



Original Research

Personal trainers are confident in their ability to provide nutrition care: a cross-sectional investigation

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ABSTRACT

Objective: To measure the self-perceived competence of Australian personal trainers in providing nutrition care.

Study design: Cross-sectional online survey.

Methods: A validated survey was used to measure confidence in the ability to provide nutrition care among a snowball sample of 142 Australian-based personal trainers. The survey used 5-point Likert scale statements across four nutrition related constructs: knowledge; skills; communication and counselling; and attitudes. Scores for each construct were averaged and summed to provide a self-reported nutrition competence score as a percentage. Pearson Chi-squared analyses were used to identify associations between demographic variables and competence scores, and associations between construct scores.

Results: Personal trainers felt confident to provide nutrition care for all clients (mean score 76%; 'very confident'). Greater confidence in nutrition knowledge was seen in personal trainers with greater experience ($\chi^2 = 6.946$, $P = 0.008$) and education higher than a certificate IV ($\chi^2 = 5.079$, $P = 0.024$). Greater confidence in nutrition knowledge was also associated with greater confidence in nutrition skills ($\chi^2 = 49.67$, $P \leq 0.001$) and more favourable attitudes towards providing nutrition care ($\chi^2 = 4.73$, $P = 0.03$).

Conclusions: Personal trainers feel confident in their ability and show favourable attitudes towards providing nutrition care to clients. This workforce has the potential to support lifestyle modification for chronic disease prevention.

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Introduction

Chronic disease imposes a large burden on health worldwide.^{1,2} Poor dietary behaviours and physical inactivity influence the development of many chronic diseases and are

estimated to contribute to 10% of the global burden of disease.² The prevalence of poor dietary behaviours and physical inactivity is considerable in many countries. For example, the majority of adults in the USA, UK and Australia consume less fruit and vegetables than recommended.^{3–5} Furthermore, less

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than half of adults in the USA, UK and Australia meet the recommended levels of physical activity.^{4,6,7} Clearly, strategies that simultaneously facilitate adults to improve dietary behaviours and increase physical activity levels are important to prevent and manage chronic disease.⁸

Personal trainers are a large workforce of exercise professionals who provide guidance, instruction and motivation for individuals initiating or engaging in physical activity.^{9–11} As such, personal trainers have been identified as ideally placed to provide basic nutrition care to their clients in line with national dietary guidelines.^{9,12,11} In addition, individuals who are attempting to improve their physical activity behaviours are likely to seek advice on other health topics, including dietary behaviours.^{14,15} In this context, nutrition care refers to any practice conducted by a professional in an attempt to facilitate an individual to improve their dietary behaviours.¹⁶

A scope of practice which limits the provision of nutrition care by personal trainers has been recommended by the International Confederation of Registered Exercise Professionals.¹⁷ For example, in Australia the regulating body (Fitness Australia) has created a national scope of practice document for exercise professionals that states personal trainers may provide basic nutrition information in line with the national dietary guidelines.⁹ However, Australian and international research has shown that more than three quarters of personal trainers provide nutrition care beyond this recommended scope of practice.^{12,18,19} The provision of nutrition care beyond the recommended scope of practice has been identified as a major industry risk due to the potential for inappropriate or misleading nutrition advice to result in negative health outcomes for individuals.²⁰ A primary concern raised within, and externally to, the fitness industry is a perceived lack of competence in providing nutrition care, mostly due to inadequate education in nutrition.^{20–22} However, the competence of personal trainers to provide nutrition care has not been widely investigated.

Competence refers to the ability to perform a task and comprises specific knowledge, skills and attitudes that facilitate appropriate task performance.²³ Competency standards are predominantly used in health care to define the minimum quality standard for professional practice and to guide education and training.^{23,24} The direct measurement of competence is challenging. Significant time and resources would be required to observe or monitor the provision of nutrition care, and such study designs are likely to introduce bias. Alternative measurements of nutrition care outcomes could be investigated; though, in contexts such as personal training the outcomes of care are multifaceted.^{9,23,25,26} For example, nutrition care provided by personal trainers should facilitate clients to improve their dietary behaviours in a safe, evidence-based manner. However, the factors influencing dietary behaviour change over time and any improvements in diet quality may not be directly associated with nutrition care provided by a personal trainer. In these contexts, self-perceived competence refers to a subjective rating of personal ability that has been demonstrated to predict actual competence when the constructs under investigation are clearly defined.²⁵

Investigating the self-perceived competence of personal trainers may help to clarify the concerns previously raised of low competence in providing nutrition care. This

understanding will also help to identify areas in which personal trainers require further education or support for competent care. Therefore, the aim of this study was to explore the self-perceived competence of Australian personal trainers in providing nutrition care to clients.

Methods

A cross-sectional online survey was conducted on personal trainers in Australia. The study was approved by the Griffith University Human Research Ethics Committee (GU14/49/HREC).

Participants and recruitment

Potential participants were Australian residents who identified as working as a personal trainer. Social media networks were used to access a snowball sample of personal trainers within Australia. A link to the study details, researcher contact details and online survey was posted on social media sites of Sports Dietitians Australia and the Australian Institute of Fitness. The survey remained open from February to June, 2015.

Instruments

The online survey was adapted from a validated nutrition competence tool (NUTCOMP) which has been described in detail elsewhere.²⁷ To the authors' knowledge, this tool is the only validated survey for evaluating the self-perceived competence to provide nutrition care that has demonstrated strong correlation for face validity, content validity, construct validity, and test–retest reliability.²⁷ The tool was validated among health professionals (including non-nutrition focused health professionals such as radiographers and speech pathologists) to ensure face validity and sensitivity but is yet to be validated for use in non-health professions.²⁷ Briefly, the NUTCOMP tool consists of six sections designed to measure the confidence of health professionals to provide nutrition care to both healthy clients and clients with chronic disease.²⁷ Confidence in the ability to complete a task is an indicator of self-perceived competence to complete a task as per the self-determination theory.^{25,27} For this study, the first section of the tool (demographic information) was adapted to include information relevant to the fitness industry. This included qualifications, registration with professional bodies, years of experience, type of employment, gender and age group. Sections two, three and four used 5-point Likert scale questions to rate confidence in the constructs of nutrition knowledge, nutrition skills and nutrition communication, respectively. Answer options ranged from 'not confident at all' to 'extremely confident', with a mid-range of 'somewhat confident'. Section five used 5-point Likert scale statements to measure participants' attitudes towards providing nutrition care, such as 'encouraging my clients to eat healthy foods is an effective use of my professional time' with answers ranging from 'strongly disagree' to 'strongly agree'. The final section collected other relevant information such as participants' previous nutrition education, as well as previous professional and personal experience with nutrition issues.

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