is an organisation that has transformed itself from a private health provider focused on hospitals to one that extends its reach into workplaces, educational settings and other sites, taking with it a message of wellness in all its

forms. As the company website states, ‘your health is at the centre of everything we do. Whether you need prevention or cure, are looking to run your first mile or your first marathon, we want to work with you to ensure your health allows you to lead the life you want’ (Nuffield Health, 2015). Nuffield Health has both helped bring about, and become one of the principal beneficiaries, of the reconceptualisation of the workplace as a site for physical activity (and wider health promotional) messages. It has an extensive portfolio of corporate health and fitness facilities operated for large companies as well as a healthy workplace corporate membership clientele using its gyms around the UK. It has recently secured the contract to create a large corporate fitness facility for UBS, the Swiss global financial services company which will include a 100+ gym station and two fitness studios, holding up to 100 classes every week. Like other corporate health and fitness providers in the marketplace, Nuffield Health utilises the evidence base provided by NICE to highlight that workplace illness and absenteeism is a significant cost to business. They position themselves as being able to help companies to build a ‘corporate wellbeing’ programme that ‘actively reduces your employees' health risks, improves quality of life both at work and home, and delivers a tangible benefit to your organisation's bottom line’ (Nuffield Health, 2015).

Whilst the company represents a good example of the organisational wellness movement generating corporate opportunities, Nuffield Health is a particularly interesting case because its pitch to clients is that it extends beyond the workplace as a setting to promote health into everyday life. For example, it has developed a mobile application, Nuffield HealthScore that ‘allows your employees to monitor their personal health and to track their progress towards their goals’ (Nuffield Health, 2015). Fox (2015) has recently expressed concern over the increasing prevalence of Personal Health Technologies (PHTs), arguing that a ‘health app on a mobile phone monetises health and fitness, establishing both a quantified body that competes with others or with itself and a means to further corporatise and monetise daily health activities by gathering data and targeting users for future marketing’ (p13). Clearly, for organisations in the corporate healthcare marketplace PHTs like the HealthScore application provide a route into the personal lives of employees. Through engagement with the workplace setting, organisations like Nuffield generate new market possibilities taking employees from a workplace scheme to a more general customer.

In the case of Nuffield Health (but by no means the only company operating in this space) there is a strategic imperative to exploit one part of the organisation's core business to benefit the other. So, the corporate wellbeing offer enables access to individuals who may become lifetime customers of the health and fitness business, the hospital or the health clinic. In this sense, these processes reinforce, and extend, an individualising, biomedicalised model of health and illness (Lupton, 2014) subjecting employees to a medical gaze that defines them as individual bodies rather than as parts of social assemblages (Fox, 2015).

Conclusion

In this chapter I've provided a summary of the changes in the purpose and role of workplace physical activity interventions, historically. I've suggest that over the last fifty years, socially-focused, collective leisure and sporting pursuits were replaced with a focus on the 'project of the self', a discursive and a material shift in the emergence of the language of health and fitness, wellness and the body as a target of interventions in (and outside of) the workplace. This shift has led to a greater emphasis being placed on healthy lifestyle improvement policies and practices being promoted by governments and, simultaneously, by a growing (commercial) wellness industry. However, whilst in theory the workplace is an ideal site for physical activity interventions to take place, in practice there is a need to recognise that pre-existing barriers to participation in non-work settings are equally, if not more, difficult to overcome. Individuals bring an existing subject position towards physical activity to their workplace and the evidence available suggests that there is some way to go before those employees most at risk from health-related diseases will view their workplace as a preferable setting for body work.

Implications for future physical activity policy and practice

First, there is a need to better understand the subject positions with which employees arrive at their work if interventions related to physical activity are to be designed effectively and prove efficacious in terms of increasing participation in physical activity, especially for those most 'at risk'. The voluntary nature of advice relating to the workplace as a site for physical activity interventions means that there is a greater

need for policy makers and practitioners to generate a robust evidence base for the efficacy of these programmes – otherwise many smaller and medium size employers will simply disregard the opportunity.

Second, macro-level strategies to address societal health need to align with micro-level practices, including resistance to healthy lifestyle messages if they are to be effective at bringing about sustainable change in the behaviour of employees. The workplace is only one element of the physical activity provision in local communities. There is a need for a more holistic, joined up approach to the promotion of physical activity that could lead to some workplaces being opened up for community use and, at the same time, more opportunities for local employers to secure preferential terms to encourage their employees to use local facilities.

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