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Community Peer-Led Exercise Groups: Reasons for Success

Linda Robertson

Otago Polytechnic, Dunedin, linda.robertson@op.ac.nz

Beatrice Hale

Independent Researcher, Dunedin

Debra Waters

University of Otago

Leigh Hale

University of Otago

Alexa Andrew

Otago Polytechnic

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Purpose: This paper considers reasons for the successful maintenance of community based, falls-prevention programs. While the physical achievement of such programs has been demonstrated through randomized trials, other features influential in ongoing membership have received less attention. This study examined the sustainability of a specific model of a community-based program in a New Zealand city: SAYGO, the strength and balance classes for older adults lead by older volunteer leaders recruited from local communities. **Method:** A qualitative, descriptive approach was used and first-hand knowledge of the experiences of those involved in the groups gathered. Data collection methods included individual interviews of two group organizers and seven focus groups: six with the members of the exercise groups (57 participants) and one with the peer leaders from these same groups (6 participants). **Results:** Three major themes emerged from the interviews. Two were related to the outcomes of the groups (ie. physical and social benefits). The third was concerned with the support needs of the groups to ensure their on-going maintenance. The aspect that most invigorated the participants was the social value of the group. **Conclusions:** A major feature that contributed to the sustainability of the peer led exercise groups was the positive social connectedness created by the modeling of a caring culture by the peer-leaders. This caring culture involves support and inclusion of every member and acting as a resource and confidant for individual issues. Because group leaders are similar in age and physical problems, it is expected that they will empathize with participants, and because of their community and agency links, it is expected that they will be able to act as a resource for information on issues related to the participants, therefore, stand between the formal and informal domains and are perceived to have knowledge and connections in both. This, we suggest, is a major, previously unconsidered feature in the sustainability of these groups.

Author Bio(s)

- Linda Robertson, PhD, Associate Professor, Dept of Occupational Therapy, Otago Polytechnic, Dunedin
- Beatrice Hale, PhD, Independent Researcher, Dunedin
- Debra Waters, DL, PhD, Senior Lecturer, Epidemiology, University of Otago, Department of Preventive and Social Medicine, Dunedin
- Leigh Hale, PhD, Associate Dean, Research, University of Otago, School of Physiotherapy, Dunedin
- Alexa Andrew, MOccTher, Senior Lecturer, Otago Polytechnic, School of Occupational Therapy, Dunedin



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Linda Robertson, PhD¹

Beatrice Hale, PhD²

Debra Waters, DL, PhD³

Leigh Hale, PhD⁴

Alexa Andrew, MOccTher⁵

1. Associate Professor, Dept of Occupational Therapy, Otago Polytechnic, Dunedin
2. Independent Researcher, Dunedin
3. Senior Lecturer, Epidemiology, University of Otago, Department of Preventive and Social Medicine, Dunedin
4. Associate Dean, Research, University of Otago, School of Physiotherapy, Dunedin
5. Senior Lecturer, Otago Polytechnic, School of Occupational Therapy, Dunedin

New Zealand

ABSTRACT

Purpose: This paper considers reasons for the successful maintenance of community based, falls-prevention programs. While the physical achievement of such programs has been demonstrated through randomized trials, other features influential in ongoing membership have received less attention. This study examined the sustainability of a specific model of a community-based program in a New Zealand city: SAYGO, the strength and balance classes for older adults lead by older volunteer leaders recruited from local communities. **Method:** A qualitative, descriptive approach was used and first-hand knowledge of the experiences of those involved in the groups gathered. Data collection methods included individual interviews of two group organizers and seven focus groups: six with the members of the exercise groups (57 participants) and one with the peer leaders from these same groups (6 participants). **Results:** Three major themes emerged from the interviews. Two were related to the outcomes of the groups (ie. physical and social benefits). The third was concerned with the support needs of the groups to ensure their on-going maintenance. The aspect that most invigorated the participants was the social value of the group. **Conclusions:** A major feature that contributed to the sustainability of the peer led exercise groups was the positive social connectedness created by the modeling of a caring culture by the peer-leaders. This caring culture involves support and inclusion of every member and acting as a resource and confidant for individual issues. Because group leaders are similar in age and physical problems, it is expected that they will empathize with participants, and because of their community and agency links, it is expected that they will be able to act as a resource for information on issues related to the participants' health and mobility experiences. These leaders, therefore, stand between the formal and informal domains and are perceived to have knowledge and connections in both. This, we suggest, is a major, previously unconsidered feature in the sustainability of these groups.

BACKGROUND

There are three mainsprings for the creation and existence of falls prevention programs, both at home and in the community. The first is demographic, with the projections of an increasing ageing population. According to Statistics NZ ¹ the relative share of the population aged 65+ has increased slowly. From the late 2030s, the 65+ age group is projected to make up over one-quarter of New Zealand's population. The second is the policy initiative to encourage and ensure that people age safely at home, popularly known as "ageing in place."² The third is the Accident Compensation Corporation's wish to improve the mobility of older people and decrease the number of falls for which older people require treatment.

Maintaining mobility is one of the most important features in remaining safe at home, and the prevention of falls has become a target for those involved with health care of the elderly. In Dunedin, the local branch of a non-government organization set up to serve the needs of older people offers group community-based exercise classes (ie. New Zealand Age Concern: Otago). These classes form a program called Steady as You Go (SAYGO) and use walking practice and modified exercises of strength and balance based on a successful intervention to prevent falls among older community dwellers.³ SAYGO begins with an initial ten week class; from these classes, peer leaders are identified who are invited to undergo training and then run an exercise group in their neighborhood. The peer-led community groups continue with minimal input from Age Concern. Group members, in collaboration with peer leaders, carried out decisions and administration. The success of these peer-led classes has been evaluated for outcomes related to strength and balance.⁴ Their success has also been pragmatically evaluated by the number of peer-led groups (35 groups of 10 to 15 people in a population of about 100,000) and length of time they have been maintained (up to 7 years). The purpose of this study was to determine the features which contributed to the sustainability of these peer led exercise groups.

LITERATURE REVIEW

The literature search, using key words of “elderly,” “ageing,” “exercise group,” and “community,” was carried out through a focus on health sciences databases such as CINAHL, Scopus, PubMed. We also used Social Science Citation Index and Summon, with a wider focus on sociology. Much of the literature focused on physical mobility, walking, home exercise and falls prevention rather than on group exercises. We found that only a small number of researchers⁵⁻⁷ considered the value of peer-leadership and/or discussed the links between exercise groups, exercise, and improved social networks.

Researchers such as Modra and Black observe the value of using peer leaders.⁶ Their findings are that older people are more likely to be influenced by leaders who are in a similar age group and of the same gender and ethnicity. Other influential factors are those of socio-economic status and similar health concerns. Only two studies specifically compared the outcomes of a peer-led group with a professionally led group. One compared exercise programs for older adults involving mentoring by either a peer or a kinesiology student.⁸ Perceived mental, physical, and social wellbeing measured by the SF-36 improved from baseline in both groups, but only reached significance for the peer-led group. Both groups improved in measures of strength after a period of 14 weeks. A second study recruited female participants aged 60 years and over from local senior centers; 7 women were allocated to a peer-led minimal intervention exercise program and 8 to a structured exercise program led by professionals 3 times a week for 12-weeks.⁶ Minimal intervention was defined as “the simplest and least costly self-initiated intervention that works,”^(p. 53) and the members of this group were exposed to simple instruction in exercise technique which included walking. The peer leader was self-appointed and was reported to have spontaneously begun a walking group at week 6. Results (as measured by the Functional Fitness Assessment for Adults over 60-years) indicated that both groups demonstrated significant improvement in agility and balance ($p < .5$). This study confirmed that for senescent women, peer-led, low cost, minimal intervention is as effective in improving strength and balance as the professionally led exercise program and has also been demonstrated by a NZ study of community exercise program.⁴

Some studies implemented and evaluated a peer led structure but did not make comparisons with groups led by professional leaders. For instance, the sustainability of exercise groups for older people was assessed by a longitudinal study conducted in three New England states in the United States.⁵ Two hundred and forty-four leaders (149 peer leaders and 95 professionals) were trained to deliver “The People Exercising Program,” which has been shown to increase the muscle strength and physical function of older people with multiple chronic diseases. As a result of the study, nearly 100 self-sustaining strength training classes were established with over 2,200 older people enrolled in twice weekly classes. In the statistical analysis, the study established “that there were no differences in the ability of peer and professional leaders to disseminate the People Exercising Program successfully.”^(p. 2327) This study was interested in the development of the groups as a community service where the criteria were that the exercises be established and run for a 12-week period. It is not known how many 12-week sessions individual group members attended. An earlier study investigated the impact of peer led groups subsequent to a professionally led exercise group of 6-weeks' duration.⁹ The participants in this study had a range of chronic health problems and had been physically inactive for a prolonged period of time. After 12 further weeks in the peer led program, improvements in mobility and in optimism gained in the professionally led group were maintained.

Social influences in determining older adults' participation in physical exercise were also highlighted with the level of social support provided by group members being recognized as a vital factor in exercise adherence.^{5,10} As noted by Cousins, “evidence suggests that insufficient social support for exercise in later life is a key barrier to participation in older adults.”^{11 (p. 273)} Complementary to this finding, Cogahara et al conducted a literature review that explored positive and negative social influences on physical activity and concluded that more than 65% of older people, who exercise, do so in groups.¹⁰

Population based interventions have been defined as a “coordinated program of activity where strategies are introduced into and become embedded within the social and physical structures of the community.”^{12(p.4)} In a Cochrane systematic review of population-based interventions for the prevention of fall-related injuries in older people, it was reported that the results of the review were generally positive based on a critical analysis of six community studies.¹² This same review recommended that research is required to “elucidate the barriers and facilitators in population-based interventions that influence the extent to which population programs are effective.”^(p2) Social factors may be important to the maintenance of community groups and a further issue not represented in the literature is how peer leaders are supported as well as what maintains their willingness to continue their commitment to the group.

To provide insight into these latter questions, our New Zealand study explored community exercise groups for features that may have contributed to the sustainability of a peer lead fall prevention program, with 35 groups in place and functioning for a period of seven years.

Specifically, the aims were to:

1. Discover the benefits of group attendance
2. Identify the factors that contributed to the sustainability of these groups

METHODS

The study used a qualitative, descriptive design, which is characterized by gaining first-hand knowledge of a specified experience (such as involvement in exercise groups). The purpose of such data collection is to present a comprehensive summary in everyday language rather than taking an interpretive approach.¹³ A broad range of information is collected through methods such as focus groups, interviews, and observations of the event itself to provide a full picture of the situation and to discover which factors have an impact. The research goal is to obtain an accurate account of the phenomenon that both the researchers and those with first-hand experience would agree was accurate. To achieve this, the emphasis is on direct communication with the research participants to elicit rich descriptions and to check with them that the researcher's summary is a valid representation. This data gathering process offers a valuable opportunity to acquire “inside” knowledge and learn about how the participants see their world.

Data Collection

Maximum variation sampling was used to explore the experiences of a range of people involved in the groups to provide rich information from a variety of perspectives.¹³ Thus three sources of information were used to collect data. First, to give insights into the planning and running of the groups, individual interviews were carried out with two key personnel in the organization of the groups: the coordinator of the groups (employed by Age Concern) and the physiotherapist at the University of Otago who facilitated the sessions to train the peer leaders. (See table 1 page 4 for all interview questions.)

Secondly, all exercise groups in Dunedin were asked to participate in the qualitative aspects of this study through focus groups (the quantitative aspects of strength and balance have been reported elsewhere). From the possible 35 groups operating in the city, 6 agreed to participate in these focus groups. These groups had already participated in research related to strength and balance, and it was considered to be an opportunity, to elicit further evidence and expand our knowledge of these groups. This produced fifty-seven participants (with 14, 11, 7, 9, 8 and 8 participants in each group, respectively). A semi-structured interview format was used. The focus groups met in the usual meeting place of each group: five were in local church halls and one in a Bowling Green clubhouse. Their ages ranged from 65 to 90.

Finally, the peer leaders from these six groups were then invited to participate in a group focusing on their perceptions and leadership, and five leaders were available. The ages of the peer leaders ranged from 70 to 89 years and the group mean age was 77.7 (± 6.6 years). To overcome Denzin's concern over the “single-observer” we had a lead interviewer and an observer in all the focus groups.¹⁴

Table 1: The Interview Questions**Group members:**

- What do you think are the benefits of participating in this group?
- What motivates you to keep coming?
- Are there barriers that you know of that prevent people participating in this group?
- What makes it worthwhile for you?

Peer Leaders:

- What advice would you give someone who was thinking about taking on the role of a group leader?
- How do you progress the classes? Update your knowledge?
- Do you feel adequately supported? Explain.

Organizers:

- What do you understand your role to be?
- How are the peer leaders identified?
- What do you believe sustains the group?
- How do you see these classes progressing (ie the future)?

Field notes supported the taped interviews. Notes highlighted the strength of the responses, the general nature of the interactions within the groups, and the environmental features of the meeting places. One of the strengths of the research team was the range of perspectives brought to the study (ie. social worker, occupational therapist, physiotherapist and physiologist). These team members were consulted as experts in the development of the interview protocol, questions, and prompts. The Otago University ethics committee approved the study and all participants were provided with an information sheet and signed a consent form.

Data Analysis

All interviews were audiotaped and transcribed word-for-word. A general inductive approach was used to generate themes relating to the research objectives and the interviews were read several times to gain an understanding of the meaning conveyed in the data.^{15,16} Six phases of analysis described by Braun and Clarke was followed.¹⁷ The first phase of becoming familiar with the data began during the interviewing when strong views were noted as indicated by length of time taken to discuss and tone of voice, and on the other hand, when there was less clarity in opinions and ideas. Once transcribed, all interviews were read several times resulting in the initial ideas being developed, changed, and questioned. The second phase involved coding the data into meaningful groups by working systematically through the transcripts. At this point, there were multiple codes and the transcripts were highlighted to represent key ideas. Following coding, the data was organized into themes where the relationships between the codes were identified and arranged into main themes and sub themes. This process took time to develop themes that represented the data well. To insure the integrity of the research process, two researchers independently analyzed the data and then compared themes to tease out where the differences and similarities lay. When coded data did not seem to “fit,” the data set was again reviewed to search for themes that better summarized the key ideas. Finally, three main themes emerged.

The final summary of the themes was returned to the group members for verification (76% return rate). The majority agreed that the summary was an accurate representation of the group discussions with only two people indicating they would like a minor modification made to their group’s contributions. Examples of these modifications are “bounding up the stairs” did not portray the reality of improved mobility from one point of view, and another individual thought that the groups were portrayed as being “poor old lonely things” and did not like that focus.

To test the researchers' interpretations of the data analysis, representatives of the organization responsible for setting up and running the groups were invited to attend a presentation of the outcomes. They were excited about the findings and indicated that the study had captured their vision of the groups well, in particular, the social elements. Finally, all participants in the study as well as members of groups not involved in the research were invited to attend a presentation of the study. This 1½ hour exercise to a group of 35 people provided valuable confirmation of the results with the audience unanimously agreeing with the points made. These checks go towards providing evidence of accurate accounting of the meaning that the participants attributed to the exercise groups.¹³

RESULTS

Three major themes emerged from the interviews. Two were related to the outcomes of the groups (ie., physical and social benefits). The third was concerned with the support needs of the groups to ensure their on-going maintenance.

Physical & Wellbeing Benefits

Not surprisingly, keeping fit was a benefit that was raised by all groups. Statements such as “it just keeps everything moving” and “it keeps me going to my limits without seizing up anymore” typified the sentiments of the participants. They described how the sessions kept them “agile” and used “muscles that we wouldn’t normally use.” On some occasions, this was linked to specific parts of the body such as the shoulders or the lower body. Four focus groups indicated that balance was improved, and in one group, this was linked to being less likely to fall. Only two groups referred to “strength” as being a specific outcome but said little about this. Differences between groups included general cardio-respiratory improvements as explained by one member:

“I’ve seen a big change particularly in the standing and sitting routines where, when we started, the sound of wheezing and huffing was almost deafening, but now it’s appreciably changed.”

This same group referred to the benefits of “stretching giving you more confidence” and related this to general fitness. A different group focused on improvements in co-ordination. Peer leaders commented that one of the values in leading the groups was in seeing the mobility benefits for the member, and as one note, “you’re always delighted to hear (of) progress.” An example given was that someone who “couldn’t even walk without assistance” was now “tossing a ball at random.”

Changes in physical behaviors were frequently reported. The most common impact noted was on walking. For instance, “I can walk better ... now I walk a lot straighter” and that it was important to “put your heel down first when walking then your toes.” Some observed that they could now “stride out more confidently.” For others, this included steps such as the public library steps which had been problematic for one lady who was now able to easily climb these. Getting up from seats had also improved as was noted “[I] don’t have to pull on the seat when standing up at church – or hold on when standing.” One further example was thought to relate to balance “[I] don’t hit the bathroom door at night.” Being able to stretch further had implications for tasks such as “getting things from a shelf.” Participants reported that an integral aspect of the exercise sessions was that “they made you more aware of posture and movement.” For instance, the exercise CD used during the group sessions and available for home “gives you an increased awareness of what you should be doing and how you should be walking.” As one participant explained, “what the exercises are doing is it makes you think can you do that better ... so its encouraging me to try things.” Information about daily issues such as how to get up if you fall, to walk, to clear space and walk safely to the toilet at night time, go up escalators, manage loose carpets, and cross the road was valued. Increased awareness for one person meant that she noticed that when tripping she was “catching [herself] much more readily.”

Self-confidence was frequently mentioned. This included “confidence in mobility,” “confidence to get out of my comfort zone,” “confidence in going up stairs,” “confidence to handle your body in these situations” (eg. steps and walking), and “confidence in myself.” One person as explained the connection between the classes and the sense of wellbeing:

“I think it’s good for one’s self-esteem as well; I think it gives you more confidence and shows you can do things that you didn’t think you could do.”

Participants talked about feeling “invigorated,” “feeling younger after we leave,” “it’s just a feeling of being better.” As one person said, “it gets you out of yourself.” Thus there were multiple physical benefits that the participants gained from the groups.

Social Benefits

The social benefits of belonging to the exercise group were discussed enthusiastically by the focus groups. Meeting local people and developing a “new circle of friends” was a bonus for every group. Pick-ups were arranged, and walking to the group in company with someone else was important, as was meeting for coffee afterwards or arranging meetings during the week. For some, this was apparently more important than the exercises: “I come here because I meet people”. As one person said, “I live on my own and find that the companionship is lovely.” While another commented that “I love seeing the people.” One person explained the second theme as “we come because it’s an outing.” The importance of the exercise sessions to “get you out of the house” was noted in most of the groups. One person suggested that it was something to look forward to and “it’s just a special time.” The benefits spoken about most frequently were the social ones: “the laughs, it’s just so beneficial.” This aspect of the group was notable from the moment the researchers were introduced with an observable happy repartee in the groups and as mentioned above, a lot of laughter and humor.

Group responses indicating cohesion included assisting members who were having difficulty following the exercises, and in respect of one woman, the leader noted “everyone has been so supportive; they go and talk to her.” Group decision-making over the use of surplus money generated from the gold-coin donation for each class was also an opportunity for shared decision making with some donating this to the owners of the halls and others recommended that it be spent on a social event for the group. The organizer was well aware of the social dimension of the groups and commented that “the glue that keeps them together” is the “the social connectivity of the classes.” She observed that social contact was important because it “helps their mental health and therefore their physical health as well, so it’s a very holistic inter-connective type of thing.” A peer leader also voiced this intertwining of physical and social benefits: “It’s twofold. People come because they know it’s good for them; they come because it’s an association with other people, because they live on their own.”

The peer leaders saw themselves as having a major role in the social cohesion of the group. Different leaders spoke of “keeping everyone involved” and “encouraging them to have a go at everything”. Encouragement was an important part of motivation and finding out whether participants were having “good or bad days” enabled leaders to be sensitive to the varying needs of the group members. This was not always immediately apparent, and such accumulation of information occurred in different ways. Some leaders spoke of finding out informally: “you often find out about this when we have a cup of tea at the beginning ... you keep your ears and eyes open.” Others were more direct and ask group members how they felt on particular days. Another means of discovering background difficulties were the direct reporting of absences and the reasons for these. One leader expressed surprise at people’s commitment to the group:

“One of the things that intrigued me, the fact that they make a point of not only telling you that they won’t be there, but also you get the reason they feel they’re letting the group down.”

Information giving, however, was a two-way process. The leader phoned participants at the beginning of the year to “remind them.” Leaders would also phone people if they had not attended “to make sure someone’s alright.” They also provided information about events such as a funeral of a former member or social occasions that the group might be planning. Keeping group members informed about illness, movement, or death of members fostered a sense of knowledge about and belonging to a community, two issues significant in reducing the sense of isolation which so many older people experience. It provides a sense of “engagement” for “disengaged” older people, as Findlay observes, from a study of evidence of interventions to reduce loneliness in older people.¹⁸ The value of the volunteer leaders was evident when a member commented that she would come out in all weathers to ensure the continuity of the group, expressing the fear that the peer leader might not continue if there was inadequate support.

In summary, the underlying social values of these community groups were consciously recognized and valued by the members and the peer leaders.

Support Needs

Nurturing the groups was a feature of the role of the organizer and included trouble shooting at the request of a peer leader. One example given was a man who was described as having “a lot of difficulty following instructions” and the group was encouraged to develop a buddy system to assist this member. It was said “they look after each other.” Visiting the groups during the year ensured that the focus on balance and strength was maintained and correct techniques re-enforced. The organizer also introduced new members, encouraged new leaders, updated the leaders on educational aspects of the sessions, and maintained their interest. Planning was important and included networking with community groups, organizing workshops (an annual training session for new leaders and refreshers for the current peer leaders), and provision of resources such as an updated CD.

An important role of the organizer was to ensure that suitable volunteers were available from each of the groups and equipped to run the classes. The peer leaders emerged from the initial ten-week Age Concern run classes and were familiar with the exercises from the participant viewpoint, but, as stated, “now need confidence to help people to challenge themselves.” Identifying the peer leaders was a critical aspect of the coordinator’s role and she noted various strategies. One was to ask the group to suggest leaders; another was to ask for volunteers. If no one emerged from these initial approaches, then the organizer would have a “quiet word” with someone who fitted the criteria of being relatively healthy, younger, and comfortable with the exercises. On the few occasions when no one was found to lead the group, the class would be abandoned and trialed again at a later date. Achieving high standards for all aspects of the program was stressed. For instance, the training was considered to be “more robust if you include outside professionals” with reference to physiotherapists leading this. Success was an expectation and supported by the high level of training.

There was some debate about how the peer leaders updated their knowledge. One leader was keen about using the Internet to get ideas while others were adamant that they should “rely on the experts” as they felt they did not have “enough professional knowledge to make decisions.” This raised a salient point for later discussion amongst the team member, the peer leaders, and the organizer. While it was acknowledged that there might be a variation of the program to maintain participant interest, there was a need to ensure general fidelity to the program as it had been planned and to ensure consistency and coherence amongst all groups. Concerns were raised that by using different sources of information such as the Internet might lead to a different program for one or two groups. The leaders on the whole felt it was more important to refer to the organizer and the professional physiotherapy leaders to ensure safety in their exercises: “She’s [the organizer] always there if you need to ask any questions.” Safety was raised in respect of being qualified to run the groups as well as dealing with medical emergencies during the session. For the latter, all group leaders had attended a first aid course run by the local ambulance service. There was a consensus among the peer leaders that the provision of exercise CDs (basic and advanced) as well as a comprehensive manual provided excellent direction for the groups. There was, however, a very animated discussion about the “fun” time in the group. This generally came at the end of the session and consisted of creative activities that were entertaining and stimulating such as bouncing “crazy” balls to each other and naming the member.

Thus, the groups were not autonomous; they linked to each other and the initiating agency through the leaders and through the organizer whose support and interest maintained the groups’ operating standards.

DISCUSSION

It was apparent that features such as peer-leadership and the social opportunities in these groups were significant in sustaining the program. Although the numbers studied were small in comparison with the work of Layne et al, the data we produce is consistent with their findings.⁵ Another feature that ensured the on-going life in these groups was the organizer who was basically “on-hand” when needed and took an active interest in the groups throughout the year. While this role has not been identified as a theme in the data, it was an element that was evident in the three themes discussed above. Among the underpinning features we uncovered are the standards set by the organizers. These invisible, taken-for-granted patterns and yardsticks mentioned casually in discussions are pivotal, we suggest, to the successful running of the groups – both to ensure the groups remain true to the guidelines provided and that the group experience is positive.

While the explicit purpose of these groups was to prevent falls by improving strength and balance, the topic which evoked most interest and involvement in the discussions were those related to the social aspects – fun, companionship, and a chance to meet new people. Perhaps the trigger for attending the groups was fear of falling. However, the ongoing membership and advantages expressed in attending the group was related to getting on with life and the general social benefits. Studies by Lachenmayr and MacKenzie and McHugh and Lawlor also noted the dual benefits of socialization and physical activity in an exercise program.^{19,20} These networking / friendship aspects of the groups were carefully fostered by the peer leaders in the New Zealand groups who made certain that the exercise groups were a safe place where all members were valued. Nurturing the group seemed to be pivotal to the groups’ success – there was a “knock on” continuous thread from organizers, to group leaders, to group members.

These comments fit well with the literature on the loneliness of older people, much of which focuses on the lack of opportunity for socializing.²¹ The ideas of social inclusion that focus on a discussion of the importance of “loose” ties and “close ties” can be applied.²² Examples of “loose” ties are being able to say “hello” to neighbors, greet acquaintances, and chat in the supermarket (ie acknowledge acquaintances in different social situations). “Strong” ties or networks are those from whom help is expected and obtained, with a stronger degree of intimacy and reciprocity than can be found in the “loose” ties.²³ Inferences from the interviews and observations of the groups, as well as participation within the group, indicates that there were many “loose” ties experienced by participants. Such “loose” ties are defined here as meeting at the regular weekly group classes, the ability to nurture during the group, make phone contacts during the week to check on wellbeing, concern expressed over other difficulties experienced by some participants, and in general, to greet during other occasional meetings, with an incipient and underlying friendship. But these loose ties have the potential to become closer ties, as indicated by some members, who will walk to a meeting in company with others or will pick up others in a car or arrange coffee meetings at other times during the week. It is clear, even from this small study, that these groups are a method of encouraging practical individual participation and also ensuring integration of older people in aspects of community life. As such, they are invaluable.

While we have commented on and observed the value of these peer leaders, it is not certain that other leaders might act in the same way, motivating, encouraging, and emphasizing the social. The Otago model has a philosophy of conscious attention to individuals, which is modeled by the organizer during the initial 10-week session. Our findings resonate with comments of Layne et al on the value of the peer-leader program that peer leaders serve as role models of care for older adults in the groups. Their study emphasized the novelty of using peer or lay leaders in exercise programs rather than fully trained professional instructors.

Our own interest also lies in the role of peer leader and the processes of their interactions with the group, and the potential for influencing members' socializing. Our data show how peer leaders demonstrate this care and concern and create connections. For example, they phone or email participants who have been absent, facilitate discussion in the group, provide information about absent group members, and organize social occasions.

It could be said that the results of strong social networks and of physical well-being could also be obtained from using professional leaders. What, then, is the value of the peer leaders? It is arguable that these peer leaders, as volunteers, and visible in the community, possess a personal knowledge and a knowledge of local social events and personnel and of networks, which makes them invaluable within these group settings, and serve as key figures within the networks of the groups. This leads us to infer that the position of peer leader is a significant one, greater than that of a professional who might live elsewhere, who might be of a different age group and/or who might have different experiences. Our conclusion is that the value of peer leaders is under-researched but is of considerable value, including the provision of a cost effective method of engaging older adults in exercise programs.²⁴ It is a study in volunteering and the value of local knowledge.

The group members were keen to continue attending. Not only did they have the benefits of feeling fitter and experiencing greater wellbeing, but they were also valued members of a sustainable community network. Group members thought it was important to attend regularly so that the peer leaders felt supported and would continue. It appeared from the data that the sustainability of these groups was inherent in these less tangible aspects. As said by one of the peer leaders, "it provides so much more than some exercises, so much more." Evidence of these groups surviving for long periods is the time that they have been functioning – as indicated earlier, some had been in existence for seven years. While there is minimal input by the coordinator once they are up and running, it is important to note that there is a watching eye kept on all groups and she is always "on hand." The initial task of establishing the group was important and the coordinator considered she had a "nurturing" role that impacted on both the group and the potential leaders. Setting the scene and then maintaining the skills of the leaders and providing ongoing support were crucial to the sustainability of the groups.

LIMITATIONS

The strength of our study lies in its primary focus on the unintended role of peer leaders in group interactions. It may be that the sample had a bias in the sense that the participating groups were already exposed to research and were known to be functioning well and gaining strength and balance benefits. It would be useful to replicate this study with other exercise groups that use the peer leader model to verify (or otherwise) the findings from the groups studied. Anecdotal comments from leaders suggest that there is an important environmental factor in the social element of the groups, and that an identified neighborhood might provide better opportunities for socializing, while a group drawing its membership from a wider environment might have to use different tactics to encourage social interaction. This is a subject for further research.

CONCLUSION

Peer led groups are a viable method of maintaining strength and balance, but this particular study has provided insights into the dynamics of these groups and factors that contribute to their success. Opportunities to further explore these issues in other peer-led groups may expand on and help develop this model. Our conclusions about the features that contributed to the sustainability of the peer led exercise groups were that the organizer of the groups was pivotal in both setting up and maintaining the incentive for the groups to continue. Included in this were the ongoing workshops for the peer leaders to reinforce the importance of adhering to the exercise manual and the philosophy of the program. There were many significant elements which the peer leaders contributed including their neighborhood links, their volunteer status, and their commitment to the groups' wellbeing, as well as fostering social cohesion and creating a fun environment. The positive social connectedness created by the support, acceptance, and modeling of a caring culture by the peer-leaders provided members of these groups with considerable social value, as well as physical wellbeing.

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Keywords:

Older adults; exercise groups; community networks; wellbeing; volunteer; peer leaders