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Australian fitness professionals' level of interest in engaging with high health-risk population subgroups: findings from a national survey



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ABSTRACT

Objectives: Fitness industry professionals (personal trainers, group instructors) may have a role in health promotion, particularly when working with subgroups with known health risks (e.g. older adults, obese). The aim of this study is to examine fitness professionals' level of interest in engaging with high-risk populations.

Study design: Cross-sectional evaluation of a national survey.

Methods: In 2014, 9100 Australian registered exercise professionals were invited to complete an online survey. Respondents reported their level of interest in engaging with nine health-risk population subgroups. A multivariable logistic regression analysis assessed the odds of being classified as having a 'low level' of interest in training high health-risk subgroups, adjusting for demographic and fitness industry-related factors.

Results: Of 1185 respondents (aged 17–72 years), 31.1% reported having a 'high level' of interest in training high health-risk subgroups. The highest level of interest was among 'obese clients' and 'adults (18–64 years) with chronic health conditions'. In the adjusted analysis, males (odds ratio [OR], 1.55, 95% confidence interval [CI]: 1.06–2.25) and those in urban settings (OR, 2.26, 95% CI: 1.54–3.37) were more likely to have a 'low level' of interest. **Conclusions:** Fitness professionals have a modest level of interest in training high health-risk subgroups. In addition to the development of strategies to increase interest, research should examine whether fitness professionals are able to safely prescribe exercise to high health-risk subgroups.

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Introduction

Regular physical activity is associated with optimal cardiometabolic, musculoskeletal, functional and mental health and well-being.^{1–3} For health benefits, The World Health Organisation's '2010 Global Recommendations on Physical Activity for Health' state that an adult (aged 18–64 years) should engage in (i) ≥ 150 min/week of moderate- to vigorous-intensity aerobic activity (MVPA; e.g. walking or jogging) and (ii) muscle strengthening activity involving major muscle groups ≥ 2 days per week.³ However, with physical activity surveillance studies from Australia,⁴ the US⁵ and Finland,⁶ estimating that ~80% of adults do not meet these combined guidelines, inactivity is considered a leading public health issue.⁷

Barriers to physical activity are complex and influenced by factors at multiple levels, including personal, community and policy.⁸ A key component of successful and sustainable chronic disease prevention and management systems is the availability of appropriately trained health professionals.⁹ Relevant to physical activity, fitness industry professionals (e.g. personal trainers, gym or group instructors) charge a fee to support community members engage in correctly monitored exercise programmes. With more than 20,000 Australians working in the fitness industry,¹⁰ this group has the potential for substantial population reach. Moreover, registered fitness professionals should have skills in exercise prescription (e.g. programme design, prescreening, goal setting) and work in diverse settings with a varying amounts and types of equipment available.¹¹ Despite this potential, apart from small-scale, brief (typically 6–12 weeks) exercise interventions,^{12–14} globally, exercise professionals have been largely underutilised in community health promotion.¹⁵

Research on sociodemographic and health-related correlates of MVPA and muscle-strengthening activity show that several factors are related to an increased risk of not meeting the combined guidelines including older age, overweight/obesity and poor self-rated health.^{4–6,16} Moreover, epidemiological data show a curvilinear dose-repose relationship between physical activity and health, with the largest health benefits occurring among previously inactive individuals who marginally increase their activity levels.¹⁷ Hence, promoting and supporting physical activity adherence among currently inactive populations should be a public health priority.¹⁷ Given their widespread availability, exercise prescription skills and access to settings/equipment, exercise professionals may have utility in health promotion to support physical activity uptake and adherence for these at-risk population subgroups.

While studies have assessed fitness industry professionals' attitudes regarding obesity,¹⁸ sources of practice knowledge,¹⁹ assessment practices²⁰ and understanding concerning client weight loss,²¹ to our knowledge, none have explored this professional groups' level of interest in engaging with high health-risk population subgroups. Understanding this is important because these insights may be used to develop community-based physical activity promotion strategies that facilitate the channelling of such subgroups to engage the services of fitness industry professionals. Such insights may

also identify areas where fitness industry professionals' training and education may be specifically tailored to ensure that they are able to safely work with high health-risk populations.

The primary aim of this study is to investigate, among a large sample of fitness industry professionals, their level of interest in engaging with clients of various health-risk profiles and with clients with high health-risk profiles in particular. The secondary aim is to examine sociodemographic (e.g. sex, age, and region) and fitness industry-related characteristic (e.g. fitness industry role/qualification and setting) associations with level of interest in engaging with high health-risk clients.

Methods

The study protocol was approved by the Victoria University Ethics Committee, Australia (Ref: HRE 14–070), and each study respondent provided informed consent. The methods used in this study are described in detail elsewhere.^{19,20,22} In brief, we collaborated with Fitness Australia, the peak governing body for the Australia fitness industry, to recruit a convenience sample of Australian fitness professionals. In June 2014, an email was sent from Fitness Australia's database of registered fitness professionals to request members to participate in an online survey. Over the next month, two reminder emails were sent. In total, invitations were successfully delivered to 9100 fitness industry professionals, with 1980 opening the survey (response rate = 21.8%) and 1185 fully completing (response rate = 13.1%).

The online survey asked participants to report socio-demographic (age, region of residence, etc.) and fitness industry-related characteristics (fitness industry role, fitness industry setting etc.). See [Table 1](#) for a complete description of the sociodemographic and fitness industry-related characteristics. All response categories were created to be consistent with industry standard definitions.^{10,23}

To examine the level of interest when engaging with new clients from various population subgroups, respondents were asked the following question: 'When taking on new clients, how interested are you in training any of the following population groups?'. Level of interest was assessed across nine population subgroups. For comparative purposes, a range of subgroups were selected to encompass the spectrum of potential health-risk subgroups, varying from high to low risk. Examples were 'healthy adults (18–59 yrs) who wish to increase their health and fitness' to 'elderly adults (>75 yrs) with health conditions'. To facilitate respondents' interpretation of health conditions, we gave examples of common chronic health conditions, such as 'diabetes, cardiovascular disease and functional issues'. See [Table 2](#) for a full list of population subgroups. Response options were provided on a 4-point scale: (i) 'very interested'; (ii) 'somewhat interested'; (iii) 'not really interested'; and (iv) 'not interested at all'. These response options were grouped into three categories to reflect overall level of interest: (i) 'low' (those who are 'not at all' to 'somewhat' interested); (ii) 'moderate' (those who are 'somewhat' to 'very' interested); and (iii) 'high' (those who are 'very interested' in training all four high-risk subgroups).

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