Personal Trainers: Motivating and Moderating Client Exercise Behaviour

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ABSTRACT

First established in the 1990's, the personal training industry in New Zealand has experienced unprecedented growth. Over 80% of New Zealand health clubs market the services of Personal Trainers and there are now over 1500 registered Personal Trainers working in a range of settings. Their primary professional role is one whereby they promote and support individuals to attain desired 'results' in relation to their physical fitness and particularly, to adopt a more physically active lifestyle. But despite the growth of this industry, little is known about how Personal Trainers actually go about supporting the clients who purchase their service to find a way into, as well as stay committed to a physically activity lifestyle. To date there has been no research in New Zealand exploring how Personal Trainers operate as *agents of behaviour change*. Furthermore, there appears only anecdotal evidence about how the intervention strategies used by Personal Trainers reflect those recommended in the 'behaviour-change' literature.

This thesis focused on the daily, working experiences of ten Personal Trainers. Inspired by the interpretive paradigm, in-depth interviews were conducted and analysis of the data, guided by the tenets of grounded theory, allowed the story about the way each participant went about her/his work to emerge. The study highlights a variety of issues that these Trainers recognise as significantly influencing their ability to succeed in an increasingly competitive and demanding business. Specific reference was also given to the behavioural intervention strategies that each participant believed were the most beneficial in nurturing client lifestyle behaviour-change.

The study outcomes reveal that although the Trainers worked independently of each other there was considerable commonality in the approaches they had developed. All agreed on the importance of presenting themselves as confident, competent professionals who modelled healthy life-styles to their clients. Some of the strategies they used were similar in some regards to those described in the intervention literature, but others were not. A salient point made by all was that, despite some of their practices lying outside the professional boundaries defined by their professional registration organisation, the provision of services to clients often went beyond the 'physical'. Nutritional counselling

especially had become an integral part of the service they provided for clients and was, in fact, an area which clients ‘expected’ them to be experts in. Each acknowledged the challenge of devising strategies to keep their clients committed, motivated and returning to them. The study highlighted two distinct *phases* of intervention as the Trainers used different motivational approaches to firstly, *initiate* change and then *maintain* their client’s progress. As the clients began to see results all of the trainers agreed that their relationship with their long-term clients became more collegial. As time progressed, and in order to facilitate and foster client belief in the inherent value of physical activity ‘for life’, the Trainers became their client’s Life Coach. The Personal Trainers in this study described a multitude of roles that each believed they needed to fulfil in order that they achieved on-going *success* as a Trainer. This emphasises the need for a more expansive education programme for Personal Trainers. Programmes which move beyond a traditional fitness discourse and better reflect the complexities of what it truly means to be a one-on-one ‘Trainer’.

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Each of the Personal Trainers interviewed for this study spoke of becoming swept along in their 'client's journey'. I resonate with this as the compilation of this work has not only been 'my journey', but as the months went on, others, just like the Personal Trainers, became 'swept up' in it as well - supporting me, motivating me and of course, keeping me 'on track'. No-one has been more caught up in this journey than Professor Bevan Grant. Through your sage advice, good humour and tireless reading of the many drafts, you have not only supported me throughout the process but over many enjoyable cups of coffee you have extended me in my thinking, my learning and of course, my ability to write more creatively! Having worked in the fitness industry for so long, in your indomitable way you have forced me to look 'outside' the industry in order to take meaning from within it – I thank you for that.

In coming up with a research topic, it made sense to choose something which was relevant to my 'world'. The Personal Training industry has been my 'world' for many years and in many forms. If it wasn't for the encouragement of Phillip Mills from Les Mills World of Fitness to get Personal Training underway in his gyms, I would never have met the many wonderful Personal Trainers throughout New Zealand over the many years of my involvement. Part of this special group of Trainers, were those who participated in this study. To each of you, I say thank you. By giving your time, enthusiasm and offering your 'stories', each of you will I hope, to some extent, contribute to the continual development of the personal training industry. The final reading, editing and proofing was a job that was unselfishly taken on by another family member, Margaret Sweet. I feel priviledged to have someone so experienced in writing and editing to assist with this daunting task. Finally, completing a Master's thesis requires time, space and endless support on the home front. Rob, Georgia and Matthew, you all have been an integral part of the completion of this thesis and for that I thank you sincerely.

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Chapter 1 - Introduction

Setting the Scene

When working at Les Mills World of Fitness in 1992 I was invited to take responsibility for a new initiative introducing personal trainers to the fitness sector. In essence, this required me to create a system whereby a member of the gym would pay for a Personal Trainer to design and monitor an individualised exercise programme. Although enthused by the idea, I knew very little about Personal Trainers except that in the USA, those in the business were mainly working in the realm of the rich and famous. Excited by the possibilities of my new 'life', I also recall pondering about how this idea could possibly be translated into a reality for the average 'gym junkie' in New Zealand. Some of the questions that first came to mind were, would people really pay an additional fee for one-on-one tuition? Was I, and the other instructors currently employed in the gym, sufficiently competent to take on such a role? Would such a scheme really be more beneficial in helping members to achieve their goals than the more casual 'one-size fits all' instruction? And what special skills and knowledge would a Trainer need to be effective? In spite of the many unknowns and misapprehensions, this was a career opportunity I could not walk away from. Fifteen years on and although not working as a Personal Trainer, I am still fully immersed in the on-going development and education of those working in this sector of the fitness industry.

Over the years I have mentored numerous Personal Trainers as well as developed the licensed-contractor model of personal training that now prevails in a large number of New Zealand and Australian fitness and recreation facilities (Fitness NZ, 2006). Although I am often referred to as an expert in personal training, this is not a label with which I am comfortable. To me, an expert is someone with an extraordinary depth and breadth of knowledge in all areas of their specialty profession, and there are notable gaps in my knowledge with regards to what I believe a Personal Trainer needs to know. This particularly applies to knowing how best to intervene, encourage and empower people to adopt and maintain a more physically active lifestyle. I concur with Locke (1996) who contends, sedentary lives may be endangered lives, perhaps even impoverished lives but

"most people don't exercise because we hold out some distant and existential advantage – living longer or living better" (p. 427). We live in a time when greater emphasis is placed on the reduction of morbidity and non-communicable diseases through the promotion of self-managed health-related behaviours such as physical activity. And in this context I believe that Personal Trainers have an important role to play.

My own view of physical activity is that it is a personal choice, happens in many ways and has to be inherently valued if it is to be habitual. It should not be an imposition, and to be of benefit and long lasting, there must be positive interaction between a range of complex biological, psychological, social, and environmental factors. Engaging in physical activity for health-related reasons needs to generate a sense of belonging, a sense of feeling 'at home' in the activities. I believe the ultimate satisfaction is most likely not derived from conforming to a set of rules prescribed by 'experts' but finding out that exercising feels good. The research literature is replete with theories and concepts, ideas and controversies about prescribing exercise. However, there is no easy or obvious solution to making regular physical activity an attractive lifestyle choice but this is the challenge with which Personal Trainers must engage and it is something that I, as an advocate for and educator for many Personal Trainers also grapple with.

According to the New Zealand Register of Exercise Professionals (www.reps.org.nz), there are now over 2000 registered Personal Trainers operating in a range of settings - private health clubs, community recreation centres, sports trusts, private studios, work-place gyms and publicly funded health agencies. Irrespective of where they operate from though, Personal Trainers are primarily 'agents of change'. That is, their prime professional role is to promote and support individuals to find a way into and stay committed to a physically active and supposed healthy lifestyle. But what does a Personal Trainer actually do? How effective do they believe they are at influencing the lifestyle choice of those who seek their support? What knowledge and skills do they draw upon when working with a client? In spite of the anecdotal commentary about these and other questions, there is currently no research on any aspect of the work of Personal Trainers in New Zealand (personal communication, Fitness NZ, 2007).

There are two prime motives for this present study. First I believe Personal Trainers have great potential to impact on the health and well-being of those who are able to access their services, and secondly, there is a dearth of knowledge about the everyday practices and beliefs of Personal Trainers in New Zealand. Although there are different points-of-view about what Personal Trainers do and do not do, in this thesis I have endeavoured to put these to the side and access an 'insider's' view of the practice. This research study is centred in the interpretive paradigm and guided by the tenets of grounded theory. More specifically, the research is designed to delve into the multiple realities of Personal Trainers who endeavour to elicit lifestyle change in their clients. Finding hidden truth and meaning is important to this enquiry (Schram, 2006) and the intent has been to explore the day-to-day realities of their practice, especially with regard to the strategies and knowledge that Personal Trainers draw on to support their clients in adhering to a more stringent exercise routine. As well, the study aims to enquire how effective they believe they are in assisting clients to modify their habits and adopt, in the long term, a more physically active lifestyle.

A Glimpse at the Industry

Not only did the emergence of the 'fitness revolution' in the late 1970's give rise to what we now refer to as the fitness industry but pioneers in the fitness revolution such as Dr Kenneth Cooper and Dr George Sheehan advocated a philosophy that shifted away from disease treatment to one of disease prevention (Dalleck & Kravitz, 2002). By the mid 1980's the industry was becoming established in New Zealand and there was no shortage of people, mostly white, middle class women in the 20 to 40 year age group willing to sign up to one of the many programmes offered by a range of organisations. In assisting members of the public to pursue fitness as a consumable commodity, each organisation developed a variety of strategies that would hopefully not only attract new members but also give them the market edge for being in vogue. For example, in the mid 1990's the Les Mills World of Fitness group introduced the slogan 'Become Some Body'. This was primarily a marketing strategy that targeted people (women) who wanted to re-shape their body, increase fitness and reduce body fat. However, such initiatives were also attracting

the attention of scholars studying the ways in which the public were being enticed to become members of a fitness centre.

When questioning whether fit people are healthy, Markula (1997) noted how, in a consumer culture, the bodily appearance and 'the look' have become increasingly important and – "women, in particular, confront social pressures to look thin, and many women use a changed appearance as a way to motivate them to do cardio-vascular exercise" (p. 29). It was apparent the emphasis on mass participation in aerobic classes, irrespective of the activity, was going to satisfy the desire of the increasing number of gym members. In line with a consumer culture, the suitability and sustainability of a fitness business is ultimately dependent on the quality of the associated goods and services and whether or not these are in tune with the needs of consumers (gym members). Although trying to determine what services members will respond to, in order to retain their involvement, may be a fickle science, it is evident that targeting the individual is seen as an important 'retention tool' by many fitness centres. But in a consumer culture there is a need to keep modifying an existing service or product, as well as creating something new.

Current data from Fitness NZ (2006) indicates that around 500,000 New Zealanders belong to over four hundred fitness centre type organisations and personal training is more recently used as a 'retention tool' by many fitness centres. Consequently, paying for the 'expertise' and guidance of Personal Trainers for a prescribed but personalised programme of exercise (and other lifestyle factors such as diet) has become a growth area within the industry. However, when this exercise model emerged it was unreasonable to expect many of the instructors working 'on the floor' in the fitness sector to provide a more personalised approach to gym members. Additional education specifically about working in a one-on-one setting was required and in the late 1990's the Academy of Personal Training was established to provide specialised training for Personal Trainers. These days, personal training has become a sought after and lucrative profession and one that is established and recognised as having an important role to play in promoting good health through active living.

Although it takes time for a new professional practice to become established, Rose (2007) has questioned the 'value for money' and effectiveness of Personal Trainers within the fitness industry and asks what proportion of their clients actually adhere to long term lifestyle changes. Of course this question not only applies to Personal Trainers but everyone involved in promoting a physically active lifestyle. This is endorsed by the exercise adherence research that consistently claims over half of new exercisers revert to their previous less physically active lifestyle within the first six months (Weinberg & Gould, 2003; Buckworth & Dishman, 2002). With very little adherence research emerging that specifically looks at Personal Trainers as a mode of intervention (IRHSA, 2007), it is well known within the industry that they primarily operate as 'vehicles of support and motivation' for clients and this reflects other forms of intervention (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002; Eyler, Brownson et al 1999; Marcus & Forsyth, 2003; Raglin & Wallace, 2005; Wing & Jakocic, 2000; Wing & Jeffrey, 1999). Personal Trainers can be viewed as agents of change and this study was undertaken in order to understand more about the way they 'apply their trade'.

Accessing an Insider's View of Personal Training

With physical inactivity frequently referred to as a risk factor (WHO, 2001) and concern arising about the growth in sedentary lifestyles for many people (SPARC, 2003; USCDC, 2001), understanding intention to exercise and subsequent adherence is increasingly in the limelight. Although a number of determinants associated with exercise uptake and adherence have been identified (Buckworth & Dishman, 2004; Eyler, Brownson et al, 1999; Kahn, Ramsey et al, 2002), the story with regards to what entices or deters people to adhere to exercise habits long term is far from complete. Given that much of what we "know" about a physically active lifestyle has been arrived at in debate in the literature of the health sciences, it may be time to move beyond relying primarily on scientific notions that support normalizing tendencies and explore the diversity, difference and indeterminacy inherent in behaviour associated with physical activity. This is worth considering given we continue to rely on the scientific discourse to remind us that less than forty percent of the population are physically active enough to meet guidelines for optimal health (SPARC, 2003). Whether or not those who are 'active enough' include the

many clients of Personal Trainers is difficult to know but the way those in the profession believe they contribute to ‘more people being more active more often’ is worthy of investigation.

Having spent considerable time exploring many different approaches to research I appreciate there is no single theory that can “truly capture an individual’s motivations and behavioral patterns” (Grodesky, Kosma & Solmon, 2006, p. 327). At this stage of my career as a researcher I find myself aligning within the interpretive paradigm, and most specifically grounded theory. A paradigm according to Sparkes (1992) is a ‘world view’. It is a person’s general framework encompassing an umbrella of philosophical beliefs and assumptions that guide one’s actions and thoughts. Recognizing that the interpretive paradigm gives a particular insight into the nature of knowledge in the area being studied, I resonate with the close contact the researcher has with research participants (Denzin & Lincoln, 2003). Recognizing there are multiple realities, Smith (1983) argues, interpretivists consider truth to be a subjective concept created by each individual. This means what exists in the social world is what people think exists. This perspective was endorsed by Wolcott (1990) when stating, “I do not go about trying to discover a ready-made world; rather I seek to understand a social world we are continuously in the process of constructing” (p. 147).

Interpretive researchers acknowledge it is impossible to remain neutral and totally objective in doing research. Two of the many reasons for this are, firstly that the researcher typically has an invested interest in the area of investigation, and secondly that there is considerable interaction between the research and those individuals involved in the study. In my situation the need has been to remain impartial and objective because I have spent many years working with Personal Trainers. Hence, it is important at the outset of this thesis to acknowledge that as the researcher, I have been an active participant and a research ‘instrument’ as data were collected and analysed, and I have taken responsibility for preparing the final text.

Through analysis of the participants’ stories, it has been my role as the researcher to construct an account that gives voice to and captures the essence of that phenomenon

being studied. Although interested in accuracy and authenticity, it also "seems unlikely that we will ever be able to produce truly embodied accounts of people's experiences" (Denison, 2003, p.18). After all, narrative inquiry takes as a given that people may exclude details of events or exaggerate aspects of stories. Nevertheless, a narrative like other forms of data provides a sound basis by which to construct a version of a reality about everyday experiences (Riley & Hawe, 2005). That being shared is most informative when the text itself invites the reader into a vicarious experience of the lives being described in a way that heightens an awareness of and sensitivity to the kinds of events, characters, and social circumstances that circumscribe those lives. Like all telling, however, "moving into unknown space can be frightening, but it can also be exhilarating" (Sparkes, 2002, p. 234). Drawing on the interpretive paradigm, and in particular grounded theory, this study sets out to investigate the everyday experiences of the Personal Trainers and the meaning they take from their experiences.

Structure for Thesis

Chapter Two follows on with a literature review. This literature review offers a comprehensive and extensive overview of current research on general behaviour change processes. As well, initiatives used to facilitate uptake and maintenance of population-based physical activity behaviours are discussed. With the identification of a number of models of exercise behaviour mainly suited to the initial intention and adoption of exercise, the challenge for trainers lies in translating what we currently know about *intention* to exercise into positive, long-term *action*.

The research design is an integral part of any research and in *Chapter Three,* I describe the methodology I used to select participants for the study, and discuss and critique my use of the interpretive paradigm in which this qualitative study is situated. Specifically, I discuss how the Grounded Theory approach has been utilised and serves as the theoretical basis for the study. Additionally, the ethical concerns and limitations of the study are presented.

Chapter Four presents the perspectives of the Personal Trainers. Using the grounded theory approach, data have been analysed and coded and drawn into themes. This chapter presents the views and experiences of the Trainers, and also incorporates my own thoughts and perceptions into the interpreted material, as necessary.

Chapter Five presents the study findings aligning these, where relevant, to current exercise behaviour literature. Also included are recommendations for future theory.

Concluding the study is a summary of the highlights and outcomes. These are discussed in *Chapter Six.*

Chapter 2 - Exercise and Health Behaviour: Intentions and Interventions

Introduction

As the modern world becomes one of fast-food indulgence and increasing dependence on labour-saving technologies (Frew & McGillivray, 2005) health promoters are attempting to better understand the complexities of lifestyle behaviour change. A proliferation of information on health promotion, behaviour change and exercise adherence has emerged and has been paralleled by substantial growth in the health and fitness sector (Fitness New Zealand, 2008; IHRSA, 1999). The latter has tended to focus on the delivery of 'healthy' doses of cardiovascular and resistance-based training. In New Zealand it is estimated that over 500,000 New Zealanders belong to over 400 health and fitness clubs and community recreation centres (Fitness New Zealand, 2006). A similar trend is reported in the United Kingdom where the number of health and fitness clubs has expanded by almost a quarter over the last decade, but this expansion pales in significance when compared with the United States, where it has been suggested that the majority of adults are, or have been, members of some type of health and fitness club (Frew & McGillivray, 2005) and where the targets for new members in health clubs has been set at fifty million by 2010 (IHRSA, 1999).

Given this background it is not surprising there has been an increase in numbers of people signing up in search of getting in *better shape*. The body, suggests Smith-Mcguire (2008), is central to leisure in contemporary consumer culture, and the places in which the body is tended, maintained and improved are places of status. Drawing on the work of Bourdieu and his discussion of 'capital', Frew & McGillivray, (2005) state that the fitness club is the principal space where the quest for, and attainment of 'physical capital' (the 'toned, ordered and visible body') takes place, but the health club might also represent a barrier to some consumers. This barrier, the authors suggest is because, in the 21st Century many people use the health and fitness club to support a 'dis-satisfaction' with their physical self. A similar view is expressed by Smith-McGuire (2008) who believes that by locating exercise in a semi-public venue for which membership is required, health clubs construct fitness as another aspect of lifestyle and leisure

consumption. Paradoxically, health clubs may aim to reconcile the facility's conflict between being seen as 'places of leisure' as well as 'places of hard work'. This association of the health club with hard physical work may lead to the desires of fitness consumers becoming an abstract hope, remaining unfulfilled, and often viewed only as 'future' desires (Frew & McGillivray, 2005). Contributing to this negative view of health clubs is also the knowledge that attrition (drop-out) rates of members has been up as high as 60% across the industry (Club Industry, 2007; Fitness NZ, 2006; Fitness Australia, 2007). It is no surprise therefore that the *raison d'etre* of the health club industry is challenged by health promoters, especially as evidence of significant health improvements emanating from the growth of the industry remain scant (Frew & McGillivray, 2005).

However, as time moves on, fitness facilities have become more aware of managing member attrition and interest is growing in the role of health clubs as appropriate venues in which to develop and evaluate exercise adherence interventions (Annesi, 2003; IRHSA, 1999). As most individuals who begin exercise programmes in fitness settings lack the self-management, self-regulatory skills and social support systems necessary to maintain them through the exercise behaviour-change continuum (Annesi, 2003), the services of Personal Trainers have increasingly been offered to new and existing exercise participants. Personal Trainers according to Smith-McGuire (2008) are defined by the personal, one-on-one nature of their instruction. They have become a popular trend in New Zealand and there are now over 2000 Registered Personal Trainers (REPS, 2008). For those fitness clubs serious about increasing long-term member commitment, the Personal Trainer has been 'added to the product-mix'.

However, in spite of what has become a popular development and career choice for over a decade, little is known about the background, beliefs and practices of Personal Trainers especially in relation to how and why they assist their clients not only to adopt but also to maintain different exercise behaviours. And just like other forms of interventions to modify a range of health related behaviours, the challenge for Personal Trainers' lies in translating what is currently known about *intention* to exercise into positive, long-term *action and adherence* for their clients. With these issues as the focus of this study, this

chapter will consider some of the controversies, theories and health promotion strategies in exercise behaviour literature, as well as offer a perspective on the role of the Personal Trainer in the exercise-setting.

Facilitating Change in Exercise Behaviour

In attempting to better understand physical activity as a health-enhancing behaviour, a number of perspectives have been presented in the literature. These range from theories and models of intention, to strategies and debates on intervention. Many have been transferred from changing other health-related behaviours such as smoking and alcohol cessation and are now recommended as ideal models for physical activity adoption and intervention. It is regularly reported that facilitating physical activity behaviour change is difficult. Consequently, the way interventions such as those recommended by the U.S. Centers for Disease Control and Prevention (USCDC) and the American College of Sports Medicine (ACSM, 2007) impact on daily lifestyle physical activity remains a mystery. To this end, a number of researchers (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002) argue there is no one formula which has the greatest impact on individuals and whole populations. However, in a systematic review of interventions to promote physical activity undertaken by Kahn et al (2002), there is strong evidence that personalised health behaviour-change programme tailored to an individual's specific stage of behaviour or interest are effective in increasing physical activity.

Turning exercise into a habit is enormously challenging. It is well recognised that change is more likely to occur if people discover the inherent benefits of physical activity and exercise for themselves and modify their behaviour accordingly (Brehm, 2004; Biddle & Mutrie, 2008). This is complicated however, by a plethora of constraints, barriers and other priorities which in reality exist for many. 'Drop-out' research invariably shows that people have little time, energy or motivation to become more physically active in a way that may increase quality of life as well as longevity (Dishman, Washburn & Heath 2004). Hence, facilitating change in physical activity behaviour is deemed to be more effective if the mediating variables, (such as value placed on body-shape; beliefs about desired appearance or health status) are strongly related to the desired behaviours, and if

strategies for manipulating the mediating variables in the desired directions are available (Smith, Orleans & Jenkins, 2004).

Although complicated, behaviour-change intervention research has produced considerable evidence that some risky health behaviours (including physical inactivity) can be modified for the better, (Dubbert, 2002; Niaura & Abrams, 2004; Orleans, 2000; Wadden, Brownell & Foster, 2002; van Aalst & Daly, 2006). It is because of this considerable evidence globally, that in New Zealand like many other western countries, promoting physical activity for health is attracting the attention of the current government's agenda;

> Eating well and being physically active are two of the most important things people can do for good health and wellbeing. Since the New Zealand Health Strategy identified three key population health objectives in December 2000, the government has been committed to fostering an environment where individuals, families and communities are supported to eat well, live physically active lives and maintain a healthy body weight. (Hodgson, 2007)

Theoretical propositions and evidence from other behaviour change studies help to underpin interventions for health promotion and modifying behaviour. Intervention strategies gleaned from research in changing other health behaviours such as smoking cessation and alcohol rehabilitation programmes, have now been over-laid into physical activity initiatives. Although mixed results have emerged from the research promoting physical activity, it is evident a range of cognitive, social and environmental factors have a strong influence on the adoption and/or maintenance of physical activity (Bauman, Bellew, Vita, Brown & Owen, 2002; McKenna & Riddoch, 2003; Pringle, 2008; Sallis & Owen, 1999).

Emerging from the growing behavioural research are a number of models that aim to assist health promoters to understand why some people choose to participate in health-promoting activities whilst others do not. Many of the more accepted models associated

with changing health behaviours, such as the Health Belief Model (Becker, 1974; Janz & Becker, 1984), the Social Cognitive Model (Bandura, 1986) and the Transtheoretical Model (Prochaska & Diclemente, 1982) have been borrowed from social-cognitive, behavioural and health psychology and then adapted for an exercise application. The models acknowledge the combined roles of intra-personal, social and physical environmental influences on exercise behaviour (Buckworth & Dishman, 2002; King, 2001; McLean & Teague, 2004; Mutrie & Woods, 2003; Redding et al, 2000; Sallis & Owen, 1999; Trost, Kerr, Ward & Pate, 2001). Other theories of behaviour change have also emerged more recently, such as socio-ecological theories (Stokols, 2003) and leisure constraints theories (Mannell & Atkinson, 2005). These offer different paradigms as they conceptualize and extend the ideas of previous notions in relation to people's motivations, intentions and resources for behaviour change. Social-ecological models emphasize the effects of social systems, public policies and physical environments on human behaviour (King et al, 1998; McElroy, 2002; Sallis & Owen, 1992; Stokols, 1992). Furthermore, the limitations encountered through people's social and physical environments are considered to underpin physical activity decision-making and need to be addressed more fully in health-behaviour research (Kerr et al 2003; King et al, 1997; McElroy, 2002).

In health promotion research, models and theories utilised are classified as either continuum theories, which operate as continuous and unidirectional models, or stage theories, which assume discontinuity between different stages of change (Biddle & Mutrie, 2008). The Health Belief Model (Becker, 1974), Social Cognitive Theory (Bandura, 1986) and the Theory of Reasoned Action (Ajzen & Fishbein, 1980) are recognised continuum theories in which specified relationships are thought to exist in the prediction of physical activity behaviour, (Biddle & Mutrie, 2008; Carron et al, 2003). Meanwhile, the Transtheoretical Model is the best known stage-theory (Prochaska & Di Clemente, 1982; Prochaska et al,1992) and was developed around the assertion that behaviour change is related to the stage the individual has reached in the decision-making process. Although all the named theories attempt to explain why some people take on a

particular behaviour whilst other members of the same population do not, they differ in their origin, constructs and beliefs.

Over time the psychological theories have typically been reported to predict around thirty percent variability in exercise behaviour (Biddle & Mutrie, 2001). As Baranowski et al (2003) claim, they also vary in their ability to answer the following questions which invariably under-pin behaviour change:

- Why would a person want to change her/his behaviour? What is the person's reason(s) for and/or motivation to change?
- What are the personal or other resources that a person needs to change behaviour?
- What are the processes by which behaviour change is likely to occur, and what decisions are made in performing a behaviour?
- What procedures encourage change in these mediators and in behaviour?

Two theories emerging as more popular frameworks offering explanations for exercise uptake and adherence that may have more relevance to the personal training context are Social Cognitive Theory (SCT) and the Transtheoretical Model (TTM). A discussion of both follows.

Social Cognitive Theory

Social Cognitive Theory (SCT) is a comprehensive theory of human behaviour that has proven useful in studies of health behaviour (Petosa et al, 2003). Proposed by Bandura (1986, 1997), it combines aspects of operant conditioning, social learning theory and cognitive psychology. It is one of the most frequently used theories in guiding frameworks for intervening in physical activity (Carron et al, 2003). The components of behaviour, environment and internal factors relating to the person link and co-exist as compatible rather than competing variables (Carron et al, 2003; Mannell & Atkinson, 2005). The assumption of SCT is that 'person' factors such as thoughts, emotions and physiology guide their actions. In turn the person has the ability to influence both their environment and future behaviour in accordance with their cognitions (Buckworth & Dishman, 2002; Weinberg & Gould, 2003).

One of the most critical cognitive variables researched and cited in SCT is 'self-efficacy'. This refers to the individual's belief that he or she can successfully perform a behaviour. Based on their self-efficacy for performing the intended behaviour, proponents of SCT suggest that the perception of people that they can confidently and successfully perform a behaviour (self-efficacy), increases the likelihood that they will actually engage in that behaviour. The influence of 'self-efficacy' has been extensively used with smoking cessation, weight management and cardiac rehabilitation interventions. In relation to physical activity and exercise, self-efficacy has produced consistent findings, thus SCT has gained considerable support (Carron et al, 2003; Sallis & Owen, 1999).

Strategies based on SCT to change behaviour focus primarily on manipulating self-efficacy (Biddle & Mutrie, 2008; Dishman & Buckworth, 2002). The use of cognitive strategies for altering self-efficacy such as matching the task with the person's level of competency, have received considerable attention, and McAuley et al (2003) recommend targeting various 'incentive-laden' aspects of physical activity, such as its health benefits to build motivation. They also note there needs to be increased attention paid to 'constraints-efficacy' and the perceptions of barriers. Constraints-efficacy is the capability of the person to successfully overcome constraints to physical activity uptake and maintenance. This could include scheduling-efficacy (the ability of the person to overcome time-constraints), health-behaviour efficacy and perceived behavioural control (Rodgers, Hall, Blanchard, McAuley, & Munroe, 2002; Craike, 2004). Self-efficacy has thus developed into an important variable with dominant influences on determining physical activity, exercise and nutritional behaviour and could have considerable relevance to the personal training domain.

The Transtheoretical Model

The Transtheoretical Model (TTM) is frequently promoted as a model for behaviour change within many settings including the health and fitness industries. Originally designed as a model for understanding and supporting interventions in smoking cessation programmes (Prochaska & Diclemente, 1982; Prochaska et al,1992), the TTM suggests

that people progress through various stages of change and decision-making whilst they think about, adopt, adapt to and learn new habits and behaviours. First described in 1982 the TTM has since been applied to exercise behaviour (Buckworth & Dishman, 2002). The TTM has now become the most widely used stage model in population-based physical activity intervention although more recently its efficacy has been challenged.

The popularity of the TTM lies in the recognition that decision-making for participating in more healthful behaviours is not linear, as other models suggest, but is cyclical (Biddle & Mutrie, 2008). The TTM recognizes that many people do not succeed in their efforts at establishing and maintaining lifestyle changes because of competing influences that may or may not be outside of their control at the time. The TTM therefore proposes that the relationship between physical activity motivation, readiness and action is not linear. It suggests that individuals pass through five main stages of decisional stages of readiness when making a lifestyle physical activity change.

The five 'stages of change' are labeled pre-contemplation, contemplation, preparation, action and maintenance. Although these five stages label people's readiness for action or not, the TTM also identifies the more in-depth decision-making constructs which underlie and preclude motivation, intention and action. These constructs, of which there are ten, include both behavioural and cognitive processes as well as self-efficacy processes of change which are thought to be important in one's transition either forwards or backwards at each stage. The five cognitive processes are consciousness raising, self-re-evaluation, dramatic relief, environmental re-evaluation and social liberation (Prochaska et al, 1992). The five behavioural processes are counter-conditioning, stimulus control, reinforcement management, helping relationships, and self-liberation (Prochaska, Redding & Evers, 1997).

Part of the rationale for the popularity of TTM theory is that these processes of change are hypothesized as particularly important targets for intervention programmes. TTM researchers imply that where there is intent, there is motivation to change behaviour (Prochaska, Redding & Evers, 1997) and by understanding social constructs more fully,

people can be assisted to translate intent into action. More specifically, TTM supporters propose that if a specific type of health behaviour-change information is presented to a person and is targeted specifically against where they are in the decision-making process, then uptake of the behaviour is enhanced (Cardinal, 1997; Carron et al, 2003; Cox et al, 2003; Dishman, 1994; Buckworth & Dishman, 2002; McKenna & Riddoch, 2003; Marcus & Forsyth, 2003).

The TTM has been used both to describe and help individuals alter a wide variety of behaviours including cigarette smoking, problem drinking, irregular physical activity, low fruit and vegetable consumption, and poor stress management (Cox et al, 2003; Prochaska et al, 1992; Riemsma et al, 2002). As well, several studies have supported the applicability of the stages of change model within the exercise domain (Armstrong, Sallis, Hovell, & Hofstetter, 1993; Biddle & Mutrie, 2008; Booth et al, 1997; Cardinal, 1997; Cox et al, 2003; Marcus, Rossi, Selby, Niaura, & Abrams, 1992; Marcus & Forsyth, 2003). By using the stages identified in the TTM, researchers have been provided with the opportunity to match interventions to the different needs and cognitions of individuals in each of the stages, (Ashworth, 1997; Biddle & Mutrie, 2008; Dishman, 1994; Buckworth & Dishman, 2002; Sallis & Owen, 1999; Whitehead, 1997).

As a consequence of the TTM, health promoters have been encouraged to recruit and target specific groups at each stage of change. Interventions with physical activity include the physician-based PACE programme and Green Prescription programme; media-based interventions such as SPARC's 'Push-Play' and 'Get Active' campaigns; settings-based interventions such as stair-well prompts, daily physical activity in schools and workplace initiatives (Bauman, Bellew, Vita, Brown & Owen, 2002; Jones, Harris, Waller & Coggins, 2005); National Health Committee, 2000; SPARC, 2003). The Australian-based SWEAT Study (Sedentary Women Exercise Adherence Trial) conducted over 18 months in 2003, found that when previously sedentary women commenced an exercise trial based on the TTM, they moved through the stages and changed in three constructs: processes of change, self-efficacy and decisional balance (Cox et al, 2003).

Although many current physical activity interventions support the TTM paradigm, more recent research challenges the efficacy of the TTM. There is a suggestion that individualized stage-based exercise promotion interventions have not been well tested or critiqued (Culos-Reed 2003) and there is an increasing need to standardise the reliability and validity of measurement (Biddle & Mutrie, 2008; Dubbert, 2002). As well, they have not been proven to be successful in improving exercise levels over the long term and fail to include the moderating variables of gender, age and ethnicity (Adams & White, 2005; Cardinal, 1997; Carron et al, 2003; Leith & Taylor, 1992). Two recent reviews have concluded that individualized stage-based activity promotion interventions are of limited effectiveness in promoting long-term adherence to increased activity levels (Adams & White, 2005; Riemsma et al, 2002).

In a critical review of activity interventions based on the TTM, Adams & White (2005) reported that long-term effects of the TTM on exercise adherence are disappointing. Velicer et al, (1998) led the charge in criticizing the popularity of the TTM. They questioned the efficacy of stage-based interventions and commented that as the TTM only focuses on the influence of personal motivation on behaviour change, it fails to address other influences on behaviour such as socio-environmental factors. Supporting their review is evidence suggesting that other external and social factors such as age, gender and socio-economic position have significant influence on motivation to participate in physical activity and stage of activity change (Armstrong et al, 1993; Bull, Eyler, King & Brownson 2001; Booth et al, 1993; Chinn et al, 1999; Dishman, 1994; Leith & Taylor, 1992; Kearney et al, 1999; Potvin et al, 1997).

In their review of the TTM and its efficacy as a model of behaviour change, Adams & White (2005) identify key reasons why stage-based activity promotion interventions may be less effective than originally proposed:

- Exercise behaviour is more complex than a single behaviour such as cigarette smoking and the TTM was developed for single health behaviours.
- Exercise behaviour is influenced by numerous external factors not considered by the TTM.

- The TTM suggests that stage progression is a significant outcome, but this is not always associated with behaviour change.
- Stage-based interventions are highly complex and may require more than one level of development and evaluation.

Although in agreement that further exploration of the measurement of constructs needs to occur, Cox et al (2003) report from their SWEAT study that the idea of individuals changing their behaviour through a series of interdependent stages remains a useful strategy for considering behaviour change. They conclude by noting that the use of stage-based interventions was efficacious regardless of prescribed exercise intensity or location and of the constructs suggested to facilitate moving through the stages. Undoubtedly the TTM offers a dynamic approach to the understanding of physical activity and people's 'readiness' to change. Within the TTM, self-efficacy is the most consistently supported factor and as this has been shown to increase with each stage of change (Biddle & Mutrie, 2008) it should be given considerable attention when trying to influence behaviour change (Cox et al., 2003).

Influences and Determinants of Change: The Relevance to Exercise Settings

Since the World Health Organisation (1997) classified a lack of physical activity as a health risk, researchers have become increasingly interested in the question of what influences participation and non-participation. Physical activity and prescriptive exercise occurs in many forms that are usually planned to influence the behaviour and well-being of individuals, groups and/or populations (Grant, 2008). But changing physical activity behaviour can be difficult as it involves dealing with a combination of factors such as the inertia of habit, self-belief and social pressure (Csikszentmihalyi, 1997). Consequently, many health promotion agencies are increasingly interested in the factors or determinants influencing why some people partake in habitual activity and why others don't. As well, in a consumer culture, where body maintenance and appearance are endorsed as a desirable outcome (Grant, 2002), finding out what influences exercise choices becomes

anything but straight forward as the meanings and outcomes associated with participating in exercise can be confusing.

Determinants associated with exercise uptake and adherence are numerous and typically include demographic, biological, psychological, behavioural, programme and environmental characteristics (Biddle & Mutrie, 2008; Carron et al, 2003; Buckworth & Dishman, 2002; Marcus & Forsyth, 2003; Sallis, Kraft, & Linton, 2002; Sallis & Owen, 2003; Weinberg & Gould, 2003). Within each of these is a combination of real and perceived factors that influence people's motivations, attitudes and decisions to be involved in exercise or not throughout their life course. In a review of exercise determinants research, Sherwood & Jeffery (2000) suggested that physical activity determinants cover two broad categories: individual characteristics including motivations, self efficacy, exercise history, skills and other personal health behaviours; and environmental characteristics such as access, cost, time constraints and level of social and cultural support.

Knowledge of these key determinants of participation and non-participation may well assist Personal Trainers and other exercise consultants to select specific intervention strategies that will have the best impact on their clients. More importantly though, Personal Trainers working with new exercisers may benefit from the knowledge that a multitude of constraints and barriers have been reported as limiting or preventing people from becoming active on a regular basis. Perceived constraints, barriers and attitudes (affect) are important predictors of non-participation in exercise (Biddle & Mutrie, 2008; Sallis, 2000).

Drawing on exercise-behaviour research, Buckworth & Dishman (2002) and Lox, Martin & Petruzzello (2003), summarise the main perceived and genuine constraints and barriers for people not adopting physical activity as being:

- Lack of time
- Lack of social support or spousal support
- Lack of energy and willpower

- Programmes which are too intense
- Lack of enjoyment
- Low self-efficacy (lack of confidence in their ability to perform the exercise and to succeed)
- Physical limitations
- Lack of access to facilities or amenities such as parks, fitness facilities and safe cycle/ walking paths.

As well, the strength of each variable noted varies and depends on a number of other characteristics. For example, in a study investigating the factors of health status, social connectedness and satisfaction with local area exercise facilities (in Adelaide, Australia), MacDougall, Cooke, Owen and Bauman (1997) found that low uptake of physical activity was associated with age, education, general health and reduced mobility. Similarly, in a study of the barriers to physical activity for New Zealand Polynesian women, Kingi et al. (2005) concluded that partaking in positive health behaviours is just as much a cause of inadequate social structures and support as an individual's motivation. The main barriers in this case were lack of finance and social support from family for exercise which had the further effect of reducing individual self-efficacy (self-belief and confidence) to exercise.

In separate reviews of the determinants literature, King (2001) and Sherwood & Jeffery (2000) have also identified a number of other factors influencing physical activity uptake. Lower educational attainment and income, being overweight, being female, being a smoker and lacking past experience in physical activity or exercise (especially for older women) were found to be the main influences on people's decisions not to undertake more activity. King's review also identified key attitudinal, psychological and behavioural factors that influenced individuals to exercise. These included the desire to improve fitness and appearance in younger people, positive beliefs concerning the value of physical activity for improving health, having fewer perceived barriers to being physically active, and having the confidence to perform the situation-specific skills or tasks relating to the activity or exercise (self-efficacy).

Meanwhile constraints research in New Zealand by McLean & Teague, 2004, reported in *Obstacles to Action* offers considerable insight for exercise consultants. This research initiative from SPARC (2004) identifies barriers and constraints to participation by New Zealanders in physical activity and exercise. By researching those who 'succeed' in maintaining healthy exercise behaviours and comparing these to non-participators or physical activity 'drop-outs', the researchers are able to better target intervention. McLean & Teague (2004) concluded that those seemingly most active in society have managed to adopt specific 'how to' strategies, including effective goal-setting, adequate support networks and the development of a variety of physical and social activities to maintain motivation rather than rely on just one set programme or exercise structure.

In recognising the complexity of adopting an active lifestyle, the use of problem-solving and negotiation processes in supporting people to overcome barriers or constraints to exercise is endorsed by a number of authors (Biddle & Mutrie, 2008; Mannell & Atkinson; 2005; Sherwood & Jeffery, 2003). Greater emphasis is then placed on the mediating process variable of 'intention to participate', which may better determine the impact of constraints to participation and non-participation.

Although identifying and unraveling the determinants of exercise uptake and adherence is an important one, the limitations of determinants research also deserves recognition. (Buckworth, 2000; Buckworth & Dishman, 2002; King, 2001; Sherwood & Jeffery, 2000). Critique primarily centres around two areas. Firstly the focus of determinants research has mainly been on the 'maintenance' of exercise rather than the 'adoption' phase of exercise (Dishman, 1994). Secondly, because determinants are not isolated variables, they influence and are influenced by each other as they contribute to behavioural outcomes, so measuring true determinants may be a challenging task (King, Oman, Brassington, Bliwise & Haskell, 2003). However, further debate is needed to explore the relevance of theories and models taken from other negative health behaviours (e.g. smoking and alcohol over use) in understanding and predicting physical activity and exercise intentions. More specifically, Buckworth & Dishman (2002) question whether or

not one theory is any better than another. They also ponder what theoretical construct, such as attitude, perceived barriers, self-efficacy, or intention might be the 'best' predictor of behaviour. Another perspective suggests that by only focusing on initiation rather than maintenance of behaviour there is now a literature characterized by cross-sectional, short-term prospective designs that rely primarily on self-reported measures of behaviour (Armitage, 2005). And where there is reliance on self-reported behaviour, the quality of the collection and interpretation of the psychometric variables of behaviour is questionable (Cooper, 2003).

In the light of the considerable amount of determinants research available, and the well-established notion that exercise can be viewed as a behaviour that may be shaped through purposeful manipulation of its consequences, it appears appropriate that exercise leaders operating in fitness settings would (and should) be utilising evidenced behaviour-change strategies for supporting new member exercise adherence. However this doesn't appear to be the case. In research looking at exercise attendance and drop-out in fitness centres in the United States, United Kingdom and Italy, Annesi (2003) reports that few exercise facilities systematically use any evidence-based adherence promotion methods to sustain exercisers' efforts.

Personal Trainer's as Leaders and Facilitators of Health Behaviour Change

The profession of coaching has a long and distinguished history and according to Gavin (1996), a new twist on this old profession has found representation in a role now popularly known as 'Personal Trainer'. Individuals are often enticed to enter fitness settings via marketing strategies targeting short-term weight loss results (e.g. six and twelve-week weight loss challenges), and with time at a premium for many busy people, it isn't unreasonable that the services of Personal Trainers are on the increase. Many people now hire Personal Trainers for individualised coaching, specialist nutrition and exercise advice as well as emotional and motivational support, just as they would hire a lawyer, physiotherapist or counselor. Among the potential benefits of using a Personal Trainer are, according to McClaran (2003) (i) the implementation of an effective

personalised strategy for changing attitudes towards increasing a person's level of physical activity, and (ii) the adoption of problem-solving strategies to minimise the many constraints and barriers to physical activity.

Despite Personal Trainers having worked in New Zealand fitness settings since the early 1990's, how Personal Trainers perceive and play out their role as *motivators* and *supporters* of an active lifestyle is still unknown. Although this is an under-researched area, a decade ago, Gavin (1996), found that Personal Trainers construed their role as one that lay predominantly in changing the physical aspects of clients. More recently, it has been suggested that those who work with new exercisers (e.g. Personal Trainers) may play an important role in also fostering strong beliefs in exercise capabilities (Sherwood & Jeffery, 2003). This suggestion arises from the knowledge that on-going support from various sources is well recognized as answering the emotional needs of people attempting to modify a lifestyle behaviour (Carron et al, 2003; Courneya & McAuley, 1995; McClaren, 2003; Moe, Elliot, Goldberg et al, 2002; Weinberg & Gould, 2003).

Personal Trainers operate in exercise settings in a leadership role. But, in contrast with the proliferation of research in sport leadership such as team-coaching (Weinberg & Gould, 2003), surprisingly little has been written about the role and leadership style of the exercise consultant or exercise leader in specific fitness settings. The growth in the numbers of Personal Trainers is support for the motivational role of an exercise leader according to Biddle & Mutrie (2008) but there is virtually no evidence of their effectiveness in supporting and motivating clients into long-term exercise maintenance. Recognising that Personal Trainers are increasingly in demand in health clubs and community settings in many parts of the world, Biddle & Mutrie (2008) suggest that the application of leadership theory from sport to exercise is a starting point and is long overdue.

Evidence about exercise leadership and motivational climate, and the relationship of these to exercise adherence is vague. However, a lot more is now known about interviewing and counselling clients to promote behaviour change. Motivational interviewing, pioneered in 1991 by Miller and Rollnick (Biddle & Mutrie, 2008), has

become increasingly recognised as an effective counselling process to enhance client motivation. Incorporating problem-solving strategies is a known goal of motivational interviewing and this client-centered approach is recognised as helping clients to explore and resolve any ambivalence to change. Already utilised in public-health promotion and Green Prescription counselling (Pringle, 2008; Sparc, 2003), motivational interviewing is now increasingly encouraged in fitness settings, as interest grows in the level of effectiveness of exercise leaders in being able to counsel individuals and operate as effective agents of behaviour-change (Annesi, 2003; Biddle & Mutrie, 2008; Bray, Millen, Eidsness & Leuzinger 2005; IRHSA, 1999; McClaran, 2003; Fitness NZ, 2006). In order to execute effective motivational counseling, it is suggested that exercise consultants should have excellent communication and reflective listening skills as well as empathy for the people seeking help. Steps in a typical motivational interviewing process as outlined in Biddle & Mutrie (p.301) include:

1. Determining the client's physical activity history
2. Discussing the pro's and con's of increasing activity
3. Determining what kind of support they might need and who can provide it
4. Setting realistic, time-phased goals for increasing physical activity
5. Discussing relapse prevention strategies
6. Providing information on relevant local facilities such as walking paths, swimming pools etc.

Research indicates that individuals wanting to embark on a more active lifestyle have greater success when they can control the antecedent and consequent conditions that prompt and reinforce behaviour. (Dishman, 2000, 2001; Lox, Martin & Petruzzello, 2003; SPARC, 2004). Goal-setting, identifying and overcoming constraints and barriers, giving positive feedback, offering social support, building client self-efficacy and drawing up a decision-balance worksheet have thus become well documented intervention strategies for influencing exercise behaviours, (Bauman et al, 2002; Biddle & Mutrie, 2008; Dishman, 2000; Marcus, 1995; Healthy Societies, 1998; Weinberg & Gould, 2003). However, whether or not Personal Trainers use any of these strategies and how they influence client adoption and adherence to exercise remains largely unknown.

With trends of increasing sedentary behaviour permeating western society, it makes reasonable sense that the views, perceptions and effectiveness of Personal Trainers involved in client behaviour-change be considered.

Summary

The need to better understand those factors associated with physical (in)activity stems from knowing that many people who begin a programme of regular exercise, experience lapses in their commitment to the programme (Dishman, Washburn & Heath, 2004) and most fail to sustain their efforts for longer than six months (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002; Dishman, 2000, 2001). It is not surprising that there is an increasing call for those working in the front-line of physical activity promotion (e.g. health practitioners, community leaders, physical educators, exercise professionals) to be acquainted with behaviour modification theories, determinants and strategies for adopting and maintaining lifestyle activity (Annesi, 2003; Biddle & Mutrie, 2008; Carron, Hausenblas & Estabrooks, 2003; Fox & Harris 2003; Hershberger, Edwards & Rudisill, 2005; Marcus & Forsyth, 2003; King et al, 2001).

As time and access are the most commonly reported barriers to physical activity (Buckworth & Dishman, 2002; Dubbert, 2002; Sherwood & Jeffery, 2003; Weinberg & Gould, 2003), taking a lifestyle approach to physical activity is reported as a promising strategy for attracting sedentary individuals to exercise programmes. Having knowledge of strategies used by long-term adherers to physical activity as well as understanding the variables that influence non-participation and intention, policy-makers, and exercise leaders may more effectively identify the different interventions required to promote regular and sustainable exercise. This knowledge may be especially beneficial in the first three months when new exercisers are most at risk of dropping-out. As well, taking cues from leisure-constraints theory, Personal Trainers may be well placed to influence both short and longer-term exercise participation by implementing strategies which allow for the successful negotiation of exercise participation constraints (Little, 2002; Mannell & Atkinson, 2005).

Despite a wealth of information on health promotion, behaviour change and exercise adherence, there is an absence of information about how Personal Trainers impact on client exercise behaviour. The degree to which they draw on the exercise adherence and behaviour change literature in their practice needs consideration. This is ultimately a case of exploring what they do in their daily role and whether motivational approaches and behaviour-changing strategies are in their 'tool-box' when endeavouring to assist clients to change their exercise (and possibly, nutrition) behaviour.

This research considers the experiences of Personal Trainers and explores how they believe that they influence and impact client attitudes, motivations and daily habits towards a more physically active lifestyle.

Chapter 3 - The Research Approach

Defining the Research

With its roots in sociology and anthropology, qualitative research is informed by a desire to understand the fundamental nature of the social world as it is, (Sparkes, 1992). Located within the qualitative research genre is the interpretive perspective, one which recognizes and engages the 'how' and 'what' of the people studied (Denzin & Lincoln, 2003; McDonald, Kirk, Metzler, Nilges, Schempp & Wright, 2002). It therefore focuses on the participants' perspectives. By situating this study in the interpretive paradigm, the attitudes, motivations, values and beliefs of the Personal Trainers were explored through semi-structured interviews. As they told their story their subjective experiences emerged (Patton, 2002; Sparkes, 1992) providing the foundation for better understanding of the meanings and actions each derived from working as a Personal Trainer. Then, using the tenets of Grounded Theory as the research methodology and thus, constant-comparison of the data, themes emerged linking ways that offered insightful explanations about how their client exercise behaviours are influenced and changed. These themes formed the basis of the subsequent interpretation, findings and discussions.

The Rationale for Selecting Grounded Theory as the Research Approach

Although grounded theory is widely used as a methodological process in social science research (Byrne, 2001; Glaser & Strauss, 1967; Locke, 2001; Strauss & Corbin, 1998), it has received scant attention in the exploration of the field of sport and exercise. While Personal Training belongs to the wider field of sport and exercise, it is a relatively unknown entity on the behavioural research front. Thus the selection of grounded theory as the research approach for this study satisfied a number of justifications.

With grounded theory enabling both the 'how' and 'what' of social reality (Denzin & Lincoln, 2003) through processes of inductive analysis, (Bowen, 2006) it affords researchers the ability to understand the individual's perspective on the material under investigation. It is a methodology that has been used to generate theory in areas where

there is little already known (Goulding, 2002) as it allows data to be generated for the researcher from which any hidden assumptions, presumptions and meanings may then be uncovered (Denzin & Lincoln, 2003).

Grounded theory is rooted in the 1960's sociological work of Barney Glaser and Anhelm Strauss (Schram, 2006). Key analytical strategies unique to grounded theory methodology came from this original work as their ambition was to develop theory which emerged from data systematically obtained and analysed. They believed that theory and therefore, greater understanding of concepts was concealed in the data waiting to be 'discovered'. As Glaser stated – "It is about time that researchers study the problem that exists for the participants in the area, not what is supposed to exist, or what professionals say is important." (Glaser, 1998, p.116).

A key characteristic of grounded theory is the use of an emergent design (Bruce, 2007). This is defined by Cresswell (2005, p. 405) as a process whereby "the researcher collects data, analyses it immediately rather than waiting until all data are collected, and then bases the decision about what data to collect next on this analysis". Using inductive techniques such as coding, categorising and sorting, Glaser and Strauss developed the constant-comparative method which allows the interplay between both original and additional data. This constant-comparative technique inherent in grounded theory allows a systematic and inductive process of breaking down, sorting, categorizing and coding the data. The ultimate goal is the identification, refinement and integration of categories of information by which time the data eventually becomes 'saturated' and no further additional insights emerge (Weed, 2005). This specific approach to theory development is the difference between grounded theory and other qualitative methods.

The decision to undertake a grounded theory approach in this study derives from the desire to progressively identify and integrate 'categories of meaning' emerging from the data generated by the Personal Trainers involved in this study. My overall aim has been to develop, verify or generate any new or existing relationships, theories and understandings in the interpretation process (Bowen, 2006; Willig, 2001), especially

where it pertains to the phenomenon of Personal Trainers as possible 'agents of client-behaviour change'. In working towards this end, I also required a process which allowed for the continuous interplay between data collection and analysis, as well as the mutual construction of data between myself as the researcher and the participants (Charmaz, 2000). This led to the alignment of the research methodology to Charmaz's (2000) constructivist grounded theory approach.

Charmaz's constructivist approach recognizes the mutual creation of knowledge by the viewer and the viewed (Denzin & Lincoln, 2003). Charmaz (2000) argues that the techniques of coding and categorizing that are central to grounded theory methodology can be adapted to produce meanings and theory which are sensitive to the researcher being part of rather than separate from, the research phenomenon. Thus, categories emerging from the narratives of the Personal Trainers have not been pre-determined.

The primary research intent was to hear what the Trainers themselves had to say about 'how and why' they choose to do what they do. However, an important rationale for using grounded theory was to also utilise the research process to develop my own story in interpreting their experiences, ambitions and beliefs. Overall, grounded theory allows the inductive analysis of a substantive topic to discover a basic social process which has the potential to resolve some of the concerns of a particular group (Buckley & Waring, 2005). It can, therefore, assist with theory generation that is of direct interest and relevance for other practitioners in the related profession (Denzin & Lincoln, 2003). Within this context, it is hoped that other fitness industry personnel will be guided by the discussions that emerge from the study.

Potential Dilemmas with the Research Process

Being a novice qualitative researcher, numerous challenges arose on the interpretive horizon and hence, I valued the process of seeking and gaining ethics approval. This vital process allowed me as someone new to research to objectively go through and plan each phase of the research process and think through the potential conflicts posed by each phase of the study prior to undertaking the interviews and embarking on the 'real thing'!

Choosing semi-structured interviews for data-collection as well as grounded theory as the principle methodological approach, was due to a number of reasons, not least the need to reduce potential dilemmas arising from the research process, thus increasing the study's trustworthiness. The need to distance my personal experiences, values, expectations and assumptions from those of the Personal Trainer during the interview process and data interpretation was a dilemma recognised from the outset of the study, especially with my move from a role 'inside' the industry to a role as a novice-researcher 'outside' the industry. This change of role was always a recognised potential source of conflict. It has therefore been essential to remain neutral and ignore any pre-conceived ideas I held regarding the role of Personal Trainers, especially when it came to interpreting the narrative and writing up their stories. In doing this I concur with Sparkes (1992) that I, as the primary research 'tool', must allow meaning and truth relative to the participant's own subjective descriptions of their behaviour to emerge.

Despite the overall aim of the study being to offer readers as truthful an account as possible of the experiences of Personal Trainers, it has been suggested by Strauss & Corbin (1997) that, "whatever 'truth' exists lies at the intersection of multiple perspectives on a given phenomenon. 'Truth' then, is relative to perspective" (p. 133). So, although the selection of grounded theory as the primary methodological process allows the stories and narrative taken of participants to be retroductively informed by the behaviour-change literature, I am conscious of Sparkes' (1992) observations that, "what we are left with in interpretive research is a situation in which multiple interpretations are possible regarding the same group under study, each of which can be coherent in themselves. That is, there can be many 'truths' available" (p. 33).

It has been argued by Denzin and Lincoln (2003) that no single interpretive 'truth' can be found due to the multiple interpretive communities, each having their own criteria for evaluating and interpretation. This means that seeking a legitimate form of truth in this study has been an important goal, as the Grounded Theorist's analysis and subsequent interpretation informs a story about people, social processes and situations. Although interested in accuracy and authenticity, it seems "unlikely we will ever be able to produce

truly embodied accounts of people's experiences" (Denison, 2003 p.18). I have thus become conscious that one of the real dilemmas to confront me in the interpretive nature of this study, is - whose 'truth' and 'perspectives' am I seeking? Mine, the Trainer's or both? So in recounting the stories of the Personal Trainers, not only did I strive to understand my own experiences, but also, any potential sources of conflict in understanding my subject's portrayals of theirs (Denzin & Lincoln, 2003). How some of these potential sources of conflict were acknowledged during the research process are outlined below.

Allowing the Personal Trainers the time and space to tell their stories and communicate their experiences was fundamental to this study. This meant establishing a positive rapport with the participants in a relaxed interview environment. With my desire to learn more about how Personal Trainers perceive, experience and manage their work it was essential to allow other stories or phenomenon to emerge and be discussed. This meant not just focusing on the main behaviour-change perspectives under study. Labelled 'theoretical sensitivity' by Glaser (1978), this notion focuses the researcher on the area under investigation rather than on any pre-conceived notions about what they might discover when they enter a research site. Although my experience and knowledge of the personal training industry influenced my ability to understand, empathise with and interpret the personal trainer's 'world', it was also a source of potential conflict and bias in the research gathering and analysis process. The more interviews I gathered, the greater was the need to remove pre-conceived notions of what I might hear or be asked about.

As the researcher is the primary 'instrument' in interpretive research (Sparkes, 1992), a critical challenge for me as the interviewer was in 'changing hats'. Although my role as both the interviewer and researcher was to guide the participant into particular areas for discussion, the essential strategy was also to ensure that the 'environment' allowed them the freedom to tell their story. Each study participant was therefore met and interviewed in a location of their choice. Many chose to either be interviewed at their home or a relatively quiet area near their workplace such as a meeting room at a hotel, as they

recognised that their fitness workplaces were on the whole busy, noisy and potentially distracting.

Producing text which, as honestly as possible, allows the reader to be drawn into the life and experiences of the Personal Trainer through the narrative, can be, and perhaps always will be, a potential area of conflict and bias in interpretive research. Ensuring that the integrity and trustworthiness of the study was not compromised during the interpretation process (Bruce, 2007; Charmaz, 2003) meant following the processes defined in grounded theory methodology. Then, constructing a true and accurate picture that drew from, reassembled and rendered subjects lives (Charmaz, 2003; Cresswell, 2006; Denzin & Lincoln, 2003) whilst allowing me as the viewer, some of my own personal reflection (Denzin & Lincoln, 2003) followed. Although interpretation of the data is always going to be subjective, I concur with Sparkes (1992) when he says – "agreement or dis-agreement by the subjects of this interpretation need not necessarily reduce or enhance its credibility" (p. 30).

In seeking links between what the Personal Trainers state as 'reality' and those impressions of behaviour change that are current in existing literature, potential transparency as well as research dependability and trustworthiness must also be offered (Bruce, 2007; Freeman et al., 2007). As grounded theory requires a number of processing strategies to occur over a period of time, it was essential that the study participants knew that they would be required to give feedback on the accuracy of the transcription relating to their 'story'. Not only did this assist in the 'legitimation' (Denzin, 1997) and trustworthiness (Freeman et al., 2007) of the research, but it ensured that the participants were comfortable with the transcription and personal accounts of their realities and experiences which served as data for the ensuing analysis, coding and eventual interpretation.

The Research Process – Methods

Ethical Approval

Approval was granted for this study from the School of Education Ethics Committee at the University of Waikato (refer Appendix A). As stated earlier, the Ethics Approval process assisted in allowing me to prepare and quantify each phase of the research, so by the time that I was ready to meet with study participants and conduct the first round of interviews, I felt well prepared.

The ethics application procedure was based upon two primary principles of ethical conduct in research. These are:

- Principle 1: Respect for personal autonomy
- Principle 2: Avoiding harm to the participants.

To collect the participant's narrative, I used a dictaphone. Following the verbatim transcription of the audio-tapes, all tapes and subsequent transcripts were then kept in a secure, locked filing cabinet at my private residence. All participants signed consent forms and these were stored in the locked cabinet where they will remain for a minimum of six years, after which they can be destroyed, which is a requirement of the University of Waikato ethics policy. Participation in this research was entirely voluntary and each participant who signed up for involvement in the study was informed that their names would remain confidential and pseudonyms would be given to each in order to protect their identity and privacy.

Participant Selection

Study participants were self-employed Personal Trainers currently working within the New Zealand fitness industry, either within health clubs/ fitness centres, or running their own studio or mobile business, (refer Table 1 at end of chapter). Most were located in the Waikato and Auckland regions whilst one participant ran her business in Northland and one in Wellington. The participants all have had five or more years of working in the industry and are registered Personal Trainers with REPS (Registration of Exercise Professionals). Thus they meet the requirements for certification as a Level 1 Personal

Trainer. This level of certification requires Personal Trainers to have a number of clients, and business strategies in place as well as a minimum of one hundred hours working in the fitness industry as a Personal Trainer (REPS, 2007). Ten study participants were identified from the publicly accessed REPS register and/or health club web-site and invited to participate in the study, initially by a telephone call and then formally by a letter (refer Appendix B). This letter explained the research intent as well as giving an outline of the research process. The selection strategy was set to reflect the research objective – to obtain rich description about beliefs and personal experiences from Personal Trainers. With this research intent, those Personal Trainers who had less than five years experience and who were not readily accessible to the researcher were excluded from the study.

Although there is no set number of participants required for a qualitative enquiry, the purpose of grounded theory is to generate enough in-depth data so that patterns, concepts, categories, properties and dimensions of the phenomena being studied are illuminated (Auerbach & Silverstein, 2003; Glaser & Strauss, 1967). As the object is to eventually achieve 'theoretical saturation' which occurs when the relationships among categories are well established and validated (Charmaz, 2003; Strauss & Corbin, 1998), a purposive sample of ten Personal Trainers (four males and six females), were involved.

Targeted Personal Trainers were contacted via phone and email to ascertain their interest in participating in this study. Introducing the research intent as well as explaining the grounded theory approach served as the initial 'ice-breaker' during the initial contact. Those willing to participate were then sent a more formal letter outlining briefly the nature of the research, the methodology, the requirements of the participants including a request for informed consent which met the ethical standards required for research performed in association with the University of Waikato.

Talking to Personal Trainers: Semi-structured Interviews

Semi-structured interviews were chosen as the 'modus-operandi' in which to collect rich, descriptive data (narrative) of the participant's experiences, realities and perspectives (refer Appendix C). To enhance the eventual understanding of the role of the Personal

Trainer in their interactions and interfacing with clients, audio-taped semi-structured interviews emerged as the main data-generating process. As the interview was the communication process in which the respondent was relating and attaching meaning about his or her life (O'Brien Cousins, 2001), a semi-structured approach was chosen which allowed the Personal Trainers to shape the narrative. Each initial interview lasted between 60-90 minutes with a follow-up interview lasting 30-60 minutes. There was also email follow-up after the two interviews for some participants. My strategy as the interviewer was to ensure that the participant's were not only guided into areas of discussion about their daily roles, but were given the space which allowed them to evolve the interview direction and dynamics (within the boundaries of the study). Hence, whilst maintaining the integrity of the interview as a means of accurate data-generating, in reality, my intent and purpose was to 'move' the interview towards that of a friendly conversation.

Interview questions which functioned as 'triggers' were designed based on guidelines for semi-structured interviewing as outlined by Willig, (2001). As none of the study participants had been involved in audio-taped research interviews prior to the study, it was essential that the nature of the questions served to encourage each participant to start talking about their daily experiences. Types of questions included - *What attracted you to the Personal Training profession?*, as well as, *How would you describe the role of a Personal Trainer.* These were successful in assisting them to relax and ease into the interview process.

Accessing an 'insider's view' (Sparkes, 1992), of the practice of personal training has been the study intent, so prompting questions were designed in order to move them into talking about how they make sense of their 'world'. *Why do you think people seek out the assistance of a Personal Trainer? Has this changed over your time as a Personal Trainer, and if so, how?*

Introducing the phenomenon of client-behaviour was achieved through asking the following questions of the participants - *How does a Personal Trainer work with her/his*

clients in the first instance?; How do you know you've been effective in helping someone change their behaviour?; Are there specific strategies you utilise to assist new clients to take on board the habits you would like them to acquire?

As client behaviour-change was the main phenomenon under study, more in-depth questions specific to this area were designed to follow on from the introductory ones outlined above. Questions such as - *What are the challenges when trying to help individuals modify their behaviour? How do you keep 'up to date' with the research about exercise behaviour?* were introduced to encourage the participant's to explore their feelings, beliefs and attitudes in more depth.

Although maintaining continuity of the interview was an essential strategy, it was decided to make the first group of interviews go for around one hour, in order that the participants were not disrupted too much with their client sessions. Moving the participant's back to more general areas of thought was the intent of the next group of questions. It was thought that this would encourage them to both explore their views on the personal training industry as a whole, as well as serve to move them towards tailing-off the interview. *Why do you think the number of Personal Trainers is growing? What advice would you give to new Personal Trainers in the area of managing client-behaviour change? What developments would you like to see happen with Personal Trainers on the whole?*

Interview closure only occurred when the participant felt that they had exhausted most of their thoughts and recollections with regard to their beliefs and experiences of being a Personal Trainer.

Data Management: Transcribing the Stories of the Personal Trainer's

Grounded theory methodology specifies an analytic approach to interpreting the data rather than data-collection methods (Denzin & Lincoln, 2003) so obtaining narrative and transcribing it *verbatim* has been an essential and vital component of this study. As the over-riding aim of the study was exploratory in nature, accurate transcription of the raw

material, albeit time-consuming, has been a critical process to work through. Detailed verbatim transcription is required for grounded theory analysis (Willig, 2001), hence my role as the transcriber has been to put an interpretation of the spoken word into printed form in as true a state as possible. Legitimating the transcript (Byrne, 2001) occurred when each participant had been sent the transcribed narrative and either approved or edited it. Only one participant added some comments to one of the questions. All others approved their transcript. Once the transcripts were approved, each was photocopied and filed with the tapes for safety purposes (i.e. in case of loss of the original transcripts).

In line with the inductive rationale of grounded theory methodology (Bowen, 2006), the data were then interpreted, analysed and coded. Coding the data into categories allowed a number of statements, events and actions to be highlighted and linked therefore creating some logic in managing the data and distinguishing any relationships between categories. When no more categories emerged the data became saturated. Once saturated, the categories that emerged then formed the basis for the interpretation and presentation of five general themes, each of which is presented in the following chapter on the study findings.

Summary

My role as a researcher in this study allowed me to develop a two-way connection and 'bridge' between the language of social science and the 'ordinary' language of the Personal Trainers. Knowledge is constructed in many forms and my belief is that the Personal Trainers themselves are a legitimate source of knowledge in health-promoting behaviour change. Little is really known about the role, responsibilities, perceptions and meanings of the Personal Trainer 'on the job'. To date the sociological literature has not explicitly addressed the experiences of Personal Trainers within the New Zealand fitness industry. However, this study shows that they can provide us with a richness of information relating to their field.

By grounding the study in the individual perspective of each personal trainer, and using grounded theory as the principle methodological approach, the nature of the research

process became the strength of the study. The Grounded Theorist's analysis tells a story about people, social processes and situations (Denzin & Lincoln, 2003). That being shared then becomes most informative when the text itself invites the reader into a vicarious experience of the lives being described in a way that heightens an awareness and sensitivity to the kinds of events, characters, and social circumstances that circumscribe those lives. Like all telling however, "moving into unknown space can be frightening, but it can also be exhilarating" (Sparkes, 2002, p. 234). Crotty (1998) also states, "Social scientists have the task of entering and grasping the frames of meaning involved in the production of social life by lay actors" (p. 56). In entering their world and examining the ways that the subjects perceive, create and interpret their experiences, it is my intent that the study findings will add value to Personal Trainer education in the New Zealand fitness industry. Conveying the richness of understanding (Willig & Stainton, 2008) on paper from the various 'voices' of the study participants (as well as my own) is undoubtedly challenging, but it is also the highlight and focal point of the study. The findings follow in chapter five.

Table 1: Outline of Study Participants:

NAME (Pseudonym)	QUALIFICATIONS	CAREER LENGTH/ BUSINESS LOCATION	AVGE No OF CLIENTS / WK	AVGE INCOME/ ANNUM
Keri	PE Degree/ MA/ Reg. Teacher	5 years; Mobile PT in rural community	20 - 25	$60-80K
Shana	PT Certificate (AUT)	11 years; City health club	25 - 30	$50-60K
Barry	Reg. Naturopath	15 years; Private Studio - city	15 - 25	N/A
Roberta	PE Degree	13 years; Specialist rehabilitation clinic with other health providers	25 - 30	$60K+
Jimmy	Sports Degree/ PT Certificate	15 years; City health club	25 - 30	N/A
Calvin	Sports Degree	14 years; City health club	20 - 30	N/A
Greg	PT Certificate	15 years; City health club & local colleges	25 - 30	$70K+
Sammie	Sports Degree/ Reg. Teacher	11 years; Health club but mainly home clients; Sports testing laboratory	20 - 25	$50K+
Misha	PE Diploma	13 years; Community classes (local halls); Corporate workplaces	20 + corporate presentations & community classes	$50K+
Barb	PT Certificate	13 years; Suburban health club & home based clients	15 - 20	$40K+

Chapter 4 - Being a Personal Trainer

An important part of any qualitative research project is to ensure that which is reported is "believable, accurate and right" (Cresswell, 1998, p. 193). Therefore, as the researcher, it is my responsibility to capture the 'reality' of being a Personal Trainer. This means systematically attending to the experiences and meanings from the standpoint of the participants. Hence, this chapter provides a synthesis of the experiences of being a Personal Trainer. To ensure the participants' (identified by a pseudonym) voices are heard, verbatim quotes are incorporated to help elucidate their 'real' experiences and explain some of the why and how of the way they went about their work.

The findings are presented in five themes that were identified from analysis of the interview transcripts. These are summarized in Table 2. The first theme *'Walk the Talk'* provides a brief background to what influenced the participants to become a Personal Trainer. Themes Two to Four capture and conceptualize the essence of this study. Theme Two considers some of the challenges of *Locking Them In*, exploring ways of getting new clients to take their intentions seriously. Once the clients had embarked on an exercise programme it became imperative for the Trainers to keep motivating their clients so they would *Maintain Enthusiasm* (Theme Three) for making physical activity a regular part of their schedule. In Theme Four, *From Personal Trainer to Life Coach* the participants explain how their role took on varying dimensions once their clients stayed with them long-term. In the final theme, *Thoughts for Tomorrow's Trainers*, the participants share their views on the issues that those entering the profession might want to take into consideration.

Table 2: Themes and Constituent Content

Themes	Constituent Content
'Walk the Talk'	Formative years, shaping lifestyle beliefs and values; using the body as representation of 'self'; role-modeling lifestyle behaviours to attract clients
Locking Them In	Chasing client results in the short-term; seeking credibility and authenticity as Trainers; strategies for economic survival; 'prescribing' for early change; emphasising nutritional change and accountability
Maintaining Enthusiasm for	Facilitating and communicating new habits and behaviours

Change	in clients; encouraging client enthusiasm for change; developing motivational approaches for instilling long-term positive lifestyle behaviours
From Personal Trainer to Life Coach	Problem-solving in the 'game of life'; counseling clients; becoming partners in the 'journey' towards new lifestyle behaviours
Tomorrow's Trainers	Challenges for future trainers; matching skill-set to societal issues and trends; maintaining credibility; enhancing public perceptions of personal training

'Walk the Talk'

A defining characteristic that eventually led to all participants in this study becoming a Personal Trainer was an active background in sport and exercise. In fact, several participants indicated how their identity was closely linked to playing sport, albeit not at the elite level. Participating in sport had "always played an important role in my life" (Misha) and most just "loved being fit and training hard." (Jimmy) There was a initial belief that through Personal Training they could help others enjoy similar experiences. However, not all relied solely on their sporting backgrounds to justify their choice of career. In the case of Misha, she worked as gym instructor, taking on a range of roles, before deciding to become a Personal Trainer. Intrigued with the way physical activity elevated the spiritual and mental aspects of his life, Barry trained first in Naturopathy then went on to gain experience in the gym industry as a 'floor' instructor and group-fitness instructor. Having "worked through this whole journey *(attaining his own levels of fitness and health)* and becoming his own student" Barry felt this enabled him to pursue personal training as his chosen career.

In contrast to the other participants, Sharna decided to become a Personal Trainer for quite different reasons. Although she enjoyed being physically active and playing sport, this was not always a relaxing experience. Whilst the other participants in the study described how they were comfortable in the various activity environments and more often than not reaped positive benefits from their involvement, this was not always the case for Sharna. For her, the decision to be a Personal Trainer derived from two key experiences. Firstly, although enjoying being physically active, she was confused, embarrassed and

uncomfortable with her physical and emotional self. Secondly, she had once employed the services of a Personal Trainer who fell well short of meeting her expectations.

> I would go into the gym and play around with the weights and feeling like a complete idiot I'd try to look like I knew what I was doing. After I had my son, I enlisted the services of a Personal Trainer. He was really good but he didn't listen to what my goals were. I felt he didn't understand me. I can help them *(clients)* based on my own personal experiences.

The many dimensions of fitness and health were of significant interest to the participants and valued for how they could contribute to people's wellbeing. They were convinced that being physically active on a regular basis was making an investment in the body, their health and well-being. Being physically active also provided a way for people to express themselves. In a sense, the participants described how their physical activity experiences in the past had contributed to an almost evangelical belief in the benefits of physical fitness. Although their previous experiences differed, these provided the foundation for and helped shape the ideologies and set of values that the Personal Trainers adopted in their work. The comment by Greg who wanted others to experience the success he himself had enjoyed, echoed the thoughts of others:

> When I was younger I really enjoyed health. I was a bit overweight, so I wanted to lose weight and as I lost weight, I thought 'wow', this is great – you lose weight, you feel better and then I wanted to portray that to other people.

All participants were adamant that they wanted to help others to discover the pleasure that physical activity could provide. Given that the process of bodily transformation requires hard work, it seems paradoxical that use of the term 'role modeling' was synonymous with working in the fitness industry. These Personal Trainers knew that in order to be accepted by the public you had to be credible as a professional as well as be able to 'walk the talk'. They were conscious that potential clients would be looking for someone who not only looked healthy and 'in good shape' but also displayed a persona that exuded a warmth, empathy and genuineness about wanting to help, to make a difference. Jimmy expressed the views of most when stating. "It's the whole aspect of

being their role-model. Walking your talk, being positive". He was adamant that if Personal Trainers want to attract new clients, they needed to "look like a professional. You need to look the part, walk the talk, exert positive motivation."

Clients are sought from and 'chose you' for a variety of reasons. Working as a Personal Trainer in a small rural community meant Keri had to be willing to sometimes travel long distances to work with her clients. She described herself as a "mobile-trainer" and was responding to the needs of clients who chose her above other local Trainers. "People see me as a good role model for health and well-being. They see me as a positive person and I have helped people to change for the better". The other participants were also conscious about the importance of role modeling. For Roberta, this meant that a number of health professionals refer a steady stream of potential clients her way. As she explained, "What I hear from my clients is that they [health practitioners] like someone who 'walks the talk'. They want [their referrals] to be motivated by someone [Personal Trainer] who actually is out there a bit and healthy themselves."

Before becoming a Personal Trainer, few participants worked in a gym as an instructor. However, given the beliefs and values they formed about health and fitness over the years from their 'love' for being physically active, deciding on a career in the fitness industry seemed like a good choice. In Calvin's case, this was also enhanced by having been on an athletic sporting scholarship in the USA where he was also able to study sport science. On returning to New Zealand, he explained how this experience had given him the confidence to become a Personal Trainer, "I like all sports, any sports. I use my background through all sports with my clients." On the other hand, Keri who also professed a love of sports had been a respected physical education teacher in a small rural secondary school. She was well known to the parents for being able to motivate their children and teens to participate in athletics, one of her favourite sports. However, Keri was at a point in her life where she felt she was out of control. She was struggling to maintain her own fitness and wellbeing. Juggling teaching, overseeing an athletics academy as well as being a dedicated mother was just too demanding.

> After my third child I went back to work full time. I actually got frustrated as a teacher of physical education. Here I was, someone who should be modeling health and well-being, but couldn't fit my own exercise in. I knew from my up-bringing and prior to going back to work after my third child, that exercise was really important, so I thought, right, I have to change my career. I was also interested in Personal Training. (Keri)

The Personal Trainers in this study had learned over time that their energetic actions, healthy physique, positive attitude and beliefs about the benefits of being physical became their 'badge of authority'. They described themselves as being in good 'shape' and embodied the ethos of being fit, something they knew was important in attracting a new clientele and building a successful business as a Personal Trainer. Being seen as 'fit and healthy' helped validate them as worthy of marketing and selling fitness. It portrayed a professional image that helped to ensure those who sought their service held them in high regard. Attracting the interest of a client however, was just the start. The next phase was to work with the potential client so s/he would want to continue purchasing their service. This meant developing and applying strategies to 'lock the clients in'.

Locking Them In

The commercial nature of personal training meant that all of the Trainers had evolved strategies which they believed were most effective at getting new clients to voluntarily "lock themselves in" (Barry). Over-riding these strategies was the need to "deliver client results in the first instance" (Greg). In progressing their clients towards their desired results, the analysis showed that all Trainers placed emphasis on:

1) seeking to fully understand the intentions, motives and current lifestyle of their client in the initial consultation
2) initiating their progressive 'systems' of exercise and nutrition intervention, all of which they had designed themselves.
3) closely supervising their clients' adherence to new regimes and managing client motivation to persist with changes.

The Trainers were unanimous about their role with new clients – they did what they needed to do to "get results" (Roberta). Whether their clients wanted weight loss, muscle gain, rehabilitation, health changes or just motivation to exercise, the Trainers felt that they stood a better chance of retaining them into the long-term if they delivered results in the first few weeks. They were in the business of personal training and it was their ability to retain the client into the longer term that they focused on. In ensuring that their clients experienced some form of initial success and value for money, each Trainer had therefore developed their own strategies to sell fitness. Managing, mentoring and motivating client behaviour thus became the focus of these Trainers, especially as they acknowledged that today, many people had "very little time to squeeze in exercise during the day" (Greg). In coaching and coaxing their clients to new habits, the Trainers discovered that they could break habits of a lifetime in the first few weeks, but to succeed into the longer-term, they also had to find ways to re-shape their clients' beliefs, getting them to slowly, but surely, "learn to value exercise" (Keri).

The starting point for initiating client behaviour change was, for all participants, the first consultation. Each had designed their own ways of "finding out who they are *(new clients)* and what they want" (Jimmy). The consultation process for Barb was the first step in establishing trust and rapport ("the trust factor has to come into it"), traits she knew set the scene for locking her clients in - "what I say and how I say it makes a difference" (Barb). There was unanimous agreement that, when working with someone new to exercise, it was equally important to know about their current lifestyle as well as any past and present medical or physical conditions by way of a brief fitness assessment. As Barry explained, the first consultation was like "going fishing" because:

> You just start off with a conversation. And the conversation really is aligned around getting to know who they are, how they live their life, the way they think and just the way they behave. And you start looking at those patterns, because that's the starting point.

Learning as much as he could at the first consultation allowed Barry to then decide on the first "shift" he could potentially make with new clients. He says,

> When you first start off, you've got to make a 'shift' quickly – whether it's on a physical, mental or emotional level, because one of those keys will affect the other two anyway, but you have to decide okay, where am I going to get my biggest shift first? So you go for that. Once they have the shift, they've got their foot in the *(personal training)* game so to speak – they've got some momentum and they're enthusiastic about it. (Barry).

Following the consultation and "listening to where they *(clients)* want to be" (Barry), all of the Trainers agreed with Barry, that their role was to "put together a plan that makes sense to their clients." It was this plan that helped to consolidate client retention, as the general focus for all was "the more you see them, the better for results" (Jimmy). Each Trainer, using their various personal experiences in gaining sports and fitness results had devised their own structured short-term "systems of training to build a foundation" (Sammie). In formally designing and writing individualised exercise programmes, these Trainers could then take charge of what their clients did and when they did it. They all believed that written prescriptions were not only the starting point for intervening in current lifestyle behaviours, but were what clients expected. Echoing the views of most other Trainers, Greg noted "We always have a structured programme and we kind of map out what we're going to do for six months." It was clear that formalised strategies and close supervision were early approaches adopted by these participants to deliver effective and timely positive outcomes for their new clients seeking change. Like the other participants, Misha says:

> Designing and monitoring my client's training and nutrition plan is essential if they are to get results. I feel this is *so* (her emphasis) important but not to the point where it's obsessive or unrealistic. You have to keep it real.

Delivering clear, confident direction about what exercises to do and when to do them in the first instance was the norm for all study participants. And although this approach contrasts with community health promotion messages advocating generalised, ad-hoc 'snac-tivity' to *get people moving*, for the participants, taking a more formalised programming approach, not only expedited results but "minimised drop-out" (Barb) when

the risk for this was highest. It was therefore not uncommon that “in the early days you spent more time working on the physical because it’s an easier place to start and it’s a quicker place to get results,” (Barry).

However, it wasn’t only the exercise prescription that these Trainers concentrated on. In order to enhance positive outcomes for their clients, every Trainer knew that, whatever their client’s goals, exercise intervention was only part of the game. Nutrition was the other part. Guiding clients towards new nutritional habits rated highly as one of their main roles as they strove towards assisting clients towards the results they desired. Appreciating that as more and more clients wanted to “lose weight and tone-up” (Sammie), offering nutrition advice had emerged as an increasing feature of their personal training product. It wasn’t surprising then that all participants had strong views on the role of nutrition in their clients’ overall progress.

> Over the years I have learnt that for weight loss especially, you need to look at covering every aspect of what weight loss involves - making sure that they are committed to doing it and all the components of weight loss, such as looking at a nutrition programme and putting together a plan so that you know that they are eating correctly. Then you can monitor what they are eating. (Greg)

> Nutrition plays a major role in my clients’ progress towards meeting their health and fitness goals, no matter what those goals might be. It’s generally accepted that it’s impossible to out-train poor nutrition, and accordingly, my training philosophy involves encouraging clients to adopt healthy eating alternatives based on their existing food preferences. (Misha)

As Keri said;

> Food is seen as quite important in the household of my Maori and Pacific Island clients. It’s part of their culture to feed people vast amounts. We had to look at cutting out butter/cream/coconut milk and look at different ways of changing their diet because of their health and economic needs.

Exercise and nutrition prescription was the norm for all of the participants, however, they also knew that writing programmes did not guarantee client compliance. Their effectiveness as Trainers also relied on another strategy – getting clients to record their daily exercise and eating regimes in a diary. Recognising that if they were to facilitate clients' progress in a timely manner, then they (the Trainers) needed to know what was happening when the clients were on their own. Closely *monitoring* the progress of new clients mattered just as much as the in-depth interviewing process which provided a guide for structuring individualised programmes. Each participant was unanimous in their view that by asking their clients to self-report their patterns of activity and eating, they (Trainers) were better placed to check progress and keep the client "on track" (Greg). As Roberta says, "getting them to write down what they are doing on a daily basis is important to start with." For her this meant, "always asking questions, usually weekly within our sessions or by email/text or phone – always seeking accountability." Others agreed, especially when it came to food intake.

> Once a month we do a week of food diaries. They come in and they tell me what they've done 'wrong', and they've marked it themselves. From thereon in, for three weeks, they're actually pretty good again. They get back onto their whole pattern of what's happening and how it should happen. (Greg).

Getting her "overweight, Maori and Pacific Island clients to keep daily food diaries" was also a critical aspect of Keri's approach with them. Being Maori herself and growing up in the community where she practised as a Trainer, she realised the important cultural value that many of her clients placed on food and entertaining. But for Keri, getting her clients to change their culturally-valued habits was too great a challenge. To achieve this she enlisted the assistance of a qualified nutritionist who lived out of the region to write their nutritional programmes. Hence, Keri moved her role to that of intermediary and motivator. Keri acknowledged the success of getting this "visiting nutritionist on board who deals with low income families so we could set up a plan and budget which was put

on their fridge." The effectiveness of this service was greatly enhanced as it was specifically aligned to the cultural and socio-economic needs of her Maori and Pacifica clients and appreciated for its relevance and appropriateness.

Communicating positively and monitoring food and exercise progress on a daily and weekly basis was acknowledged by all participants as vital in the early stages of the Trainer-Client relationship. However, the need for this varied from client to client and by no means guaranteed compliance. Each Trainer knew that in spite of the most effective "structured systems of training and nutrition" (Sammie), they also needed to prevent relapse and attempt to instill some sort of "discipline and dedication for exercise" (Roberta). To achieve this, the Trainers also assumed another role - that of *motivator*. Each had discovered that in committing to careers which "help clients change their lives for the better" (Keri), the chance of losing clients (and income) meant that, for their personal training product to be sustainable, they had also to apply strategies to *maintain client enthusiasm for change.*

Maintaining Enthusiasm for Change

Many might assume that people who seek the support of a Personal Trainer are highly motivated to change their lifestyle and become a little more physically active. In this study however, the Trainers reported that this was not always the case. They reported there was a need to regularly and relentlessly motivate and enthuse many of their clients towards the agreed goal(s). This provided a considerable challenge for the participants because, as they explained, their knowledge of motivational strategies and how to apply these in varying situations was sparse. Relying on the traditional goal setting discourse with which they were familiar,, that is, to set a goal or goals, and work steadily towards achieving them, was not very satisfactory. The participants were mostly "unaware of any research about exercise behaviour change" (Misha) and hence, relied on their knowledge gleaned from years of experience through "trial and error" (Greg) on how best to motivate clients.

With regards to knowing how best to motivate their clients all participants indicated a desire to know more. Knowledge about such matters was considered essential in order to

be a *really good* Trainer. Jimmy explained that from the time he became a Personal Trainer he "was *shopping* around to know about the behavioural stuff. I've learnt through trial and error, and even now I'm still learning about how to motivate a person mentally." The participants also believed that it was the on-going motivational aspect of their role and helping their clients maintain enthusiasm for change that most differentiated them from gym and aerobic instructors. For example, Keri said that at first she was "writing programmes and dealing with the physical changes" whereas now, a few years on, she was "having to come up with different motivational strategies all the time." The same was also true for Calvin:

> It's changed, *(my role)*, because when people used to turn up I went from everything that I learnt at university and I would write this programme and say 'this is what we're going to do'. I almost put that aside now with my clients and I'm more of a motivator – I get into a person's head; I goal-set for them and I'm a counselor sometimes.

All Trainers were unanimous about the importance of two matters to deal with during the initial consultation. The first was to find out the client's real (and sometimes undisclosed) motive for seeking the services of a Trainer. For example, some clients sought out a Trainer for weight loss but in reality the real reason was a desire to "lose weight for their wedding in three months time" (Sharna). Knowing a client's real motive meant that the Trainer was able to be more purposeful in offering support and ensure the goals were both realistic and tangible. Being able to do this ensured a more specific focus for the programme and whatever was prescribed would be seen as being pertinent to an immediate need.

> I think you have to dig in and find what the motive is for them and keep working on it with them. At an initial consultation I encourage my clients to open up to me with their goals. Often I just ask them, 'if you could wake up tomorrow with your ideal body shape, how would you look?' This has been a great question to ask and brings out a lot of honesty with the client. I then follow up with a plan as to how we can work towards that goal. (Sharna)

The second question to deal with during the initial consultation process was to identify any barriers, real or perceived, as described by the client to being more physically active. As Roberta said, it was important to "find out about any barriers as fast as you can" because irrespective of what these are, they will most likely impede progress. But as Keri explained, it was important to know about more than the potential barriers, you need to also understand something about the person's life.

> First of all you need to find out from your client what their barriers are, what has stopped them from exercising or feeling good about themselves and slowly start looking at eliminating these. Little steps at a time – not too much of a big change to shock them or freak them out. Then you need to monitor their progress and have little checkpoints along the way.

These Trainers knew from their years of experience that the first few weeks were critical to ensuring medium term involvement in more physical activity. It was the new clients who were at the most risk of "dropping-out" (Barb). It was imperative that each Trainer wrote a plan for clients who entrusted them to help them embrace a more physically active lifestyle. Having a document seemed to provide some comfort, reassurance and helped keep the clients "on track with their goals" (Sharna). Although this ensured some continuity with a programme, the requirements and circumstances of each client required subtle variations. In addition to writing a programme, other motivational strategies were based around probing for underlying and often undisclosed motives to be more active; identification of barriers and ways for over-coming these; trying to use a leadership style that suited the clients personality; maintaining a flexible approach to programming – it was their programme; encouraging the adage that some activity was better than nothing; and offering support for the client within and outside the training session if warranted.

One key to initial success was deciding on a strategy suited to the client's needs and circumstances. This also helped to generate some enthusiasm for change and was essential for establishing what was hoped to be a long-term trainer-client relationship. In some cases this was effectively done through group training. Keri described how she used

a group strategy to assist some of her clients both economically as well as motivationally to work towards changing their lifestyle:

> My Pacific Island clients don't have much money so I have learnt to train them together. Not only is it cheaper for them to train in pairs but socially and motivationally it is good because they are helping and encouraging each other. When one is down and not motivated, the other one is saying – yes, let's go!

Recognizing that every one of his clients were pressured for time and lacked energy which affected their motivation to exercise, Barry gave them "a tool-box (of strategies) that they can go back to and they can keep using when they get stuck". This was considered to be just as important as the training itself during the initial weeks for it impacted positively on client retention and compliance. Once started on their programme, Barry would keep "bringing them back to what's working" and reminding them of their success to date even if this was in small measures.

Throughout their careers, all Trainers had worked with clients who were almost affronted by being asked to comply with exercise (and dietary practices). Because these were often fairly regimented and differed to current habits the challenge to change was more demanding than many clients had anticipated. It was no surprise therefore that the Trainers "heard all the excuses in the world" (Barb). This didn't phase them for they had learned when and how to exert authority over clients who lacked the desire to change.

All Trainers acquired an array of problem-solving skills to use when assisting clients negotiate work and family situations, motivation matters and lack of energy. When some of her clients offered a "lack of time excuses", Roberta says she simply described to them how her other "even busier clients" still manage to meet their daily and weekly exercise commitments. By "simply comparing other clients' even busier lifestyles against their own they then know that others are in the same boat but have ways of getting around it." This was an effective strategy that worked for some – no one wants to be seen as a

failure. There were, however stories told by all Trainers of clients who “simply dropped out for no apparent reason” (Sammie).

Using a direct, authoritative persona in the first few weeks became common practice in order to keep clients on target and have them appreciate the ‘self discipline’ required in order to make progress. For some unknown reason, every Trainer told numerous tales about how many of their clients who focused primarily on weight loss required more forceful approach than those wanting to just be more physically active. In Roberta’s case, she used what was described as “a boot-camp approach at times” if there was a need to “get tough on some clients.” Sharna described how she would engage in frank discussions with her clients and ask questions such as “how badly do you want it?” Greg believed he was initially “too soft” when starting our as a Trainer but now exerts authority by “being brutally honest” and “not beating around the bush when clients aren’t doing what they are supposed to be doing”. When working with his newer clients, particularly those intent on losing weight Jimmy would typically say something like:

> Well look, I can’t see that you can actually expect results if you aren’t going to put a little time into your exercise programme, so unless we can find a way that you can fit it into your day, then there is no way that I can see that you will drop some weight.

Also adopting an authoritative approach but always with an optimistic attitude, Misha acknowledged she had to take a tough stance with some new clients:

> I have a very honest and up-front approach with people. That comes from experience. If they aren’t prepared to put the hard work in, then I suggest to them that they shouldn’t waste their time or money. People often get a shock, but it does work, especially with obese clients.

From their personal experiences each Trainer knew that self-discipline was critical if their clients were to reap the rewards of their effort. Although not advocating the ‘get assertive’ as the only way, it was successful in the short term of getting and keeping some

clients on track towards achieving their goals. They were also conscious that their professional credibility was affected by the results achieved with their clients. They knew word of mouth is a great way to promote your ability but were also aware it can hinder business. Consequently, the Trainers were diligent about finding a motivation strategy in the initial weeks that 'worked' when some feeling of success was critical. All acknowledged that this sometimes meant exerting more authority and directness than preferred. But in order to be effective with such a strategy, the trainers had to also "listen to clients more" (Sammie) and always "provide regular, positive feedback on progress to keep them focused" (Misha).

Another successful motivational strategy employed by some Trainers was described as "enlisting client support" (Roberta). Although some thought that providing support for their clients beyond the training session wasn't warranted, others felt a need to take on this role. For Keri, her mobile personal training business covering a large area meant she wasn't able to see clients daily or weekly like some city-based Trainers. For her, enlisting other people to assist in supporting her clients' attempts to modify lifestyle was not only necessary but proved to be a very effective motivational strategy. When describing one of her corporate clients who struggled with weight control, she decided that the best approach was to:

> Get his wife on board. Then she (the wife) started looking at what was in their fridge and what he was eating when away on business. She (wife) now serves the meals, closely monitors his nutrition when he is away and is part of his support system.

Sharna was another advocate for enlisting external support for her clients. This was something that she knew expedited results for those clients working towards a body shaping or body building competition. By meeting with her clients' family members she "ensured that families understood the overall commitment, discipline and cost required for my client's specialised training and eating regimes".

So in helping to move clients toward their respective goals, the Trainers employed a variety of motivational approaches. However, along with the relationship, the strategies

changed after the initial fitness and/or weight management goals were in sight or surpassed. The Trainers spoke of having to "change tack" (Keri) as they worked to have the clients set more long-term goals. They no longer felt a need to be the 'task-masters' that they had previously been. In fact, they all described the emergence of a different type of rapport and relationship with longer-term clients, more informal but just as rewarding for both parties. Explaining this, Roberta says:

> How I get results now with my long-term clients is different. It is more by suggestion than any kind of dictation. The changes I have made over the years have probably been more around the interaction that I have with my longer-term clients.

It was not unusual for these Trainers to keep clients for months and years despite giving "them the tools to take responsibility for themselves for life" (Barry). And with the on-going 'one-on-one' nature of the relationship between client and trainer, it was understandable that over longer periods of time, the Trainers got to know more about their clients' habits, lifestyle, family, work and social circumstances. Each Trainer explained how they were increasingly sought after to offer advice and 'problem-solving' in areas of the client's life beyond just that of exercise and nutrition.

Ensuring success helped to elevate the professionalism of Trainers as well as earning the trust and respect of the clients. And with increased trust and respect, many clients were willing to talk about other aspects of their life and valued their Trainer's opinions on a variety of matters. The majority of participants thus felt that although starting out as someone to help with exercise and physical wellbeing, their role and relationship with many long-term clients had developed into something different. Some described this as being similar to what they knew about "counseling" (Barb) or doing the work of a "social-worker" (Greg). The Trainers relished this expanded role and described it as being their client's *Life Coach*. This meant that on any given day the Trainers could be working with a new client in an authoritative way one hour and then switching into a much broader strategy for the next hour. The key point was that each client was an individual who needed to be valued and offered an appropriate service.

From Personal Trainer to Life Coach

Whilst none of the Trainers specifically defined what a life-coach was, many *perceived* that they had inadvertently taken on this role with their long-term clients. When describing having a "deeper connection" with her clients, Roberta explained, "When I was younger *(new to PT)*, I didn't have the rapport with my clients that I do now – it's become sort of a 'life-coach' role I guess." Each Trainer acknowledged accommodating a more consultative and relational style with the clients who stayed with them for a year or more. Many believed they were now "mentors or life-coach mentors rather than just a physical coach," (Sammie) whilst Keri adopted a more "holistic approach" which meant she saw herself "helping people change their life, helping them to feel good about themselves and building their self-esteem."

When reflecting on their careers it was evident the Trainers had changed their approach in so many ways. Experience was one thing but being willing to adjust to the varying demands and requests meant they became successful in the professional practice. This job was about much more than prescribing exercise, especially with their long-term clients and the older ones. It seemed like coaching about life.

> I think initially when I started *(personal training)* it was all about just teaching exercise and ways to do exercise. But now I am more of an educator and motivator and as I am studying life coaching as well, I am helping people lift their self-esteem, helping out with emotional problems that can bring barriers to exercise, so I am sort of helping people more that way. (Sharna)

> They (clients) need someone at the end of their day when they're stressed or at the end of the week when they've had a guts-full of family life. You're their sounding board. You are basically a life-coach without having the training of a Life Coach. (Barb)

However, not all Trainers described themselves as a Life-Coach, despite this term referring to someone who assists clients in determining and achieving personal and life goals. Although renowned for taking a more spiritual and holistic approach in the practical side of his work as a Trainer, Barry's perception of his role with his long-term clients' differed from that of the other Trainers. He was adamant that he couldn't be described as a Life Coach. "I wouldn't describe myself as a 'Life Coach', because who's to say where their life is going to go. I'm just going to guide them, that's all." Greg was another who was not overly enthused by the term life coach and described a part of his work as a Personal Trainer in the following way:

> We're social workers and motivators through and through. For people it's as much emotional fitness and health as it is physical fitness and health. I do the same as a hairdresser does. People want to come and talk and they don't necessarily want an opinion, they just want you to listen and say 'yes' or 'no'. People are so busy, they have so much happening, they want to come and off-load mental crap so they can go home and relax with their partners or family later on.

But semantics aside and life-coach or not, what these Trainers discovered throughout their careers was that having regular exercise and eating well is a continual struggle for many people. Fitness and nutrition routines require a discipline and dedication to 'self' that provides a considerable challenge, especially as people resolve to take on new lifestyle habits. In becoming 'Trainers', all participants realised that over time, they had moved on from being 'just' the exercise and sports-programme writers that each had been formally trained in. To be successful they had to give just as much emphasis to the motivational aspect with their clients as the exercise and nutrition aspects. By experimenting with a variety of persuasive strategies, they had become a formative expert in shaping and re-shaping the majority of their clients' beliefs and habits about exercise and health. Many described themselves as having become an essential player in the "journey with their clients" (Barb) or as Jimmy said, "helping them to 'live their dream'." This required nurturing a caring and relational role, and one that was a distinct "point of

difference between being a gym instructor or a personal trainer" (Roberta). It did require some 'expert' knowledge.

All Trainers agreed that it takes time, energy and an enormous amount of "learning on the job" (Calvin) to become a successful Personal Trainer. Learning about and using strategies to keep clients returning, keep them motivated and feeling good has evolved over time. Each Trainer has her/his recipe for on-going success – both for the client and the Trainer, something that serves to strengthen their retention of and longevity with clients. The reward for doing this is gaining a reputation as a credible and successful Trainer. As each Trainer progressed through the 'school of hard knocks' they undertook their own emotional journey to becoming recognized in their field. In becoming a highly sought after Trainer over many years, Barry reflects that:

> You need to make yourself your own student. Because if you haven't walked the path and taken the journey yourself, then everything you're going to be teaching people is purely from a theory base and it's going to be very, very limited if you just follow a set of rules and a set of systems or programmes.

Being acknowledged by one's peers may be laudable but to maintain their status as 'good' Personal Trainers meant they had to keep 'up to date' with developments and implement effective programming and motivational strategies. Each Trainer was emphatic about "what worked for success and what didn't" (Sammie) when it came to retaining clients and ensuring they 'got results'. This was the measure of success and what mattered most in their professional lives. After all, being a Personal Trainer is a business dependent on clients returning and prospective clients deciding to choose their service over that of someone else. Like any professional practice, these Trainers explained how knowledge of what you are doing is paramount and credibility has to be earned. This is something that confronts any person entering the business.

Thoughts for Tomorrow's Trainers

The Trainers in this study explained how they had worked tirelessly and passionately to design and deliver a 'product' that ensured a high degree of consumer satisfaction. The

reasons for their success were attributed to knowledge gained ‘on the job’ and experimenting with ideas, rather than learning about ‘what to do’ in a more formal education setting. For those who still operated their business within health clubs or fitness centres they also took the opportunity to share ideas and observe others at work. This was particularly important when starting out on a career as a Trainer, even though there was no real mentoring or ‘apprenticeship’. There was a need to ‘hit the floor running’, the clients were paying and expected results. In some cases some of the participants believed that in some clubs and centres there was too much of a “churn and burn approach” (Roberta). This was something that has potential to “devalue the profession” (Misha) and could potentially damage the reputation of Personal Training as a credible and lasting profession.

Credibility was an oft-used word by the participants. They were fully aware that to be noted as a credible profession within the broader health sector, having the “public confidence in their expertise and profession was critical” (Calvin). This could, however, be thwarted if “younger people entering the industry saw it as a short-term occupation before moving on to something else” (Misha). Several Trainers felt that some health clubs lacked the personnel and support systems to mentor new Trainers into the role. This was especially the case for those entering the profession or who had changed from being in full-time employment such as gym floor instructors and now had a desire to be self-employed Trainers. There were two main concerns expressed about the inadequate training and management of new Trainers. The first was that the current situation implied that the industry as a whole placed little importance on professional development and second, it left those starting out as Personal Trainers with no guarantee of income whilst trying to establish a client base. Barb captured the views of others when saying this failure to take the needs of new personal Trainers seriously “wasn’t viable” if the profession was to develop in a coherent and systematic way.

The professional qualifications of these Trainers ranged from sport science degrees to teaching degrees to relevant fitness industry certification. Over the years they had all engaged in some form of professional development through courses and workshops.

Although undecided on the specific qualifications needed to be a Trainer, they voiced unanimous agreement on the traits, attributes and attitudes that new Trainers should have in order to survive into the long-term. The first thing Trainers of the future should have is plenty of "passion and enthusiasm" (Calvin) for the job. When working with clients they need to be seen to be "putting across a good impression of positive energy" (Greg) and to "be honest and have fun" (Sharna). It is important that they "become motivators" (Jimmy) and of course, "be great role-models" (Keri).

Throughout the years, these Trainers had learnt there was no demarcation between 'who' they were and 'what' they were selling. The attributes and attitudes mentioned above were inextricably linked in the promotion and production of 'fitness' to consumers. All remembered with some trepidation the apprehension they felt when commencing as Trainers. There was no doubt they all felt "under-qualified" (Barb) in most aspects of their work - recruitment, retention and motivation of clients. Relating to his experiences, Calvin advises:

> If you are going to be a Trainer you need to be what you are selling, because we are selling ourselves by the hour. I think a really big thing is that people in this industry see that you are enthusiastic, positive, friendly, smiley, happy and importantly, that you look the part.

Because of the obesity-related health crisis permeating society there was some thought that future Trainers would benefit from gaining "qualifications and competencies in readiness for this type of work" (Misha). This means they would be better placed to "integrate with medical professionals" (Misha). They all agreed on the need to be in tune with current health issues and the need to "up-skill, up-skill, up-skill" (Sammie). This was important for the individual as well as a way to increase "public confidence in their ability to do the job" (Misha). However, there was no agreement on the precise nature of the breadth of knowledge required for the job. For example, Jimmy felt that new Trainers should "broaden their training. The more a Trainer can learn about stuff *(pilates, yoga, vibration training)*, the greater their repertoire for use with clients." Identifying exercise and relaxation strategies that "connect the mind and body" was suggested by Barb, who

also thought that learning about "wellness and the mind-body connection is vital for new Trainers". Holding similar beliefs was Barry, emphasising that future Trainers might enjoy greater success if they "adopted a more holistic approach" with their clients.

Beyond the practice of working with clients, there was a suggestion that having some knowledge about managing and growing a business would be invaluable. The advice from all participants for those entering the profession was that running a personal training business was not something to learn by trial and error. Trainers should learn some "sound business skills" (Greg). As these Trainers found, being inefficient in this domain often led to being "financially stressed" (Roberta) and this ultimately distracted them from the real business of being a Personal Trainer.

> New Trainers need to know how to manage their budgets. They might get a big wad of cash and then it disappears. I think finances and budgets are key aspects for their business in the beginning, because this is what makes or breaks them. (Greg).

Knowing how their life lessons and experiences had been invaluable when assisting their clients embrace alternative lifestyle habits and routines, the participants agreed future Trainers needed, what they all deemed, as a wide array of "life skills" (Barb). There was a unanimous claim about the need to be "effective communicators with any type of person from any background … go work in a bar first!" (Sammie – laughing).

All of the Trainers appreciated that they had managed to forge their careers from often faltering starts with very little preparation for or insight about what lay ahead. Like Greg, they all believed that the ability to "change clients' behaviours and be an effective Personal Trainer comes down to the individual Trainer themselves and their life experiences." There was satisfaction in knowing that your knowledge and experience can make a difference to people's lives. Barry says:

> We *(Trainers)* obviously have done *(prescribed)* some exercise programmes in the past that have been focused on a short fix. Well now we can probably do more than that. Good Coaches, good Trainers, they

> pass on knowledge and experience. It tends to be a combination of both. … We can teach and encourage people to make changes that are going to last for a long time. Changes that, they *(clients)* can take with them forever.

Summary

In the un-ravelling and interpretation of participants' stories, it is evident there is more to being a Personal Trainer than just putting clients through their exercise routines. Over time, each participant built up a "tool-box" (Barry) of approaches and strategies that could be used to convey and reinforce specific fitness, nutrition, lifestyle and motivational messages to their clients.

To build their (now) self-generating client base, each participant sought credibility, something that started well before they commenced their career as a Trainer. Constructing this credibility began early on, as each shaped and attended to their own fitness, physique or sporting successes. Beliefs and values relating to matters about health and fitness were consolidated over time having been influenced by various experiences and accessing 'new' knowledge. This ensured these Trainers approached their respective fitness settings with a feeling of confidence with what they were doing. There was a comfort in knowing they were recognized as having some level of expertise in managing and motivating their clients take on healthful behaviours.

Passion, determination and enthusiasm for the job were attributes that each of these Trainers held dearly. When this was mixed with a plethora of programming strategies and motivational strategies, they discovered how best to work with clients to ensure retention and results. As the Trainers gained experience, they also began assisting their clients towards longer-term lifestyle and personal goals. They discovered this extended beyond health and fitness and required a considerable investment of emotional energy and time. Although having limited knowledge about what was described as being a 'life coach', fulfilling this rather ambiguous role was seen as a positive and critical aspect to their

work given that the client initiated it. After all, this was a business dependent on not only recruiting clients, but also retaining them.

Chapter 5 - Discussion

In recent years the number of health and fitness clubs has continued to expand and the mass marketing of fitness and exercise as being desirable for good health continues in its many forms (Frew & McGillivray, 2005). Paradoxically the promotion of fitness is happening at a time of increasing inactivity and obesity in the general population (Smith Maguire, 2008; WHO, 2005). As the participants in this project had discovered during their years of personal training, the pursuit of good health through physical activity by many of the population is a dynamic and evolving process. They realised that although many individuals aspire to achieve the physical and biological changes that exercise routines promise, there is much more to the adoption and adherence to these new lifestyle routines, than expressing a desire. Turning intentions into long-term 'action' requires what Smith Maguire (2008a) refers to as, a "field of negotiations" (p. 3) as people struggle to accommodate exercise routines within a plethora of competing and often conflicting demands on their time, energy and motivation. The majority of clients of the Personal Trainers in this study were no exception.

Knowing the desire that many people have to 'get fit' or to improve their state of physical wellbeing, health clubs with varying agendas have appeared on the urban landscape offering a multitude of programmes that will 'change one's body' and state of being. There is however, a realisation by those working in the fitness industry that meanings associated with 'exercise and fitness' have changed. Although history tells us that exercise and fitness regimes originally emerged from a need for governments to increase the fitness of military recruits (Bouchard, Shephard & Stephens, 1994), the focus today is on physical activity that is more closely aligned to good health and appearance than anything else. In response to demands from an appearance-driven but 'time-poor' sector of society, personal training is increasingly offered as a one-on-one service to health-club members. It is no surprise therefore, that with the two primary motives of 'health' and 'appearance-improvement' filling the minds of many fitness participants (Biddle & Mutrie, 2008), the growth of occupations such as Personal Training has continued on an upward trend (IDEA, 2000; REPS, 2008). The Trainers in this study all noted, however,

that this is a very competitive and attractive career and the clients are willing to 'shop around' until they find the Trainer best suited to them.

The views of participants in this study echoed a number of studies which explain that exercise is a complex behavioural process relying on a range of internal and external factors affecting people's level of motivation and commitment as they adopt, maintain, relapse from, and resume their exercise regimes (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002; McElroy, 2002; McKenna & Riddoch, 2003; Pringle, 2008; SPARC, 2003). According to Redding, (1995) the need for added motivation and self-discipline is one of the primary reasons why individuals hire Personal Trainers, and the findings in this study endorse such a claim. Although no attempt was made to qualify the correlates and determinants of behaviour against models of behaviour change, using an interpretive research approach allowed for a personal exploration of the way Trainers attempted to intervene in and modify their client's lifestyle.

During the interviews all participants explained a number of challenges when attempting to encourage their clients to change their exercise and nutrition behaviour. Nevertheless, they were optimistic the many so-called barriers were not insurmountable. In fact, through their almost evangelical belief in the merits of 'being fit and healthy', each Personal Trainer had devised their own set of common principles through which they attempted to influence and encourage people to overcome any *resistance* to exercise. They were adamant that this is what Trainers 'do' on a daily basis as part of their job. Over time they learned what 'ingredients' were essential to include in their behaviour-change 'recipe' and how to apply these strategies in a way that ensured client satisfaction. The Trainers knew that presenting themselves as confident and competent professionals, people who were recognised for their expertise, was crucial to their business success – their ability to attract and keep new clients.

The study participants worked as self-employed Trainers in different parts of New Zealand and despite working independently of each other, the findings confirm that they had all arrived at similar 'modus operandi' with their intervention practices. Although

they were not able to articulate any contemporary research relating to principles or theories of behaviour change outlined in the literature, (Annesi & Whitaker, 2008; Biddle & Mutrie, 2008; Bock, Marcus, Pinto & Forsyth, 2001), each had devised a variety of initiatives to try and increase client adherence and compliance to new fitness and dietary routines. Whilst their strategies were not entirely dissimilar to those recommended in the intervention literature, (e.g. identifying barriers to change; goal-setting; getting clients to keep diaries, facilitating support networks), in some areas, the study participants offered an alternative approach. For example, they all adopted a prescriptive, authoritative approach with their clients, something that clearly differed from the TTM conventions of counselling clients to choose their own exercise regimes. How they decided on their respective approaches was unclear, but it is possible they drew on their own ealier experiences with sport and physical activity. But Smith Maguire (2008b) has a different interpretation. She assumes that clients 'expect' Personal Trainers' to exert influence and authority. Why? Because, "when clients look to Personal Trainers' to act like drill-sergeants" (p. 220), they (clients), pass the responsibility for accomplishing the exercise on to the disciplinarian as, they have become "burdened with the obligation of self-management" (p. 220).

Using the methodology of grounded theory, specific areas that this study highlighted were:

- the study participants all considered it was important to represent themselves to prospective and current clients as confident, knowledgeable, enthusiastic leaders and role models.
- the study participants had independently developed similar support strategies both to elicit and to maintain their clients' progression towards intended goals.
- the study participants all considered there was a need for some aspects of their 'knowledge' to lie outside the conventional 'fitness' discourse.

Representation of Self – putting the 'personal' into personal training:

The way each Trainer positioned him/herself as a role model and knowledgeable, authoritative but enthusiastic communicator of a 'fit' lifestyle was a dimension that

contributed to the motivational climate of the personal training session. All of the Trainers considered that their status as a role-model, along with their ability to be perceived as 'walking the talk' enabled them to attract and retain clients. They also believed that their own enthusiasm for being fit and healthy had an important part to play in motivating their clients to contemplate changing their lifestyle. It is well known that people newly engaging in exercise programmes are more driven by extrinsic motives (e.g. losing weight and looking good), whereas long-term participants thrive on intrinsic motives (e.g. enjoyment and inherent value of exercise). It may well be that the Trainers believe, as Overdorf (2005) contends, "there is an image involved in this communication" (p.252). This representation of self may then contribute in part, to the extrinsic motivation of some clients, (Buckworth & Dishman, 2002; Overdorf, 2005; Roberts, 2001; Weinberg & Gould, 2003). Promoting and projecting an appropriate 'image' in order to influence and change their clients' perceptions also validates what Overdorf terms 'transformational leadership', that is, "if we want to influence others to embrace healthy lifestyles that include physical activity, we have to be healthy and fit ourselves" (p. 252). Smith Maguire (2008b) seems to agree. The cultivation of 'image' is important for the Trainer, she believes. By looking, sounding and acting like a fitness authority the Trainer "cultivates a client's trust" (p.220) thus, convincing the client to "delegate part of their self-managing to one who is more skilled" (p. 220).

Despite little research having been undertaken in understanding the type of motivational climate offered by exercise leaders in fitness settings (Biddle & Mutrie, 2008; Bray, Millen, Eidsness & Leuzinger, 2005; McElroy, 2002), it is suggested that relationships and interactions with others can have a strong impact on behaviour (Buckworth & Dishman, 2002; Biddle & Mutrie, 2008). Maintaining a positive motivational climate during and between each personal training session, was recognised by all Trainers as a contributing factor in not only getting clients started with new routines but also keeping them 'on-task.' Modulating their style of communication to suit the motivational state of individual clients during a personal training session was a skill that all had developed in order to enhance client motivation.

Communication is imperative to the ‘change vision’ according to Overdorf (2005) and by adopting a more authoritative communication style in the first instance, the Trainers ‘took control’ of their clients’ transition and ‘journey’ towards their goals. This ‘change’ was invariably achieved by exerting knowledgeable authority on the how, what and when of new exercise and nutrition behaviours. All related how relevant this style of communication was in assisting weight loss clients especially to stay ‘on-task’. Once a client progressively attained his or her initial goals (and assumingly greater barriers and task self-efficacy), the Trainers changed their style, adopting a more collegial and ‘life-coaching’ relationship with clients. In learning to vary their style of communication according to the emotional and motivational needs of their clients, the Trainers’ practice was in line with the views of many researchers. The social environment and the “importance of the exercise leader for continued support and motivation of physical activity” (Biddle & Mutrie, p. 148) may well evolve as a significant area of research in the future say a number of experts, (Biddle & Mutrie, 2008; Bray, Millen, Eidsness & Leuzinger, 2005; Marcus & Forsyth, 2003; Overdorf, 2005).

Lending Support

The behavioural determinant of ‘social support’ includes the dimensions of emotional, informational and material support (Biddle & Mutrie, 2008), but the exact nature and dimensions of this ‘support’ are seldom clarified for health promoters. However, the study participants did clarify the nature of this ‘support’ in a personal training context. Unbeknown to each other, they each developed similar methods for nurturing and guiding clients towards their intended goals. These methods are summarized and discussed below:

1. During the initial consultation they engaged in an in-depth exploration of the clients’ reasons (motives) for wanting to adopt a more active lifestyle, as well as identifying any barriers which might hinder client progress,
2. They developed a personalised, written prescription of exercise in the first instance, as well as undertaking nutritional consultation with clients (especially for weight loss clients)

3. The Trainers *'became'* their client's 'social support', except in some instances, where other means of support were established for weight loss clients.

1. Initial consultations – 'Cutting to the Chase' In order that an appropriate and targeted intervention plan could be designed, the study participants all 'cut to the chase' seeking physical and psychological sources of information which were deemed most relevant for encouraging adherence. The Trainers all held similar views on the content of the initial consultation, and although not dissimilar to the content that is recommended in the genre of fitness counselling, they mainly sought information which gave 'greater meaning' to their ability to assist the client towards their desired results in a realistic time frame.

The implementation of a brief physical assessment is standard practice in fitness counseling, allowing Trainers to obtain relevant baseline information from which to develop an exercise programme. All the participants found, however, that two primary categories of information sitting within a psychological context were of as much value to them as the fitness assessment. With their reputations for getting 'results' always on the line, each of these Trainers focused on exploring more deeply, client motives for participation, as well as seeking perceived or real barriers to progress. Obtaining this information allowed the Trainers to more readily influence client motivation and adherence within the first few weeks. Sourcing these two categories of psychological information though, contrasted with the broader consultation framework recommended in motivational interviewing, a method of consultation which these Trainers had little knowledge of. The ethos of motivational interviewing is that motivation for change should come from the client rather than be imposed on them by the counselor. Typically, dimensions for discussion in an initial consultation include a broad range of issues such as decisional balance (weighing up the pro's and con's of exercise); social support; goal negotiation and strategies for relapse prevention (Biddle & Mutrie, 2008; Mutrie & Woods, 2003). Although some dimensions of motivational interviewing were included by the participants in the initial consultation, they really only discussed what they, not the clients, felt mattered. By exploring information about motives and barriers, they believed

they were then better able to effectively reinforce client motives when motivational relapses occurred, and counsel on solutions when barriers were present.

Motivational interviewing is a style of counselling, which, it is contended, holds much promise for changing physical activity levels of individuals. Emerging from Trans-theoretical model research, (Biddle & Mutrie, 2008; Cardinal & Kosma, 2004; Hershberger, Edwards & Rudisill, 2005; Rollnick & Miller, 1995; Schofield, McLean & Croteau, 2006), it has offered a consultation framework to health specialists involved in assisting people to take on new healthy behaviours such as smoking cessation or physical activity uptake, (Costain & Croker, 2005; Elley, Kerse, Arroll et al, 2005). This style of counselling is promoted as being helpful for moving clients from a contemplation stage of readiness to a preparation and action stage (Marcus & Forsyth, 2003). It is also promoted to exercise consultants such as Personal Trainers (Biddle & Mutrie, 2008; Marcus & Forsyth, 2003).

According to the findings in this study, motivational interviewing may not entirely suit the needs of Trainers. They believed that people who hire the services of a Trainer are already in the 'action' stage of readiness, and have expectations that the Trainer will 'take control' to some extent during the first few weeks. In this regard, the client-centred counselling style which is intended to empower the client to take control over decisions regarding exercise participation may not entirely suit when a client is starting out. In order to increase a client's self-efficacy and confidence in overcoming barriers and ensure adherence in the first few weeks of training, the Trainers believed they had to 'take hold of the reins'. This often involved adopting an authoritative style , where they continually assisted clients to overcome obstacles, making decisions about the where, when and what of exercise and leading them down the path of 'least resistance'.

In this respect, motivational interviewing which encourages individuals to *adopt self-regulatory* behaviours to control addictions, may not be appropriate in the personal training context. But the information that is obtained in the initial consultation is of great importance. Ultimately the information that the Trainers elicited was what enabled them

to motivate their clients. In the tenets of Social Cognitive Theory, which describes human behaviour as being reciprocally determined by internal personal factors and the environment within which a person lives, they could then influence action through the development of 'self-belief' (Schwarzer, 2001).

2. Initiating New Exercise and Dietary Habits A number of commentaries (e.g. Weber, 2001), suggest that written exercise 'prescriptions' are of little worth to healthy populations as they undermine the appreciation of physical activity's inherent worth. Nevertheless, every one of these Trainers defied this suggestion 'prescribed' systems of training, setting goals and targets for their clients to achieve in the first few weeks. Not only did the study participants believe that this was an 'expected' part of their service provision to paying clients, but saw it as a necessary strategy for *initiating* regular habits of exercise.

Motivation for physical activity is known to be more robust if it involves greater choice and self-determination, rather than being controlled externally (Biddle & Mutrie, 2008). The study findings however, suggest that the Trainers did indeed try to take charge of the clients' exercise and nutrition decisions in the initial two or three months. This was contrary to an increasing trend in public health promotion towards self-regulated 'active living' initiatives, where exercise behaviours are encouraged but not strictly prescribed or monitored (Biddle & Mutrie, 2008; Dubbert, 2002; Elley, Kerse, Arroll et al, 2005; Pringle, 2008; Sparc, 2003; van Aalst & Daly, 2004). It must be noted however, that working with individually-tailored, goal-oriented prescriptions allowed the Trainers to generate momentum for behaviour change in the first instance and effectively monitor and review their clients' actions and progress.

Although the effectiveness of follow-up methods in public health interventions is still relatively unknown (Adams & White, 2005; Elley, Kerse, Arroll & Robinson, 2003; Pringle, 2008), the prescription of exercise training and nutrition routines is more evident. Through the development of a specific exercise and nutrition plan the Trainers believed that they took on the role of 'agents of change', giving shape to an appropriate course of

action for their clients. By setting and monitoring their individual client's patterns of exercise behaviour and by managing as closely as possible the cognitive and environmental conditions under which the exercise behaviour occurred, they were enabling their clients to do what Bandura, (2001) advocates as, taking "the first step towards doing something to affect behaviour" (p. 7). Once clients were under way with the plan, Trainers then set increasingly challenging daily and weekly goals, monitoring for any relapse-behaviour, sparking what Bandura terms, "strong interest and engrossment" (p.7) from clients in their activities.

The importance that each Trainer placed on structured exercise programming and nutritional accountability for their weight loss clients was also significant. And although Weber, (2001) argues that exercise 'prescription' per se in its clinical sense is diametrically opposed to its perception as a directive for exercise, the study participants all expected their weight loss clients to maintain an account of their eating as well as exercise routines. The Trainers all believed that asking their weight loss clients to keep a written record of eating and exercise fostered greater accountability in clients and allowed for the identification of relapses in schedules. They considered that this enhanced their ability to monitor progress and instigate problem-solving actions with required. The practice of getting their weight loss clients to routinely diary their nutritional intake for the first few weeks was compatible with the United States National Weight Control Registry findings (Hills & Byrne, 2006; Wing & Hill, 2001). It has been reported that over 80% of successful weight loss study participants were found to have kept a food and exercise diary for the first six months – not that the Trainers in this study were aware of such outcomes.

Through the initiation of their tailored systems of exercise training as well as their discussions with clients about nutrition, the study participants were essentially taking care of the 'here and now', setting daily and weekly activity and nutrition goals in an effort to galvanize their clients into action. This is a process that gives rise to "self-reactive influence through performance comparison with personal goals and standards" (Bandura, 2001, p.7). Prescribing 'what to do' with regards to exercise and nutrition was therefore

an important support strategy each Trainer implemented. It was important, because ultimately, the goal of each Trainer was to deliver a service which led clients towards what Bandura terms, "a valued future" (p.7). There was also another dimension to this; these Trainers felt when a client achieved his/her goal(s), their credibility was enhanced within the Personal Training profession and they were seen as being successful.

3. Support for 'Social Support' The dynamic of 'social support' is often defined in motivational terms as the social influence people exert on the physical activity patterns of others (Biddle & Mutrie, 2008; Sallis & Owen, 1999). With social support from significant others delivering strong positive associations with physical activity uptake and adherence (Dishman, 2001; Dishman, Washburn & Heath, 2004), it was somewhat surprising that only one of the study participants mentioned this as a specific strategy which was used to *maintain* client progress. Operating in an isolated community, it was Keri who set up a number of 'support' strategies for her clients. Specifically, she had group training for her lower socio-economic clients; spouse support for her male corporate client who traveled frequently; and support from a visiting nutritionist for her Maori and Pacific Island clients. Although her rationale for instigating these support initiatives was not entirely made clear during the interviews, there was some discussion around her concerns for her lower socio-economic clients who, she believed, needed on-going motivation and support to lose weight. Because she did not see them as regularly as other clients, she was very aware of the risk they posed in 'dropping-out'. Although not aware of the literature surrounding the use of support partner's in weight loss programmes, Keri's approach in extending and inviting support for her weight loss clients corresponds to the work of researchers in this area (Gorin, Phelan, Tate, Sherwood, Jeffery & Wing, 2005; Wing & Hill, 2001).

Social support can come from many sources including exercise leaders, (Marcus & Forsyth, 2003), and the study participants were no exception. Through the information gleaned from clients in the initial consultation, the development of exercise and nutrition plans to meet client needs, and a climate delivered to specifically engage the emotional and motivational needs of clients, it appears that, in influencing their clients towards the

adoption and maintenance of new habits, they had each learnt what it took to effectively become their clients' 'social support'.

The Knowledge Dilemma – bringing it all together

It is important to reiterate that for most of these study participants, commencing a career as a personal trainer meant that they were entering into 'uncharted territory'. All bar two, had commenced their career more than a decade ago when the profession was in its infancy. Although many held sufficient certification to give them adequate training in the technical and prescription aspects of their role, there was a body of knowledge that was missing. After commencing as Trainers, each realised that in order to successfully guide their clients towards their intended goals, they needed to engage in 'different ways of knowing' (Sparkes, 1992). It wasn't too long therefore, before they started to add the provision of advice on nutrition, lifestyle and psychological agendas to their product-mix. None of the study participants considered that these agendas fell outside their legitimate domain of "competence and influence" (Gavin, 1996 p.55). Drawing on their personal life-changing and sporting experiences as well as their 'learning on the job', each of these Trainers believed that they had the necessary skills, experience and attributes to be their clients' formative expert on a range of issues. It was also a salient opinion held by many that qualifications don't determine the personality of the Trainer and the quality of the service – dimensions which were acknowledged by all participants, as differentiating Trainers in an increasingly competitive market.

Another area they identified as lacking when they started out, was their business acumen. What they had learnt over many years was that their success as Trainers did not sit only within a fitness paradigm. To survive financially in the longer-term, they also needed to gain entrepreneurial skills. This included being able to promote and market their services, sell sessions to new clients and then develop strategies to retain them. Although many recognised that these areas are better addressed by the fitness-education industry now, most confirmed that client behaviour-change, business expertise and nutrition (along-side exercise programming knowledge), remain priority areas of knowledge for all Trainers. These areas of expertise were considered to be even more important if high standards of

personal training in the industry are to be maintained and Trainers are to be recognised as "credible professionals in the eyes both of consumers and other health professionals" (Smith Maguire, 2008 p.162).

An emerging dilemma in the personal training industry relates to Trainer perceptions of their role as nutrition advisors and the boundaries of their practice endorsed through the Registration of Exercise Professionals (REPS). The REPS level criteria recommend only a limited amount of nutritional guidance be given to clients, unless a Trainer has specialist nutrition qualifications, although this isn't clearly defined. Despite the REPS recommendations, the findings from this study clearly show that all of the Personal Trainers offered what they considered, quite in-depth nutritional counselling to clients, although none had specific 'qualifications' in nutrition. Most had derived their nutrition knowledge from industry workshops, short-courses, seminars, conferences and readings. There was a general endorsement of nutrition knowledge as a necessary attribute that Trainers must have, although none of them mentioned that they felt a need for new Trainers entering the industry to gain extra education and qualifications in nutrition. This is an area that the greater fitness industry might need to address in the future.

Summary:

In a systematic review of physical activity interventions aimed at individuals and groups, Kahn et. al. (2002) argued there is no one formula which has the greatest impact on individuals and whole populations. The Trainers in this study might argue, however, that they did indeed have a formula for success, both for their clients and ultimately for themselves. Coincidentally, they had all mapped out similar processes for delivering the 'how and what' of client 'support'. And although each participant did implement behaviour-changing strategies that reflected the intervention literature, to some degree, they had also developed alternative strategies based on their previous experiences and intuition. Through the implementation of appropriately tailored prescriptions of exercise, the enforcement of recording practices and the creation of the right motivational climate, each of these Trainers wholeheartedly and determinedly became their client's 'support vehicle', encouraging and in most cases, enabling new habits 'for life'.

Chapter 6 – Conclusion

Personal training as a career option has been on the increase for over a decade and there are many Trainers, like the ones in this study, who have achieved success in motivating and assisting individuals from all walks of life to take on new lifestyle practices. As the 'body' has increased its symbolic value (Frew & McGillivray, 2005), an increasing number of individuals have sought out these Trainers as knowledgeable resources for some form of inspiration and direction in attaining their own health or fitness goals. With an increased clientele (and often a waiting list of clients), every one of the study participants eventually discovered what it took to keep clients returning. In so doing, they were able to maintain a financially viable, professional, worthwhile personal training business.

In becoming a Personal Trainer, the participants in this study endured a rather steep learning curve in the early stages of their career. Each discovered over a period of time that their role was not just about assessing fitness and 'prescribing a programme'. Unbeknown to them at first, it was far more complex than anticipated. In assisting and supporting clients to pursue their individual goals over the years, the Trainers all describe how they developed a 'tool-box' of approaches and strategies. This included a variety of ways to convey messages about fitness to their clients and a range of both subtle and not-so-subtle messages that ensured their clients returned for more sessions. Rather than pursuing strategies and approaches suggested in the behaviour-change literature, their 'ways of knowing' have been fine-tuned as the job evolved. In essence they were dependent on seeking new and retaining their current clients in order to make a living.

Over time and with experience they all learnt to 'read the needs' and then 'sell themselves' to prospective clients. They were constantly pondering what approach would best assist each client to modify her/his lifestyle practices - primarily in the short term. In order to succeed with this, each constructed their 'image' as a Personal Trainer - an image which assisted them to market themselves as knowledgeable and authoritative role models. They also offered education and counseling on a variety of subjects, not just

physical activity and fitness. Their perception of and for, 'self' became a significant influence on their belief and ability to mediate and negotiate behaviour change in clients.

During their years as Personal Trainers, each of the participants were aware that many exercise textbooks portrayed 'fitness' as a means to an end, reduced health risks, improved appearance or both. What the textbooks failed to convey, however, was how difficult it is to translate their clients' *intention*-to-change into *actual* change. Irrespective of their experience and wealth of on-the-job knowledge, this remained a notable challenge. Each Trainer in this study had therefore, devised approaches which they believed better influenced their clients to take on new exercise and nutrition behaviours. In essence, they became 'agents of behaviour-change' because they developed an ability to deliver what mattered most to their clients – satisfactory results for their effort. This mattered because ultimately, their ability to market themselves as *credible* and *trustworthy* was what each relied on to sustain their business.

Oblivious to the abundance of research on behaviour-change (e.g., Biddle & Mutrie, 2008; Bock, Marcus, Pinto & Forsyth, 2001; Buckworth & Dishman, 2003; Dubbert, 2002; McElroy, 2002; Sullivan, Oakden, Young, Butcher & Lawson, 2003) as well as how the other participants went about their work, each participant adopted similar practices in attempting to intervene in the lifestyle behaviours of their clients. In some instances these intervention approaches confirmed existing recommendations, (e.g. seeking underlying motives to change; understanding barriers to progress; recording dietary intake; identifying relapse prevention strategies), whilst in other instances they differed, (prescribing individual exercise routines; manipulating the motivational climate; counselling on nutrition; becoming their client's primary source of support rather than relying on other sources). Of particular significance was the way in which each Trainer adopted leadership and counseling practices that placed them in greater control of their client's exercise and nutrition behaviours. This also helped to ensure the clients would achieve the desired outcomes in the first instance. This exertion of authority contrasted with recommendations arising from motivational interviewing research, prevalent in medical settings, whereby individuals are counseled into making their own decisions

regarding the self-regulation of new activity practices, (e.g. Biddle & Mutrie, 2008; Rollnick & Miller, 1995; Schofield, McLean & Croteau, 2006). The importance of their role as a nutritional counselor was also noted. Although having no formal qualifications in this subject area, they each acknowledged that this was becoming an important aspect of their service. Indeed it was a service they believed that most clients expected them to provide, especially their weight loss ones.

Prior to this study, seeking the views of Personal Trainers with regards to their work has been non-existent in the New Zealand fitness literature. Although this qualitative study using grounded theory only required a small sample of Personal Trainers and could be seen by some as a limitation, it was actually a strength of the research. Adopting this approach ensured all participants had a voice via the in-depth interviews. As the Trainers recounted their personal training 'journey', their stories provided rich data from which the grounded theory methodology allowed a number of distinct themes to emerge. Such an approach led us back to their world for a further look at the everyday life of that being explored, allowing a deeper reflection on the phenomenon under investigation (Charmaz, 2006). These were all very experienced Trainers and it is not known how representative their stories are compared with others in the business. Nevertheless, their views about personal training do represent an *insiders* point of view, albeit an experienced one, about the everyday work of a Personal Trainer. Although this research is not offered as a definitive truth about 'how to be' a successful Personal Trainer, the study does highlight that what occurs in different venues amongst different Trainers is very similar.

The findings in this study give credence to the Personal Trainer's ability to resolve and rationalise the notion of 'working out' as a good use of leisure time for their clients. According to Smith Maguire (2008a), Personal Trainers are the "perfect fitness field participants" (p. 184). They not only look the part but they have become ideal producers and consumers of fitness as they go about 'selling' their own lifestyle. In developing a successful career as a Personal Trainer, they also enhance the "social recognition of fitness as a legitimate field of expertise." (Smith Maguire, 2008a, p. 185).

With sedentary lifestyle escalating it seems that for many, exercise has lost its appeal and is no longer pleasurable. Although the inherent benefits of exercise are often what keeps many long-term exercisers adhering to an active lifestyle, an increasing number of the population struggle to feel 'at home' with any form of physical activity known to produce 'healthy' benefits. In this respect, advocating for a greater proportion of the population to engage in physical activity is beginning to feature more deliberately on various health promotion agendas. At present those at the front-line of health-promoting behaviour change are encouraged to put existing theory into practice. However, this study acknowledges that, for Personal Trainers at least, there may be areas in which existing theory fails them. According to Adams and White (2005), this is probably the case, for the physical activity promotion models and theories tend to ignore the structural and environmental influences on physical activity.

The perspectives of how these Trainers went about their business definitely had a 'before' and 'after' flavour. They altered their communication style, support regimes and motivational approaches as they firstly, *initiated* behaviour-change then secondly, assisted their clients into *maintenance mode* after initial client results were attained. Perhaps then, in the one-on-one personal training situation, there exist two prime phases of intervention and type of leadership which is best used to inspire 'change' – a short term prescriptive, more authoritative approach to facilitate adherence and compliance to new routines, followed by more empowering, collegial and less-prescriptive approaches to facilitate maintenance into the longer term. Through incorporating these two phases of intervention into their service, the Trainers in this study were able to foster their clients' skills, knowledge, problem-solving abilities and more importantly, their confidence to remain physically active. By teaching and coaxing their clients to persist at and return to their exercise in the first instance, they were attempting to bring to their clients, the experiential rewards and flow (Csikszentmihalyi, 1997) that they themselves had discovered through their personal exercise experiences many years ago. Then, through influencing client adherence and compliance, all participants were optimistic that they would (and could) eventually evoke an on-going internal motivation and self-discipline within their clients, enabling them to ultimately stay 'active for life'.

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Appendix A: Ethics Approval

THE UNIVERSITY OF WAIKATO
SCHOOL OF EDUCATION ETHICS COMMITTEE

APPLICATION FOR ETHICAL APPROVAL OF
SUPERVISED GRADUATE/ POSTGRADUATE RESEARCH PROJECT

Name of applicant:	Wendy Sweet
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Degree:	Masters SPLS (MSpLS)
Principle Supervisor:	Professor Bevan Grant
Department:	Sport and Leisure Studies
Paper Code:	SPLS 504
Title of Project:	Personal Trainers: Motivating and moderating client exercise behaviour.

Interest in topic:
I am involved in the New Zealand fitness industry in a number of capacities and have a particular interest in Personal Trainers. The numbers of Personal Trainers in New Zealand continues to increase (REPS, 2007). This suggests it is a sought-after profession and one recognized as having an important role to play in promoting good health through the adoption of a physically active lifestyle. However, with more people entering the profession there is a need for quality on-going education of Personal Trainers. But what should be the basis for this education? Currently there is plenty of anecdotal evidence about 'how to be' an effective Personal Trainer but no published research on the beliefs, knowledge and role of those working on the 'front line' of health promotion via exercise prescription. How do Personal Trainers go about their business of intervening in the exercise behaviour of their clients? In this study I will be exploring the world of Personal Training from those 'in the know' with an aim to better understand how they go about intervening, motivating and moderating change in the exercise behaviour of their clients.

Details of the Project

a) Objectives

Drawing on the interpretive paradigm, the primary objective of this study is to access an 'insiders view' of the practice of Personal Training, and explore how Personal Trainers believe they moderate and influence exercise behaviour of their clients. This will be addressed through the following three broad questions:

What are the day-to-day realities of being a personal Trainer?

What strategies and knowledge do Personal Trainer's draw on to support their clients adhering to a more stringent exercise routine?

How effective do they believe they are at assisting clients in modifying their lifestyle to adopt (long-term) a physically active lifestyle?

Although holding varying points-of-view about what Personal Trainers do and do not do, in this thesis I endeavour to put my personal viewpoints aside as best as possible and access an 'insiders' view of the practice of personal training.

b) Justification

With physical inactivity frequently referred to as a risk factor (WHO, 2001) and a concern about an increase in sedentary lifestyles (USCDC, 2001; SPARC, 2003), the intention to exercise and subsequent adherence is increasingly in the limelight. Although a number of determinants associated with exercise uptake and adherence have been identified (Annesi, 2004; Buckworth & Dishman, 2002; Dishman, 1994; Eyler, Brownson et al, 1999; Kahn, Ramsey et al, 2002), the tale with regards to what entices or deters people to adhere to exercise habits is far from complete. To date there has been no adherence research that considers the role of Personal Trainers as a form of intervention. This is surprising given they are considered agents of change and have become primary vehicles of client support, motivation and adherence, (Buckworth & Dishman, 2002; Marcus & Forsyth, 2003; Orleans, 2000; Raglin & Wallace, 2005; Wing & Jakocic, 2000; Wing & Jeffrey, 1999). Hence, it is worth knowing more about the way they 'apply their trade'.

Current data from Fitness NZ (2007) indicates that around 500,000 New Zealanders belong to over four hundred health club/fitness centre type organizations. Personal training is increasingly used as a 'retention tool' by over half of these fitness centres, (Fitness NZ, 2007). Consequently, paying for the 'expertise' and guidance of a Personal Trainer for a prescribed but personalised programme of exercise (and other lifestyle factors such as diet) has become a burgeoning variation within the industry. As the revised guidelines on physical activity and public health (American Heart Association, 2007) recommend, health professionals must use effective behavioural management and environmental change strategies to contribute to client adherence to exercise. It appears timely therefore, to examine the views and experiences of Personal Trainers and align these with current theories, concepts, ideas and controversies in exercise prescription and adherence.

In order to meet the research objective, I am aligning myself within the interpretive paradigm, and more specifically grounded theory. A paradigm according to Sparkes (1992) is a 'world view'. It is a person's general framework encompassing an umbrella of philosophical beliefs and assumptions that guide ones actions and thoughts. Recognising that the interpretive paradigm gives a particular insight into the nature of knowledge in the area being studied, I resonate with the close contact the researcher has with research participants (Freeman et al, 2007). Interpretivists consider truth to be a subjective concept created by each individual (Smith, 1983). The meanings derived from knowing what people think they are doing could be more important than knowing what they actually are doing (Charmaz, 2003). This means what exists in the social world is what people think exists – and in this case Personal Trainers. This perspective was endorsed by Wolcott

(1990) when stating, “I do not go about trying to discover a ready-made world; rather I seek to understand a social world we are continuously in the process of constructing” (p. 147).

c) Procedure for recruiting participants and obtaining informed consent
The participants will be Personal Trainers currently working in health clubs/ fitness centres within the Waikato and Auckland regions. Living within this vicinity allows me (the researcher), to travel more easily to meet with the participants. The participants’ will all have had three or more years of working in the industry. They must be registered Trainers with REPS (Registration of Exercise Professionals) and meet the requirements for certification as a Level 1 Personal Trainer. This certification requires Personal Trainers to have a number of clients, business strategies in place and a minimum of one hundred hours working in the fitness industry as a Personal Trainer (REPS, 2007).

Although there is no set number of participants required for a qualitative enquiry, the purpose of grounded theory is to generate enough in-depth data so that patterns, concepts, categories, properties and dimensions of the phenomena being studied are illuminated (Auerbach & Silverstein, 2003; Glaser & Strauss, 1967). The object is to eventually achieve ‘theoretical saturation’, which occurs when the relationships among categories are well established and validated (Charmaz, 2003; Strauss & Corbin, 1998).

For this study, a purposive sample of 16 (8 women and 8 men) Personal Trainers will be identified from the REPS register and invited to participate in the study, initially by a telephone call and then formally by a letter (see Appendix A). This letter explains the research intent as well as giving an outline of the research process. Should any Personal Trainer not wish to participate in the study then I will invite others until 16 participants have accepted the invitation.

Each participant will be required to sign a letter of consent prior to the first interview (see Appendix B).

d) Procedures in which research participants will be involved
The participants will be involved in a minimum of two semi-structured interviews each being approximately an hour in duration. This process serves two main purposes. The initial interview establishes rapport and allows the study participant to express their views and experiences as prompted by the researcher. A second interview acknowledges that the participant’s perceptions of events may have changed (temporal knowledge), (Byrne, 2001). As well, it allows the researcher to explore areas of interest that may require more in-depth discussion of events, thoughts and experiences (Byrne, 2001).

The format for each interview will follow a semi-structured approach with lead-in questions (see Appendix C) used to initiate and extend the dialogue. The questions serve as a guide towards exploring specific areas related to the topic and allow each Personal Trainer to tell about their experiences to in a non-judgmental, spontaneous and informal way. In the second interview, participants will also be invited to reflect on the previous interview and confirm, clarify or add to the original information. The participants will be

invited to engage in a third interview if further clarification of any previous information is required or the researcher considers the participant has more information to share.

e) Procedures for handling information and materials produced in the course of the research

Each interview will be conducted at a time and place that is most convenient to the participant and in a setting that ensures as little interruption as possible from external surroundings (e.g. phones, other people). All interviews will be audio-recorded and transcribed verbatim by the researcher and analysed by the researcher. The audiotapes and transcribed data generated as a result of this study will be stored securely in a locked filing cabinet at the researcher's home and archived in accordance with university policy.

A copy of the transcription will be returned to the participant for checking and approving. Once the final transcript is returned to the researcher, it will provide the basis for analysis in accordance with processes inherent to grounded theory methodology.

2. Ethical Issues

Interpretive researchers acknowledge it is impossible to remain neutral and be totally objective in doing research (Davidson & Tolich, 2003; Denzin & Lincoln, 2003; Schram, 2003). Two of the many reasons for this are; the researcher typically has an invested interest in the area of investigation and the considerable interaction between the research and those individuals involved in the study. In my situation it will be difficult to remain totally impartial and objective because I have spent many years working with Personal Trainers. Hence, it is important at the outset to acknowledge that as the researcher, I am the research instrument, conducting and analyzing the data and therefore, must take final responsibility for preparing the final report. However, I am conscious that it is my responsibility to ensure the representations in the text are consistent with the real Charmaz (2003).

Personal Training as a vocation is an emotional job and discussion involving Trainer's ideas, feelings, experiences and values will undoubtedly emerge before, during or after the interviews. As someone who has been (and still is) immersed in the fitness industry, I am conscious that there may be some disclosure about aspects of their professional work and/or issues related to their work place. As a researcher I need to be aware that any unforeseen disclosures will not be a part of the research, therefore, I have options to discontinue the interview and taping or allow the participant some time to re-orientate themselves back to the interview and phenomenon under discussion.

a) Access to participants

From the publicly available national Register of Exercise Professionals web-site (www.reps.org.nz), I will use purposive sampling to select the study participants. All participants will be working in the Waikato and Auckland regions. Once the participants have been identified from the web-site, I will follow the process to access them in person seeking their willingness to participate in this study, as outlined on page 3, 1 (c).

b) Informed Consent

Personal Trainers who volunteer to participate in the study will have the project explained to them in full, both verbally and in writing (via email). If they are still willing to participate, they will be asked to sign the Consent Form (attached) prior to the first interview.

c) Confidentiality

Participant confidentiality is vital and each participant will be made aware of the attention that will be taken to ensure that confidentiality is respected and adhered to. Transcripts will be coded so the participant cannot be identified. Where any verbatim quotes are used in the writing up process, a pseudonym will be used. Every effort will be made to ensure that the Personal Trainers involved in the study are not identifiable in the final thesis and in any subsequent publications and/or presentations related to the study.

d) Potential harm to participants

As the interview is about 'the self', the participant may feel uncomfortable or 'at risk' disclosing information that could be deemed quite personal by them. Therefore, as the interviewer, I must ensure that they feel as comfortable as possible during the interviews and are comfortable when sharing with me about their experiences. As well as being sensitive to their body language, facial expressions, tone of voice and manner, I need to look for signs of discomfort or potential stress and respond to them professionally.

Participants will be invited to read their transcripts to verify authenticity and accuracy of the researcher's transcription and interpretation and if necessary request changes be made.

e) Participants' right to decline

Personal Trainers will be invited but not coerced into becoming involved in this research project. Each participant will be made fully aware of their rights to withdraw from participating in the project prior to any interviews. If a participant chooses to withdraw from the study up until the end of April, 2008, their interview data will not be used in the data analysis unless they have given written permission. As well, they will be informed that they do not have to answer all questions and can request that any comments be excluded from the analysis and/or the written report.

f) Arrangements for participants to receive information

As described above, all study participants will be invited to read the transcribed interviews as well as the written reports to confirm, reject or amend my interpretation of the information. Each participant will also be able to contact me about any aspect of the research during the study.

g) Use of the information

The primary use of this research is for completion of my Masters thesis, however, excerpts and summaries from the final report may be used in fitness industry conferences and seminars, fitness industry magazines and academic articles. This is outlined in the consent form. If the material goes into a more public domain, the anonymity of all research participants will be ensured.

h) Conflicts of interest
There are no apparent conflicts of interest.

i) Other ethical concerns relevant to the research
None that I am aware of.

3. Legal issues

a) Copyright
The ownership of this research document will include all parties as per the University of Waikato guidelines. This includes the participants, myself, my supervisor as well as the University of Waikato. All of these parties will be acknowledged accordingly.

b) Ownership of data or materials produced
As per the University of Waikato guidelines, the study participants' will own the raw data and as the researcher, I will own the interpretation and findings.

c) Any other legal issue relevant to the research
None known.

4. Research Timetable

a) Proposed date of commencement of data collection
January/ February 2008

b) Expected date of completion of data collection
May, 2008

I agree

a) to ensure that the above-mentioned procedures concerning the ethical conduct of this project will be followed by all those involved in the collection and handling of data;

b) to submit for approval any amendments made to the research procedures outlined in this application which affect the ethical appraisal of the project.

Signature of applicant: ..... Date: .....

a) that this application has been developed with my supervision and has my support

b) I agree to support the student **to follow the above mentioned procedures concerning the ethical conduct of this project**

Signature of supervisor: ..... Date: .....

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Appendix B: Letter to Participants

1956 River Rd
R.D. 1
Hamilton
January 5th, 2008

Dear

I am writing to seek your interest in being a participant in a research study during the first few months in 2008. Professor Bevan Grant from the Department of Sport & Leisure Studies at the University of Waikato is my supervisor and will be overseeing the research project.

Currently there is no research with regards to the work of Personal Trainers, nor how they endeavour to impact on client behaviour. This has motivated me to undertake research on this topic for my Masters thesis at the University of Waikato. My study aims to explore and analyse experiences of Personal Trainer's as they support clients to adopt an active lifestyle. With this aim, the research process will involve me interviewing 16 experienced Personal Trainers in the Waikato/ Auckland regions. In order to help you decide whether or not you wish to be involved in the study here is a brief summary of the research process.

- At all times your involvement will remain confidential and you will not be named in any data analysis or any publication that may result from the research.

- You are required to sign a consent form before commencing the research process. This form outlines the ethical considerations and your rights as a participant.

- Participate in a minimum of two audio-taped interviews to be held at a place and time that is convenient to you. Each interview will last approximately one hour.

- During the interviews you will be asked questions about such things as why you chose Personal Training as a career; a description of your 'typical' day with clients; your views on the contribution of exercise to one's health and well-being; the challenges you experience when trying to help someone change their lifestyle; how you keep up-to-date with current practices and the strategies you use when assisting people to modify their lifestyle.

- Following each interview I will transcribe these and email you a copy to read, adapt and/or remove any parts that you believe warrant changing or deleting.

- At the completion of the analysis and subsequent write up of results I will send you a copy of the research findings for your comments on accuracy of interpretation.

I will phone or email you within the week to answer any queries that you may have as well as seek your involvement in the study. Should you accept, I'm sure that you will find it stimulating to talk about your role as a Personal Trainer. As well, I hope that what you share may have some influence on future practices in this profession. If you agree to participate we will discuss a possible date, time and place for the first interview.

Many thanks for considering being a part of my research on Personal Trainers.

Yours sincerely,

Appendix C: Interview Guide

Interview Guideline
Personal Trainers: Motivating and Moderating Client Exercise Behaviour

The interviews will be semi-structured and the following questions and related points provide a guide/prompt for the researcher to ensure key points about that being studied are not over-looked (Willig, 2001).

What attracted you to the Personal Training profession?

- Fashionable for people who like fitness
- Recognized and credible profession
- Ideas formed during tertiary study
- Opportunity to have own business
- Influenced through facility

How would you describe the role of a Personal Trainer?

- Ideal (yours) vs actual (facility) expectations
- Health promotion role vs exercise prescriptor role
- Met your original expectations (experiences and identity)
- Contrast with images clients/public may have of role
- Importance and perception of role to the health/fitness industry
- Differences in your role over time – influences on this?
- Qualities of a ‘good’ Personal Trainer

Why do you think people seek out the assistance of a Personal Trainer?

- Influences on their decision (personal goals vs facility sales strategies)
- Differences in expectations between trainer and client

- Sense of security by seeking advice from an ‘expert’

What is a Personal Trainer’s working schedule like?

- Typical day as a trainer
- Influences contributing to how you structure your day
- Differences between fitness instructors and trainers
- Screening possible clients

How does a Personal Trainer work with her/his clients in the first instance?

- ‘Prescription’ & instructional strategies vs motivational strategies
- Differences in strategies used between new and returning clients
- Changes in your strategies and knowledge over time – what have you learnt?
- Perception of the influence you have on your client’s health or exercise decisions.

How do you know you’ve been effective in helping someone change their behaviour?

- Markers or measures you utilise to monitor client behaviour change
- Differences in strategies used between new and returning clients
- Achievements and/or ‘missed’ opportunities
- Differences noted between ‘successful’ clients and ‘non-successful’ clients

What are the challenges when trying to help individual’s modify their behaviour?

- Common barriers and constraints clients’ face
- Trainers lacking ‘behavioural’ knowledge
- Differences strategies for male vs female clients
- Differences between age-groups

- Facility issues
- Expectations placed on Trainers to ‘make a difference’

How do you keep ‘up to date’ with the research about exercise behaviour?

- Experience (trial and error)
- Sources of information
- Initial training – courses in qualification
- Changes in any ‘typical’ determinants of behaviour over your time as a trainer
- Use of different strategies between age-groups, gender
- Workshops, conferences, reading

Why do you think the number of Personal Trainers is growing?

- Industry driven
- Public demand
- Glamour
- Economic influences

What developments would you like to see happen with Personal Trainers?

- In fitness industry settings
- In community settings
- Professional standards – training, registration