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Feelings about the Importance of Physical Exercise and its Effects on Mental Health

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Abstract.

Regular physical exercise is associated with numerous health benefits. Individuals that cultivate physically active lifestyles tend to live longer, have lower rates of disease, and have a higher overall quality of life. Regular exercise is also positively associated with mental health. Data for this study were collected from 285 participants. The findings show that a clear majority of participants believe that exercising improves their overall mood (76.5%) and makes them feel better. Around 3 out of 4 respondents stated that exercise lowers stress, while 7 out of 10 stated that it reduces anxiety. Most of the respondents also reported that physical exercise reduces feelings of depression (60.5%). Seven out of 10 participants prefer to exercise alone. Most of the participants wish they had more time to exercise (80.5%), and most also think that they should make time to exercise more often (83.2%). Women were significantly more likely than men to state that they wish they had more time, and should make more time, to exercise. The most preferred and enjoyed forms of exercise reported were going to gym (lifting weights and cardio) and walking/running. This study shows that people generally feel that physical exercise is important for overall mental health.

Keywords: Physical Exercise; Mental Health; Stress; Mood; Anxiety; Depression.

1. Introduction

The range of benefits associated with regular physical exercise has been widely established. Endless studies have demonstrated the physical benefits of regular aerobic and resistance training, such as increased muscle mass, increased strength, lower body fat, improved cardiovascular health, enhanced lung capacity, and increased bone density. Physical inactivity has been associated with a range of health problems. A short list of the health problems includes hypertension, cardiovascular disease, obesity, type 2 diabetes, and osteoporosis [1]. Regular bodily exercise can increase the lifespan by a significant number of years. It has been reported that dedicated physical activity can reduce the causes of mortality by up to 30 percent [2]. At this point in time, it seems quite clear that regular physical exercise yields many desirable benefits. People tend to live longer, and they tend to have a higher quality of life when they are physically active. But there is another side to this that is arguably just as important as the physical benefits − the mental benefits.

There is an increasingly expanding body of science that is demonstrating the psychological, as well as social, benefits to regular physical exercise. A quick scan of the literature produced by any of the major professional organizations connected to mental health will reveal this fact (e.g., Association for Psychological Science, American Psychological Association). Physical exercise has been shown to help improve mood, anxiety, and depression [3, 4]. Regular physical activity is also beneficial when it comes to other important areas of daily functioning, such as self-esteem, self-concept, confidence, and energy levels. Exercise has also been shown to be an effective way to reduce general levels of stress [5]. There are many other areas that physical exercise has been shown to help improve overall quality of life, including a range of additional mental disorders (e.g., borderline personality disorder, posttraumatic stress disorder, attention-deficit/hyperactivity disorder).

This study has set out to capture people's attitudes about remaining physically active and about exercising on a regular basis. The study has paid special attention to people's behaviors and preferences when it comes to forms of physical

Exercise. A central concern of this work revolves around how exercise makes people feel and how it impacts their mental state. Special consideration has been given to mood, anxiety, stress, and depression. This research has been created to gather additional pertinent information on the mental health benefits of physical exercise.

2. Literature Review

Physical exercise has been shown to provide many health benefits. Vancampfort et al. (2019) found in their research that exercise significantly improves health outcomes and improves overall quality of life. The researchers also found that regular exercise has a positive effect on mental illness [6]. Other research teams have also determined that physical exercise has a broad range of health benefits and improves quality of life. Mueser and Cook (2015) explained that exercise reduces unhealthy weight, lowers hypertension, improves cardiovascular health, reduces coronary artery diseases, and helps to lower rates of diabetes. They also noted that cardiovascular disease is the number one cause of death for people suffering with serious mental illness [7]. Van et al. (2011) reported that one-fourth of Americans do not engage in any physical activity and that only an estimated 5 percent meet daily exercise recommendations for optimal health [1].

Lack of physical activity has been associated with numerous physical and medical health problems. For example, decreased physical activity has been associated with modern technologies, television, and sedentary lifestyles. This has been correlated to excessive weight gain, obesity, and cardiometabolic health risks [8]. Other researchers have found that lack of daily exercise has contributed significantly to the current American health crisis among children and adolescents. They reported that over 25 percent of the nation's children are overweight and over 11 percent of the children are obese. They associated this problem to type 2 diabetes, heart disease, high cholesterol, and high blood pressure. They also reported that regular physical activity improves cognitive function and academic performance in children and adolescents [9]. Anderson and Shiva Kumar (2013) found in their research that physical activity improves various biological functions, such as the monoamine system, neurotropic factors, and the hypothalamic-pituitary adrenal axis [2]. A music-based exercise program implemented in a physical rehabilitation program for stroke patients found that the recovery rate was significantly enhanced by listening to music while exercising. The study also found significant improvements in overall musculoskeletal function [10].

The rewarding value of exercise has been widely demonstrated. Engaging in regular physical exercise has numerous rewarding effects (e.g., cognitive, mood), which often motivates individuals to keep exercising [11]. For example, Tinker et al. (2017) studied exercise among older women and found that it noticeably improved their well-being and quality of life. They found that it not only reduced their overall healthcare costs and severity of illnesses, but it also reduced depression and anxiety [12]. In their "exercise as/is medicine" approach, Caddick and Smith (2017) determined that exercise-based interventions significantly improve the mental health status among veterans suffering from trauma and post-traumatic stress disorder [13]. In a meta-analytic study with 1,252 participants, it was found that exercising in nature improve mood, self-esteem, and mental illness. The study found significant effects for both self-esteem ($d = 0.46$, $p < .05$) and mood ($d = 0.54$, $p < .01$). Interestingly, the presence of water enhanced the effects of green exercise on self-esteem and mood [14].

The positive effects of exercise on depression have been widely demonstrated. In a large-scale study with 33,908 survey participants, it was found that regular physical activity provides protection from future depression. The study looked at a healthy cohort (no symptoms of mental disorders or physical limits) and determined that there was a causal factor between regular exercise and lower rates of new-onset depression [15]. Carek et al. (2011) studied both anxiety and depression in relation to regular exercise. They determined that lower rates of physical activity are associated with higher rates of psychological disorders. They found that regular physical exercise improves overall health, cognitive function, and life satisfaction. It was further determined that physical activity was as effective at treating mild to moderate depression as prescription medication [16]. In a meta-analytic review of 28 randomized control trials, Gill et al. (2010) found that exercise was as effective at treating depression as cognitive-behavioral therapy and prescription medication. They also predicated that exercise was more effective than light therapy for treating depression. Examples of effective forms of exercise included resistance training, aerobics, yoga, tai chi, and qigong [17]. Exercise has also been demonstrated to be an effective way for mental health professionals to treat medical patients with clinical depression [4].

Research has found that exercise is beneficial for treating both depression and anxiety [2]. In a 20-week controlled study it was concluded that both aerobic exercise and weight-lifting improved mild to moderate depression and mild to moderate anxiety [18]. Various studies have produced positive results when looking at how physical exercise is effective at treating clinical anxiety. It has been shown that exercise produces positive anxiolytic effects when treating individuals with various types of anxiety disorders [19]. Stonerock et al. (2015) conducted a systematic

review of randomized controlled trials and concluded that exercise was superior to placebos when treating anxiety disorders. They concluded that the benefits of aerobic exercise on anxiety was comparable to the effects of prescription medication and cognitive-behavioral therapy. It was also determined that there is still a need for more rigorous studies on this topic [20]. An additional meta-analytic review found that exercise was particularly beneficial for patients in a clinical setting. The reviewers of the published randomized controlled trials determined that larger effects were found in moderate to larger studies, and that exercise was more effective for treating depression (d = 0.56) than anxiety (d = 0.34). With this presented, it was determined that exercise does generally produce positive mental health outcomes for patients [21]. Other studies have also found that physical exercise has larger effects on depression than anxiety [15, 16].

Even though there appears to be both a national (American) and global epidemic when it comes to lack of physical exercise and general health [1, 8, 11], it is clear that maintaining a lifestyle that consists of regular physical activity is critical. Regular exercise has been widely shown to improve both physical and mental health [12, 15, 17, 20]. Even though this appears to be common knowledge, most people are still largely physically inactive. This inactivity, such as living sedentary lifestyles, is contributing greatly to increasing rates of both physical illnesses and mental health problems. This study has set out to capture people's attitudes about exercising, how they exercise (if they do), and how it affects their mental functioning (if it does).

3. Methodology

3.1. Research Design

Original data were collected for this study via a quantitative questionnaire. Data were collected at both discrete and continuous levels of measurement. The research method consisted of a non-random survey whereby data were gathered through various techniques (e.g., in-person, telephone, online). Core demographic characteristics were addressed in the survey, such as social class, age, ethnicity/race, and gender. This allowed for comparisons and group differences to be analyzed across various important social categories. The survey consisted of several yes-no binary responses, as well as several Likert-type scales ranging from 1 to 5 (e.g., 1 = Strongly Disagree; 5 = Strongly Agree). A response of 3 was taken as a neutral response, belief, or attitude. The survey instrument took less than 5 minutes to complete. There was no compensation provided for participating in the study. Consent was provided through the participant's autonomous decision to fill out the questionnaire. All respondents were adults ranging from 18 to 65 years of age. It was determined that all respondents that filled out the survey were capable of reading and/or understanding the intent of the survey and what was being asked in each individual item.

3.2. Study Participants

There were 285 participants in this study. There were 169 women (59.7%) and 113 men (39.9%) in the study. One individual identified as "other" (0.4%) and 2 individuals did not respond to this particular item. The average age of the respondents was 30 (SD = 10.54), and the mode was 24. The majority of respondents were between the ages of 18 and 29 (n = 181, 64.6%). Those aged 30 to 39 made up 17.3 percent of the sample (n = 49). Respondents aged 40 to 49 made up 8 percent of the sample (n = 22). Fifty through fifty-nine-year-old participants made up 8.9 percent of the sample (n = 25). The remainder of the participants were between the ages of 60 to 65 (n = 3, 1.1%). Five respondents (1.8%) did not answer the question about age. Most of the participants identified as being a member of the working-class (n = 142, 51.4%). The next largest social-class category was middle-class (n = 109, 39.5%). This was followed by lower-class (n = 20, 7.2%). Upper-class respondents made up 1.8 percent of the sample (n = 5). Nine study respondents did not answer this particular survey item.

The largest ethnic/racial group in the study was Hispanic (n = 134, 47.9%). This was followed White (n = 83, 29.6%), Black (n = 33, 11.8%), Asian (n = 20, 7.1%), multi (n = 8, 2.9%), Middle Eastern (n = 1, 0.4%), and Native American (n = 1, 0.4%). Five of the study participants did not answer this survey item. The bulk of data were collected across Southern California where Hispanics make up nearly half of the overall population. Therefore, the apparently skewed sampling of Hispanics is representative of this region of the nation. In order to properly conduct certain statistical analyses, it was necessary to remove certain levels of variables due to small sample size, issues with standard errors, and low power. Notwithstanding certain statistical limitations, the final sample was developed enough to allow for proper testing and analyses on the core variables of interest.

3.3. Procedures and Data Evaluation

Data were inputted in the statistical software program SPSS Statistics 28. All data collected at the nominal and ordinal levels were properly coded to allow for statistical analyses. Data collected at the continuous level were properly placed into the database as scaled measurements to allow for parametric analyses. Descriptive statistics were run across the categorical variables to better illuminate the larger sample and to assist with making sense of the more complex test findings. To be able to make sense of group differences, techniques including crosstabulations, chi-square tests, Phi, Cramer's V, t-tests, Hedges' correction, and Cohen's d were utilized.

Additional core statistical tests and procedures employed in this study consisted of logistic regression, correlations (e.g., Pearson's, pooled within-groups), Euclidian distance (e.g., nearest neighbor), Wilk's lambda, and discriminant analysis.

If any item on the survey was left blank (i.e., not answered), or if the response was not interpretable, then it was left out of any analysis that involved that particular variable. For example, if a respondent did not answer a question that was asking about social class, how many days each week they exercise, whether exercise reduces their stress, etc., then they were not included in any analysis looking at that specific variable. All the surveys collected for this study were properly filled out (e.g., no excessive missing responses), were readable, and appeared to be filled out in a legitimate manner. All inferential tests used the standard 0.05 level of significance for decision making. Any p value larger than this criterion was deemed to be an insignificant finding. Special attention was also paid to relevant effect sizes to allow a more complete understanding and interpretation of the results.

4. Findings

4.1. Preliminary Findings

Study participants were asked a series of questions about how they felt about exercising and how it impacted their mental health. Excluding the neutral responses across all the items (response of 3 on the scales), the following data were obtained. The majority of respondents stated that exercise was important to them (n = 208, 73.7%). Only 20 stated that it was not important to them (7.1%). Almost 49 percent stated that they exercise on a regular basis, whereas 28 percent stated that they do not. Most of the respondents reported that exercising makes them feel better (79.3%). Five percent reported that exercising did not make them feel better. A clear majority reported that physical exercise improves their mood (76.5%), whereas 5.6 percent said that it did not. Seventy-four percent of the participants reported that physical exercise reduces stress. A much smaller percentage of respondents stated that it does not reduce their stress (6.7%). Most of the respondents stated that exercising reduces their anxiety (66.3%), whereas 8.4 percent stated that it did not. Around six out of ten participants (60.5%) reported that physical exercise helps to reduce feelings of depression. Almost 12 percent stated that exercising did not help with depression.

The study collected data on how many times each week (on average) the participants worked out. Starting with 1 day and the working toward 7 days each week, the following numbers were produced: 1 day (21.9%), 2 days (15.2%), 3 days (21.6%), 4 days (23.3%), 5 days (11.3%), 6 days (6%), 7 days (0.7%). Eight out of ten respondents (80.5%) stated that they wish they had the time to exercise more often. The clear majority of participants feel that they should make time to exercise more often (83.2%). Seven out of ten respondents stated that they prefer to exercise/workout alone, while three out of ten stated that they prefer to exercise/workout with others. Table 1 highlights the most preferred and enjoyed forms of exercise. The most reported form was going to the gym and lifting weights and doing cardio exercises (35.6%). The table begins with the most common form of preferred or enjoyable exercise and moves toward the least commonly listed (e.g., tennis, Pilates). The table percentages do not add up to 100 percent because certain forms of exercise were only stated one time by respondents (11.5%), so they were not included in the table.

4.2. Correlations

Significant correlations were found across all of the scaled items looking at mental health and how often respondents exercise each week. That is, there was a clear connection between exercising on a regular basis and feeling that this contributed to lower levels of stress, anxiety, feelings of depression, and feeling better overall (e.g., improved mood). Notable significant Pearson correlations across the scaled items looking at mental health include, exercise improving mood and making respondents feel better ($r = .83$), exercise reducing anxiety and stress ($r = .81$), exercise improving mood and reducing stress ($r = .76$), exercise reducing anxiety and depression ($r = .76$), and exercise and feeling better and having reduced stress ($r = .74$). All of the items looking at mental health were significantly correlated with depression. This same pattern was also found with stress, mood, and anxiety. For example, when respondents felt that exercise reduced feelings of depression, they also felt that it reduced stress ($r = .64$). Significant correlations were found across all items looking at mental health and respondents stating that exercise makes them feel better, such as with anxiety ($r = .69$) and depression ($r = .59$).

Table 1. Forms of exercise preferred or enjoyed

Gym/Cardio	35.6%	Swimming	4.6%	Soccer	2.0%
Walking/Running	24.1%	Cycling	4.6%	Basketball	1.6%
Hiking	5.5%	Dance	2.1%	Pilates	0.7%
Yoga	5.3%	Combat Sports	2.0%	Tennis	0.5%

4.3. Testing Group Differences

Women (84.5%) were more likely than men (73.9%) to state that they wish they had more time to exercise more often. A chi-square test on this item demonstrated a significant gender difference, $X^2(1) = 4.79$, $p = .029$; Cramer's $V = .131$, $p = .029$. On the item asking whether or not respondents believe that they should make more time to exercise more often, women (89.3%) were more likely than men (75.7%) to state that they should. A chi-square test produced a significant result concerning this difference, $X^2(1) = 9.15$, $p = .002$; Cramer's $V = .181$, $p = 002$. There was no gender difference detected regarding the preference for working out with others or the preference for working out alone, $X^2(1) = 1.77$, $p = .41$. Further chi-square tests did not reveal any group differences across ethnicity or social class on any of the categorical item variables.

Seeing women were more likely to state that they wish that they had more time to work out, and that they should make more time to work out, an independent samples t-test was run on how many days each week the respondent's exercise. Women had a mean of 2.94 and men had a mean of 3.27, resulting in a significant group difference, $t(278) = -1.70$, $p = .046$. This test produced a gender effect size of ($d = 1.54$). Most of the tests on ethnicity/race did not produce significant group differences across the scaled items. Some tests did result in group differences, such as Black respondents ($m = 4.30$), in comparison to Hispanic respondents ($m = 3.90$), stating that remaining physically active was important to them, $t(163) = -2.08$, $p = .039$. Table 2 provides the results for group differences between those that wish that they had more to exercise more often and those that do not wish that they had more time. Across every scaled item, significant group differences were detected concerning the group that stated they wish that they had more time for exercise and the group that did not wish they had more time for exercise. Similar findings were produced across the scaled items and the variables asking respondents whether they should make more time to exercise more often. The respondents that stated that they should make more time were higher on all scaled items. See Table 3.

Table 2. Group wishing for more time for exercise vs. group not wishing for more time

Variable	t Statistic	df	Sig.	Effect Size (d)
Importance of being physically active	-2.43	277	.018	.986
Exercise makes me feel better	-3.96	280	.001	.895
Exercise improves my mood	-3.56	280	.001	.942
Exercise reduces stress	-2.96	279	.004	.966
Exercise reduces anxiety	-3.71	280	.001	.997
Exercise reduces depression	-4.92	279	.001	1.077

Table 3. Group stating they should make more time for exercise vs. group not stating this

Variable	t Statistic	df	Sig.	Effect Size (d)
Exercise makes me feel better	-2.19	280	.034	.918
Exercise improves my mood	-2.33	280	.024	.960
Exercise on a regular basis	2.33	280	.006	1.239
Exercise reduces anxiety	-2.00	279	.017	1.031
Exercise reduces depression	-2.60	279	.003	1.112

4.3. Regression, Discriminant Analysis, and Euclidean Distance

Logistic regression tests focusing on gender and the categorical binary items produced significant findings. Women were more likely than men to state that they wish they had more time to exercise more often (OR = 1.93, p = .030). This test also produced a Wald statistic of 4.701, with an odds ratio 95 percent confidence interval of 1.065 to 3.502. An additional binary regression test found that women also had significantly higher odds of feeling that they should make more time to exercise more often (OR = 2.68, p = .003). This test also produced a Wald statistic of 8.733, with an odds ratio 95 percent confidence interval of 1.393 to 5.149. In relation to the item asking if respondents feel that they should make time to exercise more often, a binomial regression analysis was run to see if there were any differences between those that prefer to exercise/workout alone compared to those that prefer to exercise/workout with others. The findings revealed that those that prefer to workout with others have significantly higher odds of feeling this way (OR = 2.815, p = .009). The binary logistic results also produced a Wald statistic of 6.829. An additional test on the same variables produced a significant finding on group differences, $X^2(1) = 7.264$, p = .007.

Several discriminant analysis tests were run to see if known scores on the independent variables would be useful for classifying membership into mutually exclusive groups. Based on the scores on the various scaled items on the survey it was not possible to accurately classify respondents into the group preferring to exercise alone or the group preferring to exercise with others (Wilk's $\wedge = .972$, $X^2 = 7.48$, p = .381, $\lambda = .029$). In trying to determine where respondents would land in regard to how many days they exercise each week, based on the scaled items, only the first function (1 through 6) produced a meaningful separation into groups (Wilk's $\wedge = .286$, $X^2 = 336.73$, p = .001, $\lambda = 1.994$). All of the other functions failed to reach significance and did not produce discriminatory ability in the model.

Group membership was able to be predicted when it came to whether or not respondents wish that they had more time to exercise (Wilk's $\wedge = .839$, $X^2 = 47.252$, p = .001, $\lambda = .192$). The respondents that stated that they wish that they had more time to exercise had higher average scores across the variables addressing feelings about mental health (e.g., anxiety, depression, mood, stress). This group also had a lower mean score on number of days of exercise each week (m = 2.94) compared to those that did not wish they could make time to exercise more often (m = 3.88). A final discriminant test was able to build a predictive model for group membership concerning whether or not respondents feel that they should make more time to exercise more often (Wilk's $\wedge = .874$, $X^2 = 36.725$, p = .001, $\lambda = .144$). Those that feel that they should make more time to exercise more often had consistently higher group averages across all of the variables looking at mental health (e.g., stress, anxiety, mood, feeling better, depression).

A "nearest neighbor" model was created to help make sense of the similarities between observed entries. This procedure is based on Euclidean distance measurement and helps to classify cases based on similarity to other cases. The procedure is beneficial for making sense of patterns in the data and relationships across the variables of interest. Figure 1 shows the relationship between how respondents feel about exercise and reducing stress, improving mood, and feeling better, and how these three variables are "neighbors" to the variable addressing feelings about exercise and reducing depression. Visual inspection of the figure shows a pattern whereby scores high in stress, mood, and feeling better are similar to high scores on reduced depression. For example, the darkest circles represent respondents that feel that exercise considerably reduces feelings of depression. Those that felt this way about depression often felt similarly to how exercise reduces stress, improves mood, and makes them feel

better. Conversely, low scores on feelings about exercise reducing depression are associated with lower scores on feelings about stress, mood, and feeling better.

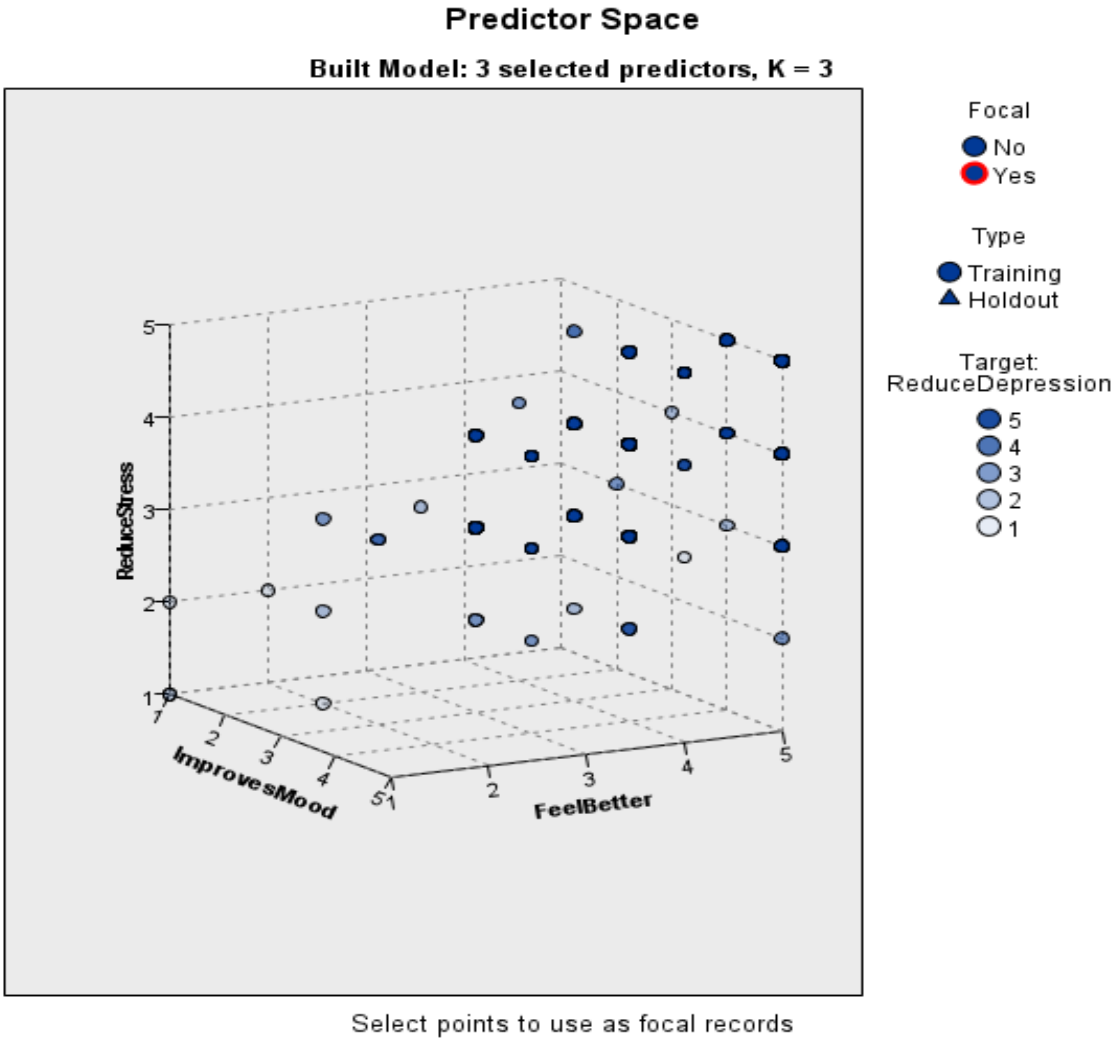

Figure 1. Nearest Neighbor Plot on Depression: Relation to Stress, Mood, and Feeling Better

5. Discussion

This study set out to explore people's feelings about the value of being physically active and how this is associated with mental health. The findings of this study support the position that exercise helps to improve how people feel about themselves by improving their mood, reducing stress, reducing anxiety, and reducing feelings of depression. The findings of this study support the conclusion drawn by earlier research that also found that exercise improves overall quality of life [6, 7, 12], improves mood and reduces depression [4, 14, 17], reduces anxiety [18, 19], and reduces general levels of stress [5, 13]. The larger findings of this study revealed that people generally value physical exercise and understand, whether they actually exercise on a regular basis or not, that it is healthy for them to do so. For example, approximately 7.5 out of 10 respondents stated that being physically active is important to them. Nearly half of the respondents reported that they exercise on a regular basis. The average number of days exercised each week was 3.08 (SD = 1.54). Of the sample, 41.3 percent exercise more than 3 days each week, whereas 37.1 percent exercise less than 3 days each week.

The majority of respondents clearly feel that physical exercise improved their overall well-being and mental health. Around 7.5 out of 10 respondents stated that exercise improves their mood. Almost 3 out of 4 respondents (74%) stated that exercise lowers their levels of stress. Six out of ten respondents stated that physical exercise reduces their feelings of depression, while 6.6 out of 10 stated that it reduces their anxiety. These findings are in alignment with prior research demonstrating a broad range of benefits that physical exercise has on mental health and well-being

[2, 12, 16]. Eight out of ten respondents (80.5%) wish that they had more time to exercise, and eight out of ten respondents (83.2%) stated that they should make more time to exercise more often. These findings further reveal that most people do understand the importance of exercise, although most people do not seem to either have the time for it, or they have not really prioritized it in their lives. Either way, an abundance of research has also demonstrated the physical health-related benefits of regular exercise [1, 11, 12].

The results of the study also show that the majority of respondents prefer to exercise alone (7 out of 10). The most popular form of exercise was going to the gym and engaging in strength training and cardiovascular exercises. Walking and running were the next most popular forms of exercise. Women were significantly more likely than men to state that they wish they had more time to exercise. Women were also more likely to feel that they should make more time to exercise more often. Statistical testing did reveal that there were relationships between how respondents felt about exercise, whether they exercised on a regular basis or not, and how they felt about exercise and mental health. Those that felt that they should exercise more often were more likely to feel that exercise is directly connected to mental health and general well-being.

The study was limited in various ways due to small sampling of certain demographic groups. Collecting information from more individuals over 40 years of age, especially those over 65, would enable much broader testing on age differences. It would also help to collect more information from individuals that identify as being a part of the upper-class. Only around 2 percent of the sample was from this social class category, thus limiting many potentially important analyses on this variable. Regarding ethnicity/race, having more data collected from those identifying as Middle Eastern and Native American would allow a broader range of testing across this variable. Having these small sub-samples limited the overall ability to run certain tests that could have potentially revealed useful and illuminating findings across these variables. Future studies could benefit by collecting information on why people do not exercise more often. The clear majority of respondents in this study (8 out of 10) felt that they should exercise more often, but it is not known why they do not actually do it. Future research could also benefit by collecting data on self-reported statements about the current health (e.g., mental health, physical condition) respondents are in.

6. Conclusion

This study set out to explore how people feel about physical exercise and the connection to mental health. The study looked at how often people exercise, what they do for exercise, and how important exercising is to them. The research gave special attention to the effect that exercise has on anxiety, stress, mood, and depression. The findings clearly establish that the majority of respondents believe that exercise is beneficial to mental health and general well-being. These findings coincide with the dominant current literature that broadly demonstrates the range of benefits that exercise has on overall health. The findings from this study could be used to help better educate people on the value of living an active lifestyle, as well as the importance of putting together a structured plan for regular exercise.

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