Keeping the Voice Fit in the Group Fitness Industry: A Qualitative Study to Determine What Instructors Want in a Voice Education Program

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Summary: Objectives. This study aimed to provide a descriptive summary of (1) group fitness instructors' (GFIs') experiences of occupational voice use and education, and (2) the content and mode of delivery desired by GFIs in an education and training program.

Study Design. This is a qualitative inductive approach using a semi-structured interview.

Method. Semi-structured interviews were conducted with eight GFIs recruited via self-selection sampling. Participants were asked to comment on their experiences of voice use, voice education, and their preferences for future education and training.

Result. Participants reported experiencing occupational voice difficulties, and cited inadequate voice education, faulty equipment, and apathetic fitness industry attitudes as core barriers to vocal health. Content focusing on vocal hygiene, safe occupational voice use, use of amplification equipment, and addressing industry attitudes to voice was desired by participants. A combination of face-to-face, web-based, and app-based delivery options was suggested.

Conclusion. The data from this study should be considered when designing a vocal education and training package tailored to the needs of GFIs and the fitness industry.

Key Words: Occupational voice use–Group fitness instructor–Aerobics instructor–Vocal hygiene–Voice education.

INTRODUCTION

Group fitness instructors (GFIs) rely on their voices to motivate, engage, communicate with, and provide fitness education to class participants. However, voice disorders are prevalent in this occupational group, with 44%–70% of GFIs reporting some degree of acute or chronic voice change since joining the fitness industry.[1–4] Voice difficulties in GFIs can negatively influence work performance, work efficiency, and psychosocial well-being,[2,3,5–7] with previous research indicating that half of GFIs with voice difficulties report social withdrawal, decreased job satisfaction, and emotional distress related to their difficulties.[5] In response to these impairments, activity limitations, and participation restrictions, researchers have called for a systematic education and training approach that is tailored to the demands of the GFI profession.[2–4,8] Similarly, 98% of GFIs[4] have indicated that they would like formal, standardized voice education.[4,5] Despite this, there appears to be no uniform approach to voice education and training.[2–5]

Voice education and training programs have been shown to be successful in reducing voice disorder and difficulty in professional and occupational voice users, and preventing new-onset voice disorders in vocally healthy individuals.[9–12] However, these programs cannot be directly used with GFIs, as the vocal demands of the occupation are both complex and unique. While instructing, GFIs must engage in extended periods of simultaneous exercise and voice use. This may culminate in increased phonatory effort owing to exercise-related changes in respiratory and laryngeal function.[13] GFIs' voices may also have to compete with environmental noise (eg, loud music, air-conditioning and fans, participant noise) in large spaces with poor acoustics.[4]

Prevention of occupational voice disorders (ie, voice impairments whose pathogenesis is primarily related to occupational voice use and may impair job performance)[14] requires a proactive and systematic approach to education and training that involves all industry stakeholders (ie, industry leaders, workplace management, health professionals, and instructors).[5,15] Changing the culture surrounding voice education and training in the fitness industry begins with gaining a greater understanding of the perspectives of GFIs relating to occupational voice use and voice care. It is important to capture these preferences, as it allows for future intervention to be consumer led. Health-care consumers are increasingly becoming more active and empowered participants in health-care decision-making.[16] By ensuring that health care is designed and implemented in response to the consumer's experience, health-care professionals can add value in their service for the consumer.[17] To date, all studies conducted have used survey methodology and, thus, the accounts of GFI experiences and opinions captured have been somewhat limited. This has meant that, although the need for intervention with this population has been repeatedly identified, data that explicitly report the preferences of GFIs for a voice prevention or intervention service do not currently exist. Therefore, this study used qualitative research design to (1) explore GFIs' experiences of occupational voice use, and current industry voice education and training, and (2) identify the preferences of GFIs with regard to the content and delivery of a voice education and training program tailor made for the fitness industry. It is hoped that by directly consulting GFIs as health-care consumers, the information gathered in the study will aid the development of evidence-based, client-centered approaches to intervention.

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METHOD

Participants

Eight participants, one man and seven women, aged between 24 and 44 years were recruited to this study. Group fitness instruction served as either their primary (12.5%) or their secondary (87.5%) occupation, with four states and two territories across Australia being represented (Table 1). All participants were earning income from teaching between 3 and 12 group fitness classes per week, with four respondents reporting that they were employed to cover additional classes each week, ranging between one and three cover classes. The range of days per week participants instructed was between 4 and 7, with participants teaching between one and two classes per day. Participants who reported teaching more than one class consecutively reported they did this between one and six times per week. Participants had been earning income as fitness instructors for 2–20 years, with four of the eight participants reporting they had experienced problems with their voice or voice changes since entering the group fitness industry.

Procedure

To address the study aims, a qualitative inductive descriptive research design was used. All participants were recruited through self-selected sampling via an online GFI-focused message board. GFIs were eligible to participate if they were (1) aged 18 or older; (2) currently working as a GFI as either a primary or a secondary source of income; (3) currently employed as a GFI in Australia; and (4) had the ability to participate in a semi-structured interview in English. Participants were not included or excluded from the study based on their previous or current vocal health status. When GFIs reported voice impairment, activity limitation, and participation restriction, these were not formally investigated or quantified (eg, through administration of a psychosocial rating tool) as this did not align with the aims of the study. Recruitment (conducted by A.F.R.) occurred over a 3-week period in May 2016. Following recruitment into the study, participants completed a consent form and an online preinterview questionnaire. Participants were also provided with a topic guide (see Appendix 1) to assist with their preparation and facilitate self-reflection before the interview. Each participant, at a scheduled convenient time, took part in a semi-structured phone interview with one of the study authors (A.F.R.). Ethical approval for this study was obtained from The University of Queensland Behavioural and Social Sciences Ethical Review Committee (approval number: 2015001789).

Preinterview questionnaire

Before interview participation, participants were provided with a link to a brief online questionnaire self-administered via Toluna QuickSurveys (www.quicksurveys.com). Questions were open ended and gathered information about biographical information and demographics, group fitness instruction history, current instruction frequency (ie, number of classes per week), current instruction patterns (ie, whether multiple classes are taught per

TABLE 1.
Participant Demographics

#	Age	Gender	Location	Primary Occupation	Years in Industry	Group Fitness Programs Taught	Average # of Classes per Week	Voice Change Reported
1	31	F	VIC	Research assistant	5	BodyCombat, BodyPump, BodyJam	5P, 1C	No
2	34	F	VIC	Travel agent (owner or operator)	10	BodyCombat, BodyStep, BodyPump, RPM, Boxing, Freestyle	6P, 2C	No
3	24	F	ACT	Public servant	2	Grit Strength, Grit Plyo, Grit Cardio, BodyBalance	3P, 3C	No
4	36	F	WA	Environmental health officer	12	BodyCombat, BodyPump	6P	Yes
5	39	M	NT	Police officer	20	BodyPump, BodyAttack, CXWORX, RPM, Sprint, Grit Strength, Grit Plyo, Grit Cardio	8–12P	Yes
6	44	F	NSW	Police officer	15	Combat, Freestyle Circuit, Boxing, Freestyle Spin, PT	3P, 2C	Yes
7	35	F	NSW	GFI	20	Zumba, Aqua Zumba, Aqua Fitness, Instructor Training	4P	No
8	28	F	QLD	GFI/Dance artist	4	Barre Body (Pilates, Barre, Yoga), Yoga	11P	Yes

Abbreviations: F, female; M, male; GFI, group fitness instructor; ACT, Australian Capital Territory; NSW, New South Wales; NT, Northern Territory; QLD, Queensland; WA, Western Australia; CXWORX, core workout fitness class; PT, personal training; RPM, raw power in motion cycling fitness class; P, permanent; C, cover.