Connecting with Older Adults in a Gym Environment: Perspectives of Fitness Professionals

Abstract

Background/Objectives: As the worlds ageing population increases, the importance of prophylactic measures to combat disease becomes essential. Physical activity (PA) is a protective factor against noncommunicable disease, and exercise within gym facilities is a common way for older adults to engage in it. Older exercisers consider the quality of fitness professionals (FPs) an essential factor in their motivation to participate in PA. This study aims to investigate the FPs' expectations, learning, insights, and recommendations from their experiences of working with older adults in a gym environment.

Methods: Participants were six gym instructors working at a facility in Auckland, NZ, who supervise older adults in exercise classes and instruct on the use of gym equipment. They participated in semi-structured interviews with a qualified research assistant. The authors utilised a pragmatic qualitative descriptive approach to the research and examined the data using inductive thematic analysis.

Findings: Several broad themes were identified from the FP thoughts about instructing older adults. These included social interactions and developing relationships, openness, or resistance of older people to learning, fitness professional expectations of older adults, a continuum of feelings, and professional learning and self-evaluation.

Conclusion: The perceptions of FPs connecting with older adults provide insights for improving the implementation of exercise programmes to increase positive outcomes from exercise among older adults. Crucial to these outcomes are relationship building and understanding the needs of older adults in a gym environment.

Significance/Implications: From this study we suggest there are opportunities for developing training courses as part of ongoing FPs professional development to actively encourage older adult participation in PA for health and well-being.

Keywords: exercise participation, professional development, exercise programmes, qualitative research

Introduction

The World Health Organization predicts the number of people aged 60 or above will rise to two billion by 2050 (WHO, 2024; United Nations Population Fund, 2011). In Aotearoa New Zealand (NZ), people aged 65 years and above numbered 842,100, while those aged 85+ years totalled 93,500 in 2021 (Stats NZ, 2022). It is estimated people aged over 65 years will make up one quarter of the population by the 2050s (Stats NZ, 2022). The recent COVID-19 pandemic highlighted the increased vulnerability of older persons facing a health crisis as individuals in their seventies who were symptomatic with COVID were twenty times more likely to get hospitalised than those in who were in their twenties (United Nations Population Fund, 2020). Prophylactic measures against disease are therefore recommended to reduce the burden on the world's health systems by preventing illness and mitigating barriers in accessing health care that are unique to older persons. Physical activity (PA) is important for good health as it may be a protective factor for noncommunicable diseases such as cardiovascular disease, stroke, diabetes, and some types of cancer (Langhammer et al., 2018). While there is no direct evidence of PA preventing or treating viruses such as COVID-19, PA contributes to maintaining immune function and controlling comorbidities (Damiot et al., 2020) and therefore supportive of good health and well-being. Participation in PA has also been associated with older persons' perception of quality of life (QoL) (Raafs, et al., 2020). QoL has been defined as an "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHOQOL Group, 1998, p. 551).

Physical activity has been predominantly defined as "any bodily movement produced by skeletal muscles that results in energy expenditure" (Caspersen et al., 1985, p.126). To provide a more holistic description of PA beyond biomedical and epidemiological discourses, Piggin (2020) put forth a broader definition: "Physical activity involves people moving, acting, and performing within culturally specific

spaces and contexts, and influenced by a unique array of interests, emotions, ideas, instructions, and relationships" (p. 5). Specifically, exercise is a subcategory of PA that is "planned, structured, repetitive, and purposive in the sense that improvement or maintenance of one or more components of physical fitness is an objective" (Caspersen et al., 1985, p. 128).

Fitness centres or gyms are common venues to participate in structured exercise, but there are little data on the attendance of older adults in fitness centres. In NZ during 2018, approximately 22.3% of young retirees (65-75 years) and older retirees (75+ years) participated in "Pilates/yoga at gym/elsewhere" and "group exercise" (Sport New Zealand, 2023). Using a framework combining ecological systems theory as applied to health promotion and self-determination theory, Pettigrew et al. (2018) created a typology of factors influencing older people's participation in strength training in gyms and fitness centres. They found substantial barriers to participation at almost all ecological levels. The exception was the interpersonal level in which the social interaction increased motivation and compensated for barriers. Among the structural/organisational factors affecting older people's participation to exercise programmes is the quality of the fitness instructors (Bethancourt et al., 2014). It is suggested the instructor's teaching ability significantly influences social cohesion and participant satisfaction in group exercise classes (Harvey & Griffin, 2020). Furthermore, group members are empowered by the instructor's capability to cultivate self-efficacy beliefs (Harvey & Griffin, 2020).

The term Fitness Professionals (FPs) refers to the broad occupational group encompassing fitness, gym, and group-exercise instructors, as well as personal trainers (De Lyon et al., 2017). In NZ, 6,590 people (or 0.26% of the total workforce) worked in the exercise industry in 2018. Of these, 4,442 identified as fitness instructors (Skills Active, 2020). FPs may be able to help improve health by assisting their clients become more active, learn about exercise, and stay motivated to stay physically active (Hawley-Hague et al., 2018). Group-exercise instructors for older adults play a crucial role in building group cohesion, bridging cultural gaps, providing competent instruction, leading, and communicating effectively, and educating their clients (Harvey and Griffin, 2020). The mutual

exchange of ideas and experiences between the FPs and the client may lead to some form of social change by encouraging critical thinking, problem-solving, and open-mindedness (Garrin, 2014). For instance, as the FP enhances the client's self-efficacy by increasing their mastery and competence in exercise, the client perceives their behaviour change as empowering and as a result, may reinforce social awareness by identifying with like-minded people. The interaction with the client has a reciprocal effect to the FP's self-efficacy as their perceived ability in critical thinking and conflict resolution are enhanced from the feedback they get from the client (Garrin, 2014).

Previous research has investigated FPs' perceptions of the social, organisational, and personal factors affecting their occupation. A Portuguese study revealed broad themes around professional functions, professional profile, and competencies, social, group and organisational factors, and personal factors (Rosado et al., 2014). Additionally, a study in the UK on FPs investigated the relationship between the FPs' training and characteristics, and their attitudes toward older adults' participation in exercise classes (Hawley et al., 2012). Most FPs in this study had appeared positive regarding older adults' participation in exercise classes. Instructors who taught classes where clients were standing and those who had significant experience, articulated a more positive attitude than others (Hawley et al., 2012). A study on the views of FPs who instruct chair-based exercise (CBE) classes revealed they value CBE as a gentle introduction to exercise and a useful tool to increase the confidence and self-efficacy of older adults (Robinson et al., 2016). Along with physical improvements, the FPs identified social and mental benefits of CBE and there was a consensus that progression should be adapted to the individual as CBE may not be appropriate for some participants who are more active than others (Robinson et al., 2016). Another study focusing on the perspectives of FPs who work with older adults in the UK unveiled barriers and proposed solutions to participants' uptake and adherence to exercise classes (Hawley-Hague et al., 2016). According to the FPs, barriers to uptake revolved around issues of identity, choice/control, cost, and venue. In addition, there were obstacles to adherence. Proposed solutions included providing person-centred approaches to exercise programming, encouraging

commitment, creating social cohesion, and emphasising outcome achievement (Hawley-Hague et al., 2016).

Given the increasing number of older adults exercising in gyms, the impact of physical activity on health, and the role of FP on engagement in exercise, it is surprising there is little published research on FP perspectives of working with older adults in a gym environment. This environment is chosen for the study as gyms provide a range of exercise programs using specialised equipment for older adults beyond that found in the home or retirement village environment. The knowledge gained from these FP's may complement the well-researched perceptions of older adults to improve the implementation of exercise programmes to increase the positive health and wellbeing outcomes from exercise among older adults. The overall aim of this study was to explore FP's perspectives of working with older adults in a gym facility. To our knowledge, this is the first study of its kind in NZ. We investigated the FPs' expectations, learning, insights, and recommendations from their reflections on their experiences of working with older adults. It is important to understand the FPs perspectives on this context of older adult physical activity because they are key to enduring engagement, and it supports the need to develop their professional training in this area to potentially counteract any negative stereotypes about the aging and physical activity.

Research design and methods

Methodology

A large mixed methods study involving the use of surveys and interviews with older adults and fitness professionals was the starting point of this research. However, the part of the study extricated within this article aims to describe the experiences, learnings and recommendations of FPs who work with older adults in the gym; therefore, a pragmatic qualitative descriptive approach was employed to explore these data (Bradshaw et al., 2017; Braun & Clarke, 2020; Sandelowski, 2000). The purpose of using this qualitative approach was to generate thematic insights.

Participants

As this was the qualitative part of the study, purposive sampling was used by the researchers, never2old staff (nationally recognised gym-based program for older adults), and gym staff, to identify potential research participants (Patton, 2002). Never2Old presently has approximately 110 active members, with 77 women (mean age: 77.13 years) and 33 men (mean age: 77.60 years) and age ranging from 62-92 years. Participants for this research were six FPs working at the AUT North gym who interacted with and supervised older adults in exercise classes and on the use of gym equipment. The six participants included three female FPs, two ranging in age from 25-30 and one approximately 60 years of age. The three males FPs were similar in age with two ranging from 25-30 and one approximately 65 years of age. Two of the six respondents worked exclusively with never2old members, while the other four supervised them part-time.

Data collection

Ethical approval for the study was gained from the university's ethical committee (AUTEC reference number 19/356). Data collection commenced by emailing an invitation to participate in the study to six FPs working at a gym with older adult programs. The recruitment process took a purposive sampling approach (Patton, 2002) as the FPs required needed to be working directly with older adults in a gym environment. The six respondents to the invitation were pre-determined and all were included in the study. This facility elicited a strong response given the available sampling pool of FP interacting with the older adults was small. We considered six participants to be sufficient to gain a strong overview of main themes related to FPs' work with older adults in a gym environment (Patton, 2002). Additionally, we support our sample size with Malterud et al.'s (2016) concept of "information power" to guide sample sizes in qualitative research. This concept has the following determinants: (a) the aim of the study, (b) sample specificity, (c) use of established theory, (d) quality of dialogue, and (e) analysis strategy. We believe these determinants have been fulfilled with the current number of participants to have sufficient information power. In summary, collecting additional data sets was

unlikely to result in generating more themes than we identified due to the size of the sampled group, the nature of the questions asked and the context of the research (Braun & Clarke, 2021).

All participants completed a written consent form prior to their interview. They participated in individual semi-structured interviews held in a private meeting room, conducted and recorded by our qualified research assistant (RA), with each lasting approximately 45 minutes. The RA was a post-graduate student who was trained by the research lead and had been involved with several other aspects of the study. She also had previous interview experience through past research studies and was therefore an appropriate choice to collect data for this study. The interview questions were:

1. What were the instructors' expectations of working with older adults?
2. What are the key learnings from working with older adults in a gym environment?
3. What insights were gained by the gym instructors from self-evaluation?
4. What recommendations are made for working in this area of gym instruction?

Data analysis

All data was de-identified, transcripts were transcribed by the RA from the audio files and placed into an Excel spread sheet arranged with one interview per sheet and one speaking turn per line. All authors synchronously worked on the coding and all responses were aggregated to maintain anonymity. The analysis was inductive as we did not use pre-established codes or theoretical frameworks as guidance (Braun & Clarke, 2021). Although we were aware those findings of previous research included FPs' thoughts, we wanted to see what arose in our context rather than predetermine coding categories or deductive coding. In the top column rows in Excel, we entered codes as we progressed our analysis together to endure robustness of our coding. We placed segments of text under these code headings as appropriate. Inductive analysis was used, and we stayed close to the data to keep the connection between the participants' voices and our interpretations in coding and theming clear (Sandelowski, 2000, 2010). As authors, we come from

differing backgrounds which assisted us to challenge any assumptions we might bring to the analytical process. We used our divergent subjectivities as a resource for the analysis (Braun & Clarke, 2020). Guidelines suggested by Braun and Clarke (2020) were employed, including: 1) individually familiarised ourselves with the data while making notes; 2) came together to systematically code data while referring to our data and memos; 3) generating initial themes from the coded data; 4) developed and reviewed themes together; 5) refined, defined, and named themes; and 6) wrote our report (Braun & Clarke, 2020). A collaborative approach to coding and theme development ensured individual biases were addressed and there was rigour in our processes.

Findings

Our findings have been presented thematically with sub-themes in some cases. The overarching themes include social interactions and developing relationships, openness, or resistance of older people to learning, fitness professional expectations of older adults, a continuum of feelings, and professional learning and self-evaluation. The first two themes identify two strong features of older adult characteristics expressed by the FP.

Social interactions and developing relationships

The FPs recognised these older adults had a need or desire for social engagement. A sense of belonging to the gym environment may be a strong motivator for older adults to regularly attend the gym. Consequently, it was not long before these group members established great rapport with each other, and the FPs. For example, one FP said, “Yeah, a big part of it was learning how much of it was a social experience as well and a mental exercise almost as much as it was physical” (FP3). Nevertheless, this FP suggested more emphasis was placed on physical exercise by stating, “I’d rather see the physical benefits to it as well” (FP3). This may suggest the FP was under-playing the importance of social engagement and mental exercise as an attribute for ageing well. Another FP provided an explanation as to why social engagement was a particular focus:

> They are the older generation. They want to feel part of a group. They want to feel safe and comfortable, and they want to talk to you. They are not going to hop on a treadmill and just immediately put their head into a device.... They actually want to chat to people and so those sorts of things you need to be aware of. (FP4)

The social interaction is not constrained to their peers but also extends to the FPs. Engaging with the older gym members was different from that of the younger members as the older adults had a genuine interest in them and were able to develop a connection with the instructor. One FP suggested "they are less intimidating people" (FP1) and stated this age group "tell you what they think, and they would be genuine in what they do, which is really nice" (FP1). This relationship became a valued part of the job. One instructor explains how these relationships developed:

> Hundred percent was the engagement. You just don't get that with younger people in the gym anymore... they're genuinely interested in what you've been up to, what's going on in your life, how my girlfriend is, how my studies are. Whereas the majority of the rest of the population doesn't care too much, but I feel like it's a genuine care that comes from them. Definitely the interactions were the highlight. (FP3)

There was a sense that building rapport between themselves and their clients aided in building a trusting relationship. Initially they may be "stand offish because they don't know (you) and don't trust you" (FP3). Thus, even though there may be some initial distance, social engagement is important when working with older people.

Openness or resistance of older people to learning

FPs found attitudes varied when teaching how to use equipment or execute an exercise. One FP had dealt with older adults in the past who were less open to them. They suggested this difference was because "they come to a place where they are trying to learn things, then I guess they are more open than you would suggest" (FP3). This quote suggests by attending a particular gym encouraged them

to be more open to learning. Even though there were mixed views from the FPs about older adults' willingness to learn new things, as the relationship developed there was often a change of opinion. They concluded,

> [It's] not as hard as I thought but it can be. I mean, it's obviously into individual dependent but yeah, I would say it was easier than I thought. They're probably more open to suggestion and information than I just thought they would be. (FP3)

Other FPs did not experience the same openness. Some FP's felt there was some resistance to learning. Consequently, FPs felt it necessary to convince the client of the benefits of a particular activity. One instructor explained:

> Some of them can be really set in their ways and they might take a little bit longer to, ... just maybe talk to them about what's beneficial for them to do and they're like, 'no, don't want to do that,' and I'm like, 'it would be really good for you to do that' but sometimes they're really like stubborn. (FP1)

This FP articulated similar experiences of several FPs who found there were some older clients who were unwilling to challenge themselves by attempting new activities. At times, and depending on the client, it could be a lengthy process to move the client beyond the status quo. Once they had made up their mind it was hard to persuade them otherwise; "If it's something that they've just decided, 'I don't want to do that,' they're harder to convince or maybe talk about. It's like they don't want to hear what you have to say." (FP1)

Some older adults demonstrated resistance to the prescribed exercise due to the perceived level of difficulty. They lacked the confidence to execute the specific task set for them.

> The lack of belief in themselves is probably a downside. You show them something or they'll see someone doing something and they'll say, 'there's no way I could ever do that' and it's like, 'well, you could, I could show you how to do it' but it's, 'no, I could never do that.' I'm

> like, ‘I think you could, but you've got to trust yourself.’ I think they see something, and it looks hard or harder than it is.... That can just be a bit of a self-limit. (FP3)

Prior experience of fitness and exercise was also reflected in their openness to try certain suggested tasks. For example, if someone had been a dancer, they might be more inclined to apply this body awareness to a gym movement. As FP4 explained:

> Body awareness and being used to using your body is in a lot of these people is still there and it’s applicable to the gym even though they’ve never been in a gym. That reduces the differences between the older coming into the gym and the younger students. (FP4)

These findings illustrate how previous experience or taking time to explain the exercises can lead to openness to learning. Otherwise, resistance can be activated due to self-perceptions of exercise difficulty.

Fitness professionals' expectations of older adults

The gamut of experience in working with older adults provided a range of expectations. For those with limited experience, there was a sense of uncertainty in “not knowing what to expect” (FP1). There were several expectations held about older adults’ ability to participate in exercise or in a gym environment. Low expectations about physical ability which FPs experienced as a pleasant surprise, such as, “I think I expected them to be less able than they actually were [...] I’ve learned that I can push them more than I thought I could” (FP4). In addition, FP1 said, “I didn’t think they were as capable as they actually are” and “maybe thinking, ‘Oh maybe they can’t do a lot of things’ like squatting, for example, but a lot of them, they can.”

Realisations occurred based on attitudes about cognitive abilities, as FP5 said, “Probably more awareness in public just when you might go past a person in that age group. Just have a small chat, realising that a lot of them are quite learned.” There were several FPs for whom working with older

adults initiated a shift in understandings and attitudes. This was most significant in the younger FP whose expectations were based on their work with younger clientele. As one FP explained,

> That regardless of what they appeared to be on the outside, inside they are pretty much like me. Back in those days, you have this sort of expectation that old people maybe think differently or have different attitudes, but that's not the case. Really just their physical condition is aging but inside, they're really the same person they've always been. (FP6)

FP3 also described older adults from the perspective outside of a mainstream age group by saying, "I definitely approach them way different to when I would go to approach a normal person. I think we are dealing with an older individual [...] you've got to approach it a little slower. You need that rapport." In these descriptions, the older people are perceived as different from the FPs' age range, which is considered the norm in a gym environment. Another difference from the youth-based norm was these older clients were less interested in the impression they were making in the social context compared to younger clients.

> They just go into the gym, and I think it's not so much their appearance that they're worried about. It's more if they use the equipment right, which I think I don't know if that's actually true but just from what I've seen. You don't see a lot of them walking around and be adjusting their clothes or their hair and you would see a lot of the younger gym members doing that and they look at themselves in the mirror and when they work out, they very much look at themselves. The older members don't really do that, but you can tell if they're awkward or uncertain of something, it's usually about the equipment. It's not about their appearance which I think is quite freeing. Their only worry is that [not worrying about appearances], which would be great if we all did that. (FP1)

Another expectation considers older adults as different from the youth-based norm in that older people should be exercising for their quality of life. "I think that people in that age group should

definitely be doing [an exercise programme] especially if they want to get quality of life and all that kind of stuff" (FP5). The following quote supports this notion:

> Really just their physical condition is ageing but inside, they're really the same person they've always been. That they have an enormous capacity for improvement and that unlike younger people for them coming to the gym, it's a bit of a thing to do. When older people come, they come because they recognise that they need to be doing something to what they've been doing. They're very focused on functional improvement and if you can engage them and help them to understand that there are ways that they can work despite any other physical limitations, then they generally commit to being there regularly and they'll work really hard to see some good improvements. (FP6)

Some expectations centred on the social characteristics of older people and how this affects the way they relate to them. FP 3 expected older people to be less trusting of younger people.

> I kind of expected less trust in the sense that they wouldn't have trusted someone of my age as much. [...] I worked with older adults before I worked here. [...] I just kind of expect older individuals to kind of be a little bit more pessimistic as per your recommendations. Outside of that, expectation wise, I don't have a lot. I just thought they'd be harder to break through to, which is kind of the case. [...] The ability to actually affect what they think and how they perceive exercise and training suggestions was actually greater than I initially thought I would be able to have. FP3

FP4 considered old people to be childish sometimes and that "these people should know better, and they should be able to take a look at themselves." Inevitably, it seems time spent with older adults in the gym influenced the FP's perspectives of this age group.

A continuum of FPs' feelings

Working as a fitness instructor with the older population proffered myriad responses in terms of how this experience connected emotionally with our participants. For many, they expressed an element of surprise regarding how rewarding this area of work had been. They felt significant satisfaction from witnessing the positive improvement in the overall mobility and health of their clients.

> Even if they just do simple things. They're like, "oh, my back doesn't hurt as much anymore" or "from doing this I feel better". (FP1)

Similarly, several participants felt working with this demographic provided more of a challenge and consequently these interactions increased feelings of professional satisfaction.

> Working with these guys to me is much more rewarding because its professionally challenging … the difference you make is much greater and then the rewards you can get when they say "oh gosh, I feel so much better than I did two months ago"... and some of those differences and improvements are quite quick to see and they tell you. (FP4)

> It's the challenge. If I was a fitness instructor working just with students or community members who are basically quite fit and able, I'd be bored out of my mind cos all you're doing is just exercise and they're pretty capable looking after themselves. (FP4)

However, some participants described working with the older clients as challenging in an alternate way. A few of the FP initially expressed uncertainty when working this age group. The lack of experience with the older generation gave way to particular feelings.

> When I got this opportunity, it was like 'oh, that's going to be interesting.' I was a little bit not too sure what to expect. (FP1)

> I haven't worked with people where they are much older than me. I think I was a bit nervous about that cos I was not too old when I started, and I didn't have too much experience. (FP1)

Others spoke at times of feeling ambivalent. They articulated their uncertainty about the physical expectations of their clients, mainly due to their lack of experience. For some this led to feelings of frustration when watching them attempt specific tasks. “It is quite slow sometimes… that’s the main thing that I get maybe frustrated with.” (FP2)

Participants mentioned their initial frustration, but their emotional response shifted as they understood the need to accept the varying capabilities of the older adult and adjust training schedules and approaches accordingly.

> I’d probably say the main thing is that I get frustrated, but it's fine ‘cause everyone is different. (FP2)

> I would say the constraints around their movement is frustrating at times, but I think it’s frustrating for both the instructor and the individual. I think my frustration stems from their frustration. (FP3)

Statements also demonstrated, for several participants, the initial meetings with older clients made them feel intimidated.

> Stubbornness. A lot of people are like that anyway, but it’s probably a higher chance of running into someone like that in the Never Too Old programme. (FP3)

However, over time this continued to alter, and they expressed enjoyment at building the relationship and understandings of their clients. Many participants described their time and ongoing training with these older clients built strong relationships whereby they felt a connection to them which resulted in being invested in their long-term wellbeing.

> We get very invested and very engaged with these people. We become friends with them. (FP6)

One FP articulated the emotional toll of accepting some of their clients were of an age heading towards the end of their life.

> Thinking about our group at the moment, we've got four or five who we could lose in the next year to 18 months and that's a bit of a rough ride going forward with that. I find that's really hard. (FP6)

Younger participants were surprised how the relationship forged with some of their clients was something they also benefited from. Accordingly, a sense of reciprocity became evident.

> It's like you have 20 grandparents… which is really nice. (FP1)

> They'd be like "how's this?" and asking me about my studies and all these things. I enjoy that a lot. (FP1)

> I always enjoyed finding commonalities was cool cos you don't expect to have common interests with older people. Things like, I like older music. I was always talking to them about that sort of stuff. (FP3)

Witnessing the progression clients made through the relationship with the trainers and seeing them achieve their goals, provided significant levels of satisfaction for all the participants in this study. Statements demonstrated that some fitness trainers working in this area altered the way they constructed both members of the older population and their capabilities.

> I think it's so rewarding, help them realise that they are more capable than they think they are. (FP3)

Professional learning and self-evaluation

The FPs indicated an integral part of professional competence is the awareness of factors unique to older adults. These include medical conditions, initial fitness status, and movement limitations. While information on these factors may be gathered before the start of the participants' fitness journey, the FPs emphasised the constant day-to-day monitoring and modifications of the programme. An often-repeated theme is the FPs' realisation that clients are on a spectrum of functional capabilities "… really becoming aware that their chronological age is actually not terribly relevant. It's their functional age

and their functional capacity that is more relevant" (FP4). However, they also revealed if progressions in the programme are logical and achievable, "you can pretty much give them anything and really push them within this age group" (FP5).

Instruction of exercise needs a soft touch with older adults, according to the FPs. Instructing in a slow and repetitive manner was commonly mentioned, as were knowledge of the client's capabilities and patience. As FP6 said, "I've learned to be very patient and not get flustered or sort of mentally roll my eyes or purse my lips but just be encouraging and engaging with them". Thus, patience was also mentioned in terms of building relationships with the clients. Establishing a rapport with the clients increased their confidence on the FPs, which enhanced the effectiveness of exercise instruction. The gym environment was another important factor in engaging older adults, as mentioned by the FPs. The type of music and the presence of instructors will more likely determine older adults' uptake and adherence in a gym. FP4 claimed,

> One is the gym environment… Appropriate music, not head banging rap… We get to know them, they're not just a number. A 24-hour unmanned gym is not going to work for these guys because part of it is also building a relationship with them.

Regarding gaining professional competence, the need for formal training on special populations and the older adults was suggested. At the same time, the FPs in this study were not aware of these specialist courses. Mentoring was also stated as an effective way to gain competence. Additionally, having an open mind and not having preconceptions was mentioned as a precursor to competence — "Yeah, keep an open mind and enjoy it. You may be surprised" (FP4). Inquisitiveness was another attribute to increase competence. This refers to updating technical knowledge as well as on a social level, by inquiring about the client during a session. Being observant of the present abilities of the client was also deemed as important. Additionally, observations made by the FP may be different from what the client says and may require a compromise with the client e.g., "… but more often they would say, 'I can't really do this exercise' … It's more supporting them in a way, so they do it and they're like,

'oh my God, I can do that'" (FP1). These characteristics allow the FPs to modify instruction and exercises as the situation demands.

Discussion

To the best of our knowledge, this is the first study qualitatively exploring the thoughts and feelings of FPs regarding their occupation and engagement with older clients in their gym environment. Findings from this study have identified several factors leading us to propose some recommendations to improve the experiences of both instructors and older adults in this context.

FPs should recognise that as one ages in NZ and elsewhere, social interaction can become limited so the gym can become a wonderful social platform as well as for keeping physically active. The importance of social engagement was recognised by the FPs in this study and is similar to the perspectives of FPs working with older exercisers in the United Kingdom (Hawley-Hague et al., 2016). Group social cohesion in exercise settings leads to group solidarity with a shared goal, and the FP has a crucial role in this process (Harvey & Griffin, 2020). Factors can be manipulated by the FP to stimulate cohesion and participant enjoyment by considering group size, exercise format, and teaching ability (Harvey & Griffin, 2020). Additionally, social activities outside of class that FPs proactively introduce also help to bond the group by making participants feel like being "part of something bigger" (Hawley-Hague et al., 2016).

FPs should undertake quality formal training as older exercisers may place great value on the competence of FPs, understanding that formal training is essential for technical proficiency, which in turn ensures a certain level of safe practice (Harvey & Griffin, 2020). Possessing specialist knowledge in gerontology was linked with favourable attitudes towards the capabilities of older adults, reinforcing the client-centred attitudes of the FPs in this study. The self-awareness stated by our FPs has been highlighted previously, both in terms of the factors affecting the client's programme and their psycho-social well-being. For instance, some terminology may have ageist or patronizing connotations and should be avoided in class e.g., "in group", "out group", "frail group" (Kluge & Savis,

2001). Furthermore, the FP needs to be aware of their clients learning style and how it would affect their learning preference in an exercise class. Awareness of the clients' barriers to continued participation in physical activity is also essential as this is the foundation of the FPs efforts to address these issues (Kluge & Savis, 2001; Mehr et al., 2016). Focusing on the client's "functional age" may avoid inappropriate prescription such as chair-based exercises due to safety concerns and deterring the older client from ongoing participation (Robinson et al., 2016).

The FPs in this study expressed their expectations of working with older adults. They had lower expectations of ability (physical and cognitive), thought clients could have wilful approaches to learning, and initially undervalued the relationship formed with their clients. It is possible these notions stem from limited interaction with older adults and possible underlying ageism. Ageism can be positive or negative, but it is always based on the belief people's abilities and worth are determined by their age (Jin & Harvey, 2020). Preconceptions and expectations can be shaped by wider societal stereotypes about older people and impact on inter-personal interactions in places like the gym environment. Furthermore, these may be hidden from consciousness by social values of not making negative assumptions about particular social demographics, such as age, gender, etc. These assumptions may result in some trainers not being fully aware of how these wider societal stereotypes influence their own perceptions and actions. The idealisation of youthful body features can also contribute to ageism in the fitness and health industry (Fernández-Balboa & González-Calvo, 2018). Fitness professionals may unknowingly bring their age-related stereotypes into their interactions with older clients, resulting in dissatisfaction among older exercisers and may eventually lead them to disengaging in physical activity (Jin & Harvey, 2020). FPs who work with older adults often have low expectations of their clients' ability to perform, and this preconception was reflected in this study (Jin & Harvey, 2020). Other-directed ageism could exacerbate self-imposed ageism in which an individual's experience is relative to their chronological age and in turn, may influence their overall attitudes and behaviours toward health, fitness, and physical activity (Jin & Harvey, 2020). Fortunately, most of the study FPs realised after continued interaction with the older exercisers that their age-related

preconceptions should shift more to physical abilities and outcomes everyone demonstrates. Jin and Harvey (2020) revealed a tension between older adults' experiences of declining physical capacities and the social cues of exercise as essential for successful and healthy aging. Providing positive feedback to older clients (and possibly all age groups) may ease apprehension about fitness and boost their self-worth (Fougner at al., 2019).

FPs in this study witnessed some older clients who used a form of self-imposed ageism as an opportunity to reduce the range of activities they participated in, and the extent of the effort applied to the activity. Self-imposed ageism may be related to older adults' self-rating of health and ageing. A study of older adults with two or more chronic conditions found a positive association between self-perceptions of ageing and levels of physical activity, which in turn predicted better self-rated health over time (Beyer et al., 2015). Similarly, more positive self-perceptions of ageing were positively associated with physical functioning in later life (Sargent-Cox et al., 2012). In the latter study, physical functioning was assessed through an objective physical performance battery, emphasising the importance of impartial data informing self-perceptions and circumventing ageist attitudes. By understanding this ageism feature of some older clients, FPs may apply the right encouragement, incremental adjustments to programs, and use patience to support ongoing enjoyment of physical activity in the gym.

Social interactions were clearly recognised by our FPs; however, physical and functional outcomes were also indicated. While the physical and functional outcomes may seem secondary for our participants other FP studies have emphasised their value (Hawley-Hague et al., 2016). Accurately assessing and monitoring physical abilities enables FPs to objectively provide feedback to encourage older exercisers to continue engaging in exercise (Muse, 2005; da Silva Sobrinho et al., 2021). Movement competency is the ability to perform fundamental movement tasks/patterns with sufficient mobility and motor control (Fulton, 2016). With adequate movement competency, specific actions are performed with less energy expenditure, greater ease, and lower muscle recruitment (da

Silva Sobrinho et al., 2021). Fulton (2016) found movement competency had a strong positive relationship with older adults' perceived health related quality of life. Therefore, objective measures may assist with reducing self-impose ageism.

The FPs' perceived attributes contributing to effective instruction of older exercisers match well with previous findings of older adults' perceptions. Older adults prefer FPs who can understand and communicate with them, personalise instruction, build trust, and be motivating, enthusiastic, patient, caring, passionate, fun, flexible, realistic, and attentive (Harvey & Griffin, 2020). Older exercisers also sought out FPs who were organized and prepared, encouraging, understanding, in good physical shape, persuasive, and respectful of individual abilities (Harvey & Griffin, 2020). However, our FPs suggested the openness to learning of the older exercisers varied and may affect effective instruction. Little research reinforces this perception among FPs, although in response to the use of technology to assist home-based exercise, older adults' attitudes ranged from enthusiastic to rejection (Mehra et al., 2016). The reasons given for their resistance to technology include lack of confidence and shame, and the perception that technology would be an inferior alternative to an FP (Mehra et al., 2016). Lack of confidence could be applied to learning in a gym setting, and the FP could ameliorate such attitudes in different ways, such as introducing gradual progressions to new exercises. Exercise prescriptions based on fitness and mobility assessment results is another way to enhance confidence.

The environmental factors cited by the FPs have been found to be crucial in the enjoyment of older exercisers in a gym setting in the past. Older adults prefer gyms to be less stressful and competitive than ordinary gyms, and where programmes can be individualised to each person's requirements (Lübcke et al., 2012). Underpinning our FPs' perspectives on music in the gym, a study found the presence of familiar and recognisable music while exercising improved repetition frequencies in a cohort of older adults performing physical therapy rehabilitation exercise (Johnson et al., 2001). The clients in our study remarked they preferred their exercise sessions with music than without.

As indicated by our FPs, one approach of gaining specialist knowledge on training older adults is through formal courses. In NZ, FPs normally need to gain a qualification for at least Exercise Consultant Level 1 to be able to prescribe generic programmes for special needs groups (Register of Exercise Professionals New Zealand, 2023b). A minimum of an Exercise Consultant Level 2 qualification is required to be able to write programmes for special needs groups (Register of Exercise Professionals New Zealand, 2023b). The Register of Exercise Professionals NZ (REPs NZ) also has an Exercise Specialist qualification allowing FPs to assess fitness and movement competency, as well as prescribe personalised programmes for symptomatic and special populations, including older adults (Register of Exercise Professionals New Zealand, 2023d). The Exercise Specialist qualification requires an undergraduate degree and at least 500 hours of professional experience over two years, a significant difference from the foundational knowledge and 40 hours of work experience needed for the Exercise Consultant Level 1 qualification (Register of Exercise Professionals New Zealand, 2023b; Register of Exercise Professionals New Zealand, 2023d). A cursory survey of the REPs NZ recognised courses to gain an Exercise Consultant qualification revealed that specific gerontological knowledge is lacking (Register of Exercise Professionals New Zealand, 2023c). In fact, even REPs NZ recognised undergraduate courses lack specialist content on older adults. This deficit in specialist knowledge in initial qualifications may be the reason why the current FPs are unaware of them. However, REPs NZ recognises three courses that specialise in older adults and three on adaptive training for special needs for continuing professional development may offset this deficiency (Register of Exercise Professionals New Zealand, 2023a).

The FPs cited mentoring as another way to increase professional competence. Mentoring is an open-ended process wherein a mentor's skills and experiences enable a protégé's learning (Nagle et al., 2009). A mentoring partnership is a way for one generation of professionals to impart their knowledge to succeeding generation (Nagle et al., 2009). In addition to knowledge and skills, mentors must possess enthusiasm, patience, energy, and coaching skills to effectively shape the future professional. Likewise, protégés must trust their mentors as well as be confident, self-aware, committed, and

actively engaged in their learning (Nagle et al., 2009). Female managers in the health and fitness industry who were themselves protégés at some point indicated factors that contributed to a successful mentoring relationship (Bower, 2008). From the data, some essential characteristics of a mentor include knowledge in the field, ability to provide feedback, has genuine interest in the protégé's education, is a good role model, and possess leadership qualities. The managers cited several techniques to advance protégés within the health and fitness industry, which include emphasis on practical experience, facilitating network opportunities, provision of professional development and leadership opportunities, and emphasis on education (Bower, 2008).

Practical Implications

Including gerontology content in a specialist FP qualification may enhance not just their knowledge and skill but their attitude towards ageism. For example, one continuing professional course recognised by REPs NZ, *Introduction to Working with Older Adults (in Fitness)*, contains a module on the bio-psychosocial factors affecting seniors (Third Age Fitness, 2024b). The same provider also has a course on *Communicating with Older Adults* (Third Age Fitness, 2024a). Another course, *Standing Bodyweight Exercise for Older Adults*, includes content on the mental implications of resistance training and barriers older clients face to exercising with equipment. The course teaches several adaptations of exercises to different fitness levels (Third Age Fitness, 2023). Findings from this study support the recommendation of a specialist qualification being required for all FPs working with older adults. We recommend REPs NZ re-examine the minimum qualifications to be able to assess fitness and prescribe programmes for older adults. Professional development course providers and senior FPs working with older adults might institutionalise mentorships to pass on best practices to the following generations of FP. In-house mentorships or volunteering in programmes for older adults may be cost saving ideas for new FPs who want to specialise in the field.

The FPs in this study perceived older exercisers as preferring FPs with certain attributes in addition to their technical knowledge. The management team of programmes for older adults could look for these

characteristics when employing new staff members. Research suggests employers might look for applicants' prior interactions with older adults to give an indication of potential ageist preconceptions. Undergraduate students who had more contact with older adults were less likely to hold ageist views (Forlenza et al., 2019). Applicants' attitudes toward older adults within their own families may be examined as older adults mentioned they were stereotyped by family members because of their age when exercising (Jin & Harvey, 2020).

We recommend the process of older client gym membership intake include assessment of movement competency and functional fitness along with a thorough health pre-screen (Bennett et al., 2017). There are several robust tests to assess functional fitness (Rutkauskiene & Lendraitiene, 2019) and balance specifically (Jeon & Kim, 2017) among older adults. While the Movement Competency Screen (MCS) was not developed particularly for older adults, its scoring system can inform exercise prescription (Kritz, 2012). A complete picture of each client is necessary to avoid inappropriate programme prescription (Robinson et al., 2016). Hence the older clients are appropriately challenged to motivate them to continue engagement in exercise irrespective of age (Harvey & Griffin, 2023). By taking a client-centred approach, FPs partner with the clients during the entire exercise prescription process to collect information, assess goals and preferences, create an appropriate programme, and plan an individualised teaching strategy (Griffin, 2006).

The FP's leadership style may be a significant factor in clients' adherence in exercise classes (Harvey & Griffin, 2023). A democratic leadership style, in which the feedback of the group is valued, has been previously described as positive by female participants in a fitness class. On the other hand, autocratic leadership, which is characterised as leader-centred, was perceived as both negative and positive (Cameron, 2007). In a class setting, a fusion of leadership styles might function better than adopting only one. A democratic style may be demonstrated by asking the class participants for their suggestions on class components, such as the music, warm-up, or cool-down exercises. This approach may fare well with veteran participants or those with high physical capabilities. On the other hand,

new participants or those with lower capabilities may respond better to more specific instructions. Furthermore, positive aspects of explicit ageism could be used in sessions by praising older members who have achieved higher performance milestones in class compared to their younger counterparts or commending those who participate in youth-dominated sports (Jin & Harvey, 2020).

According to the FPs in this study the gym environment presents another key factor impacting on older exercisers' experience. It must be noted the facility where this study was conducted has dedicated times each day for the participants of the never2old programme (older adults only). This presents a workable compromise for existing non-specialised gyms to make the environment more welcoming to older adults. However, Harvey and Griffin (2023, p. 1) warn this approach may align "with dominant discourses conflating age and ability" and limit appeal to the wider group. Further examination of this notion is required. Future research could examine these relationships more closely and across a wider scope of positive and negative issues for older people. For example, conversations around older adults' fears of falling, physical conditions, negative affect and other identified concerns (Lees et al., 2005), older people who see physical exercise as a hobby (Codina et al., 2020), or those suffering complications from COVID-19 (Heiberg et al., 2022).

Through conducting this study, we recognise little is known about the mental health and wellbeing of FPs. FPs are role models for their clients and community members, therefore exploring the impact their work has on their mental health could help maintain and improve their work-related wellbeing and contributions to a physically active society (Allen, 2019; Gjestvang et al., 2021; Vieira et al., 2022).

Reciprocal relationships were identified in this study yet there is limited understanding of these relationships in this field of practice as most studies focus on the experiences of either the trainer or the client. A closer examination of the reciprocal benefits within this exercise environment is warranted especially as the population ages and more older adults live in retirement villages rather than in a family arrangement with multiple generations. The insights shared by our FPs demonstrated the need to recognise assumptions, highlighted the value of the relationships they formed and

demonstrated how the understanding of this age group developed over time. The time to interact took place in a gym environment with many one-on-one conversations while the older clients were exercising. Reflecting on their experiences with the older adults in the gym our FPs were able to see their own family and society in a different way.

Conclusion

Exercise can improve the quality of life for all age groups by cumulatively affecting life quality in later years. This study highlights the need to provide age-specific training for FPs who intend to work with older clients in a gym environment. Advancing extant research, the FPs in this study revealed ageist attitudes may be mitigated by additional education. Various measures were also put forth to enhance the relationship between the FPs and their older clients to ultimately improve participation in physical activity. The impact of FPs can radiate from individual clients to society at large. When FPs help clients develop health skills, they are also teaching them important life skills, such as self-awareness, congruence, commitment, collaboration, common purpose, citizenship, and respect for individual differences. These are all essential for social change (Garrin, 2014). However, the FP-client relationship is symbiotic as summarised by one of the FPs: “I think it’s so rewarding, help them realise that they are more capable than they think they are.”

There has been no funding associated with this research.

Declaration of contribution of authors.

All authors have contributed to the data analysis and writing of the manuscript.

Statement of competing interest

There are no competing interests associated with this article.

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