

THE ROLE OF FITNESS PROFESSIONALS IN PERFORMING
CONTEMPORARY HEALTH AGENDAS: A CRITICAL ANALYSIS OF
'EFFECTIVE' TRAINING, DEVELOPMENT AND PRACTICE

by

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ABSTRACT

Advanced capitalist societies are currently experiencing a series of widespread global public health challenges. The purpose of this research has been to explore the role of ‘fitness professionals’ in this landscape and to understand whether and how they are able to make the contribution to public health that is claimed. The research was conducted over three iterative phases of research: (1) a comprehensive literature review; (2) five complex case studies of fitness professionals in practice; and (3) interviews with twenty key stakeholders/policymakers in the health, fitness and leisure sectors. The findings show that fitness professionals are an important, complex, undervalued and precarious health-related occupational group. Based on the research evidence, it is clear that there is a gap between the health- and fitness-related needs of society and the capacity of the health, fitness and leisure sectors to serve those needs effectively. Using ‘neoliberalism’ as a framework, it is argued that the occupational group of fitness professionals appears to highlight critical gaps in the neoliberal ideology concerning whether, how and under what circumstances the state should intervene in a health-related market. Recommendations are made for improving the practice and/or the development of practice for fitness professionals in the future.

DEDICATION

For my grandmother, Margaret Vera De Lyon (1923 – 2011) who taught me the value of determination, care and perseverance.

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PUBLICATION

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CONFERENCE PRESENTATIONS

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LIST OF ABBREVIATIONS

| | |
|--------|---|
| ACSM | American College of Sports Medicine |
| CEO | Chief Executive Officer |
| CIMSPA | Chartered Institute for the Management of Sport and Physical Activity |
| EHFA | European Health & Fitness Association |
| GP | General Practitioner |
| IHRSA | International Health, Racquet & Sportsclub Association |
| NHS | National Health Service |
| NICE | National Institute for Health and Care Excellence |
| PE | Physical Education |
| PT | Personal Trainer |
| REPs | Register of Exercise Professionals |
| RSPH | Royal Society for Public Health |
| UK | United Kingdom |
| US | United States |
| WHO | World Health Organization |

CHAPTER 1: INTRODUCTION

1.1. Background and rationale for the research

There is little doubt that the fields of work, training, education and public health have changed substantially in the post-industrial world. Under the auspices of advanced capitalism – and its multifarious neoliberal forms – the past few decades have been characterised by the liberation of markets, reductions in state intervention, and the deregulation of workplaces and the work undertaken within them (Herod and Lambert, 2016; Peck, 2010; Springer, Birch and MacLeavy, 2016). In addition, the inexorable quest for the citizenry to develop habits of individualism and self-interest has continued unabated for well over 30 years (Harvey, 2005; MacLeavy, 2016).

At the same time, and possibly linked to deregulation policy, there has been a prevalent rise in widespread global public health challenges that are unprecedented in previous generations. These challenges include the far-reaching and well-documented problems of non-communicable diseases, overweightness/obesity and unhealthy lifestyle habits, such as physical inactivity, sedentariness and maladaptive nutritional behaviours (Biddle and Mutrie, 2008; Blair, 2009; Kohl *et al.*, 2012; Public Health England, 2014; 2017; Trost, Blair and Khan, 2014; World Health Organization [WHO], 2010; 2014). Alongside this, there is a proliferation of new media technologies (e.g., mobile devices, tablets) not only conveying messages about ideal aesthetic bodies (Hakim, 2015; 2018; Smith Maguire, 2008a) but also encouraging people to become responsible for embodying, practising and conceiving health and fitness in particular ways (Ayo, 2012; Markula and Chikinda, 2016; Wiest, Andrews and Giardina, 2015). It has been argued in this context that the reconfigurations of power operating within the United Kingdom (UK) during the current moment involve

a particular set of cultural norms and practices, whereby the appearance of fitness is increasingly regarded as a new form of 'wealth' (Hakim, 2015).

Together, the combination of these factors has provided fertile conditions for the growth and development of a global fitness industry, as well as a relative plethora of practitioners who are responsible for providing various forms of fitness, exercise and health-related support. In fact, a significant change that has occurred in recent years is that fitness and exercise-related services are increasingly being seen as health services rather than simply bodybuilding or recreational activities. In his phenomenological analysis of the evolving cultural practice of fitness, Neville (2012; p.1) noted that: 'What was traditionally niche and merely the preserve of the barbells and beefcakes has spawned an infrastructure so vast that the fitness industry is now considered one of the true powerhouses in international commercial leisure.'

The scale and growth of the fitness industry would appear to have become little short of a global phenomenon. One of the most striking features about the industry's development is that it has extended far beyond the traditionally high-performing North American and European markets (Andreasson and Johannson, 2014; Neville, 2012). According to a recent report, in 2016, the global fitness industry generated revenues of \$83.1 billion, with 162.1 million members visiting 201,000 clubs (International Health, Racquet & Sportsclub Association [IHRSA], 2017). In the UK, data suggests there are over 9.7 million members of fitness facilities and that 1 in 7 adults are members of a gym (Leisure Database Company, 2017).

At the heart of the fitness industry in the UK are a large number of ‘fitness professionals’,¹ who are currently facing a host of new challenges arising from contemporary societal demands (De Lyon, Neville and Armour, 2017; Future Fit and UKActive, 2015; 2016). The number of workers within this broad occupational group has grown considerably since the commercial fitness industry boom in the 1970s (Millington, 2016; Smith Maguire, 2008a). It is unclear, and perhaps impossible, to determine exactly how many fitness professionals are currently practising in the UK.² Nevertheless, evidence suggested that, in 2013, there were approximately 30,000 registered fitness/exercise professionals (Marnoch, 2013) and the US Bureau of Labor Statistics stated that, in 2016, there were approximately 299,200 jobs for fitness trainers and instructors (Bureau of Labor Statistics, U.S, 2018). These included instructors who are responsible for leading, delivering, instructing, and motivating individuals and groups in fitness and exercise activities.

While the prevalence of public health issues such as physical inactivity are now widely accepted, there is far less consensus about effective solutions, the locus of responsibility, and roles of different professional groups in addressing them, or, indeed, the root cause of the problems (e.g. Armour and Chambers, 2014; Joy *et al.*, 2013; O’Sullivan, 2004). It is in these dynamic and contested contexts that fitness professionals operate, with claims that they can become a valuable public health

¹This research found that the term ‘fitness professionals’ is often used inconsistently to refer to a broad range of occupational roles. The issue of terminology is specifically addressed in the following sections of this thesis: Section 5.7. Key stakeholder/policymaker interviews; Section 6.3. The knowledge and expertise boundaries of fitness professionals; and Appendix 1: Literature review methods and selection of terminology for the research.

²This is due, in part, to on-going issues concerning the appropriate use and application of terminology within this context.

resource and essential component in the delivery of policy recommendations for reducing inactivity (Central YMCA Qualifications, 2014; European Health and Fitness Association [EHFA] 2011a; Sallis, 2009). Support for the role of fitness professionals as public health ‘assets’ has been expressed by a wide variety of stakeholders, such as researchers, industry organisations, businesses, policymakers and practitioners. For example, Howley and Thompson (2012; p.14) stated that ‘Fitness professionals are at the cutting edge of health in much the same way scientists discovering vaccines for major diseases were at the turn of the 20th century’. Similarly, Oprescu, McKean and Burkett (2012) argued that fitness professionals could be a key resource for health promotion and disease prevention in many countries. The former president of the American College of Sports Medicine (ACSM), Robert Sallis, argued further by stating that:

[W]e must begin to merge the fitness industry with the healthcare industry if we are going to improve world health... With a wealth of evidence in hand, it is time for organized medicine to join with fitness professionals to ensure that patients around the world take their exercise pill. There is no better way to improve health and longevity. (Sallis, 2009; p.4)

Naturally, from the perspective of the fitness industry, there has been a growing sense of optimism about the capacity of their workforce to address this major public health challenge. This optimism was exemplified by the former UKActive chairman and founder of LA Fitness, Fred Turok (2013), who argued not only that the industry has the facilities, footprint, and expertise to deliver on the current health agendas, but that it is their responsibility to do so.

A key problem is that while there has been a succession of high-profile claims made about the role of fitness professionals in contemporary public health agendas,

relatively little is known about the capacity of this group, realistically, to deliver on these agendas or the types of education and training processes that would support them to be effective (however effectiveness is defined). This research ‘gap’ has already been recognised by various stakeholders and policymakers (Baart de la Faille-Deutekom, Middelkamp and Steenbergen, 2012). In terms of the existing research, in an analysis of research on personal trainers, Middelkamp and Steenbergen (2012) found few robust studies that met the quality criteria for inclusion in their review. Similarly, a systematic review of knowledge translation interventions targeting ‘fitness trainers’ identified just two studies that met their criteria for inclusion (Stacey *et al.*, 2010; pp.1-2). This contrasts with the current state of knowledge about other related groups of practitioners such as sports coaches and Physical Education (PE) teachers, who have a comparatively stronger research and evidence basis for their practice (e.g., see Armour and Makopoulou, 2012; Armour *et al.*, 2017; Gilbert and Trudel, 2004; Lyle and Cushion, 2010; Potrac, Gilbert and Denison, 2013).

One factor that has impeded the development of a coherent research agenda on fitness professionals and their health-related roles is that separate lines of research have been conducted across a wide berth of disciplinary boundaries. For example, existing research has explored the training/skills policy and work organisation for fitness professionals (e.g., Lloyd, 2005a, 2005b, 2008; Lloyd and Payne, 2013; 2017); the socio-cultural aspects of the fitness and the wider fitness and leisure industries (e.g., Andreasson and Johansson, 2014; Sassatelli, 2010; Smith Maguire, 2001, 2008a); and the characteristics of successful personal trainers through a focus on their applied work (e.g., Melton *et al.*, 2010; Melton, Katula and Mustian, 2008). Operating largely independently of each other, however, these lines of research have failed to offer a

cumulative understanding of the ways in which fitness professionals could be developed and/or how their education and training might be improved. Consequently, it is argued that in the quest to educate and support individuals to be more physically active and healthy throughout the life-course, it is important to know more about fitness professionals, their role in performing contemporary health agendas, and the nature and effectiveness of their learning, training and education processes. In order to pursue these objectives, this research drew upon the concept of the researcher as a bricoleur (Denzin and Lincoln, 2000; 2011b; 2017; Kincheloe, 2001; 2005; Kincheloe and Berry, 2004; Kincheloe *et al.*, 2017) as a methodological guide (see Chapter 4: Methodology). According to Kincheloe (2001; p.689), for instance, the researcher as a bricoleur understands that the frontiers of knowledge production ‘rest in the liminal zones where disciplines collide’.

1.2. Aims and objectives

The purpose of this interdisciplinary research was to explore the role of fitness professionals within the contemporary health landscape and to understand whether and how they are able to make the contribution to public health that is claimed. The research was structured around four main sub-questions:

1. What is the nature of the expectations for fitness professionals working in contemporary society?
2. What is an ‘effective’ fitness professional and how and why are they ‘effective’ (or not effective)?
3. What is ‘effective’ learning and/or development for fitness professionals and how and why are these processes ‘effective’ (or not effective)?

4. What recommendations can be made to improve the practice and/or the development of practice for fitness professionals in the future?

A central feature of these questions is that they revolve around notions of ‘effectiveness’ for fitness professionals. It has been proposed that when considering the effectiveness of a certain process or activity, there are always three important questions to ask: Effective for what? Effective for whom? And, under what circumstances? This is largely because ‘effectiveness’ is, at its core, an instrumental phenomenon in that it says something about the way certain ends might be achieved, but it does not say anything about the desirability of the ends in themselves (Biesta, 2009a; Bogotch, Miron and Biesta, 2007). Biesta (2009a), for example, noted that there are both effective and ineffective forms of brainwashing, just as there are effective and ineffective torturing. Moreover, Hodkinson, Biesta and James (2008) use the example of prisons, where inmates might learn effectively how to be better criminals. In contrast, in the context of fitness professionals, it is possible that an effective personal trainer could be effective at helping their clients to achieve specific fitness, performance and/or weight loss goals.

Another important feature of the research questions is their focus on and consideration for learning. Like notions of effectiveness, the concept of learning is deceptively simple. In practice, capturing, recording and analysing learning is fraught with challenges (Makopoulou and Armour, 2011). It is acknowledged that ‘learning’ is conceptualised differently from different theoretical perspectives, which, in turn, offer a range of insights into the learning process (see Colley, Hodkinson and Malcom, 2003; Illeris, 2018). For the purposes of clarity, it is important to note that

the current research drew upon a variety of different theoretical lenses and perspectives in order to understand the learning processes for fitness professionals. This included taking into account the formal, non-formal and informal learning activities in which fitness professionals engage – on which there has been relatively little systematic research investigation.

In his critical examination of the work of classic social theorists, Lemert (2007) described the parable of an old man who loses his glasses in a field:

According to legend, there once was an old man who had lost his glasses in a field at night. A passing stranger came upon him searching in the light of a lamp by the road. The stranger offered to help. But after looking for a while he asked the man exactly where he had lost his glasses. When the stranger was told the truth – that they were somewhere in the dark field – he asked why then look by the road. The man answered “because the light is over here” (an old ironic parable, in Lemert, 2007; p.43)

This parable extends a useful lesson about advancing knowledge in a fledgling area of research enquiry – it is about purpose and method. In this research, this process involved venturing behind the doors and onto the gym floors of health and fitness sites; into the atmosphere and environment of group exercise classes; and through the concealed surroundings of personal training studios. Furthermore, it involved venturing beyond these immediate local contexts; for example, by considering the ways in which the work of key policymakers and stakeholders were serving to influence the relationships taking place between fitness professionals and their clients/customers.

By learning from the old ironic parable of the man who lost his glasses in the field, the researcher (as a bricoleur) sought to venture as best as possible ‘beyond the light of the lamp posts’ – i.e., the ‘known’ - into the ‘darkened fields’ – that is, the

‘unknown’ or ‘unexplored territory’ (Borko, 2004) of the health, fitness and leisure sectors in order to answer research questions. Following the assertions of Cushion, Armour and Jones (2006) in the field of sports coaching, the aim was to take account of the contextual purposes, particularities and subjectivities of practice:

... by going there, by researching how knowledge and skills are refined, by learning about how, and why, situationally meaningful judgments and decisions are made, and by better understanding the pragmatic constraints of... [health, fitness and leisure] contexts... (p.95)

1.3. Structure of the thesis

Following this introduction, the thesis is organised into seven further chapters:

Chapter 2 is a comprehensive review of the academic, policy and ‘grey’ literature on fitness professionals and their links (claimed and actual) to health and public health agendas.

Chapter 3 sets out the theoretical framework for the research. This includes providing a rationale for the selection of ‘neoliberalism’ as a framework. The chapter also situates this framework in light of its complex historical roots, multiple conceptualisations, definitions, manifestations and effects leading to the current moment.

Chapter 4 describes the methodological approach that was taken to answer the question and sub-questions for the research. This chapter provides detailed information on the research design, approach and paradigm in which the research is located. Specific information is provided on the research participants, and methods of

data collection and analysis that were employed during the research. The chapter also examines fundamental research issues concerning the ‘generalisability’ of the findings, ethical considerations, reflexivity and research quality.

Chapter 5 reports the findings of five complex case studies of fitness professionals in practice and the findings of interviews with 20 key stakeholders/policymakers in the health, fitness and leisure sectors. These findings are organised and presented around a series of key themes.

Chapter 6 provides an analysis and discussion of all the data generated throughout each of the phases of research. In this chapter, the data themes, individual case studies and key stakeholder/policymaker accounts are considered in the context of the research questions and the relevant literature.

Chapter 7 offers: firstly, conclusions which are aligned to the research questions and findings; secondly, theoretical, empirical and practical implications arising from the research; and, thirdly, limitations and recommendations for future research.

The thesis has been written using various modes of representation to communicate the research in a manner that was deemed to be most appropriate for the task ‘in hand’.¹

Before proceeding further, however, and to reflect that this research is a human creation where the researcher is the main instrument for data collection and analysis

¹Appendix 1 provides a detailed overview of the modes of representation that were employed to communicate the research.

(e.g., Miles, Huberman and Saldaña, 2014), an explicit discussion of the positionality of the researcher is provided.

1.4. Positionality of the researcher

It is accepted that researcher choice and decisions underlie the entire research process, ranging from the research questions to the product or outcome of the work. For the purposes of this research, therefore, an explicit discussion of the positionality of the researcher was considered to be important for readers to understand the researcher's possible influence on the research process, as well as other variables that have influenced the data collection and analysis.

The concept of positionality refers to personal values, views and location in time and space as well as the ways in which these influence how a person understands the world (Sánchez, 2010). This takes into account aspects such as age, gender, race, educational history, social class, professional background and other aspects of a researcher's identity, which are present during any interaction. These are not fixed, given qualities; rather, they act on the knowledge a person has about things - both material and abstract (Sánchez, 2010).

For the purposes of this research, an account of the positionality of the researcher is provided in the form of a personal narrative.¹ This is a type of prose narrative relating personal experience, which refers to a story from one's life or experiences. This was considered to be a particularly valuable way of communicating the relationship

¹A discussion of and rationale for narrative enquiry are presented in Section 4.7. Data analysis.

between the researcher and the researched, especially with regard to how the relationship between these factors evolved and developed over time. Indeed, this is in line with the view that narratives play a key role in constituting meaning, making sense of our experiences and communicating experiences and meanings to others (Polkinghorne, 1988; Smith and Sparkes, 2009a; 2009b; Smith, 2010). As Smith (2010; pp.87-88) explained, ‘humans lead *storied lives*. In part, we live *in, through,* and *out* of narratives. We *think* in story form, make *meaning* through stories, and make sense of our *experiences* via the stories provided by the *socio-culture* realms we inhabit’ (emphasis in original). Importantly, Smith (2010) recounted how stories help to guide action, construct human realities, and help frame both who we are and who we can be. Accordingly, the personal narrative account of the positionality of the researcher is presented below.¹

My subject position as a researcher and my relationship to the participants can be summarised as follows. I am a white, British, male, in my early 30s from a broadly middle class background. Like many of the research participants, my personal and professional interests are deeply intertwined. Indeed, my decision to pursue a PhD on the role of fitness professionals in performing contemporary health agendas lies at the intersection between these interests.

I have been passionate about sport, fitness and exercise from a young age. As a teenager, I played cricket at a county level, first team rugby and participated in a wide variety of other sports. I was also a talented chess player, representing county and national teams. I first started exercising in a gym at the age of 15, with the aim of improving my muscle strength and size. There was something about the environment that captivated me, even at an early stage. I have remained a regular gym user at a broad range of fitness and leisure sites ever since.

At the age of 19, I qualified as a fitness professional by completing a diploma in personal training that was delivered by a private training provider. This followed a period of time where I had graduated from college with a very ordinary set of A Levels, dropped out of a university degree in Multimedia

¹Unlike other sections of the thesis, the narrative account has been written and is presented in the first person. This adheres to the general conventions of a personal narrative and reflects that the account represents the personal experiences of the researcher.

and Computer Technology and spent some time unemployed. Using my personal training qualification, I went on to work as a fitness instructor and personal trainer at leisure centre sites in Norfolk and London.

While working in these roles, I was struck by the complexity of issues members and clients presented to me. I also found that I enjoyed working in these roles, due, in part, to the ability to combine my personal interests in fitness with the capacity to help people through my work. At the same time, however, I was aware that some of the issues I encountered with clients/members were more complex than I felt able to cope with adequately. The combination of these factors provided a source of motivation for me to complete a BSc (Hons) degree in Sports Coaching and Performance at the University of Hull, and later, a MSc in Sport and Exercise Psychology at Loughborough University, where I was strongly influenced by the qualitative research and teaching of Brett Smith.

While studying at Hull, I was inspired by the developing body of research literature on the sociological and pedagogical aspects of sports coaching (e.g., Cushion, 2007; Cushion *et al.*, 2006; Denison, 2007; Jones, Armour and Potrac, 2002; 2003; 2004; Nelson, Cushion and Potrac, 2006; Potrac and Jones, 2009; Potrac, Jones and Armour, 2002). Being taught by Paul Potrac and Lee Nelson, especially, sparked my interest in the subject and provided a key impetus for pursuing a MSc project on the acquisition and development of fitness professionals' knowledge under the guidance of Chris Cushion (published in De Lyon and Cushion, 2013). While working on this project, I noted what I considered to be a very limited body of research literature on the learning, training, education and work practices of fitness professionals. Moreover, it was my view that the literature on the occupational group was significantly under-developed in comparison to the research I had been studying in the related fields of coaching, PE and sport and exercise psychology. I particularly recall noting a disjuncture between my personal experiences as a fitness professional and the ways in which the existing body of research literature represented the role. This was one reason underlying my decision to conduct this PhD research under the guidance of Kathy Armour at The University of Birmingham.

In the application for the PhD programme, I boldly – and perhaps naively - stated that it was 'my ambition to pioneer a new 'field' of research investigating [fitness professionals] learning, education and professional development... [that] could conceivably result in improved practice by fitness trainers, employers and administrators alike'. Undoubtedly, the results of the research have been far more modest, and I feel that I have become increasingly realistic about what it might be possible to achieve.

Conducting the research, and negotiating my subject position as a researcher throughout the process, has been challenging in all aspects. I have wrestled with my changing views on key issues such as the optimal regulation of the occupational group, how the existing training systems might be improved and the broader health-related roles of fitness professionals. In some ways, I

believe this PhD thesis provides a partial representation of my personal struggles with the topic.

Going forward, I remain passionate about improving the learning, training, education and practice of fitness professionals and I believe there is an important role for research in these contexts. At the time of submitting the final version of the thesis, I am being employed to work at a high-end commercial health club as a Personal Trainer.

Following this background and rationale for the research, an explication of its aims and questions, an overview of the structure of the thesis, and a positioning of the researcher in relation to the researched, the PhD thesis is now presented.

CHAPTER 2: LITERATURE REVIEW

2.1. Overview

This chapter provides a review of the literature and ideas that are relevant to understanding the research context and chapters that follow.¹ The findings of the review are organised and presented under four key themes. It is shown that while fitness professionals assume responsibility for providing physical activity, fitness, exercise and health-related services in complex practice settings, there are many concerns about this occupational group, including their ability to meet the diverse needs of the population groups they seek to serve.² The chapter concludes that understanding the role of fitness professionals in performing contemporary health agendas requires a coherent theoretical framework, empirical research that is contextually grounded, and a research approach that is willing and able to take into account evidence which embraces complexity within learning, education and practice settings.

2.2. Evidence for health impacts

From the available literature, it is clear that a key aspect of fitness professionals' roles is to identify and meet individuals' health and fitness needs (ACSM, 2009; 2013;

¹Appendix 2 provides an overview of the methods used to conduct the review, as well as a rationale and outline of key terminology that is used in the research.

²For the purposes of this research, the term 'physical activity' refers to any bodily movement produced by the contraction of skeletal muscles that results in a substantial increase in caloric requirements over resting energy expenditure (Caspersen, Powell and Christenson, 1985). The term 'exercise' refers to a type of physical activity which consists of planned, structured, and repetitive bodily movement done to improve and/or maintain one or more components of physical fitness (Caspersen *et al.*, 1985). These definitions are consistent with the latest ACSM guidelines (see ACSM, 2018). In contrast, the terms 'fitness' and 'health' were considered to be more holistic and problematic to define (see Neville, 2012; 2013a; Smith Maguire, 2008a; Section 2.6. Conceptualising health and the contemporary health landscape).

Bennie *et al.*, 2017; Chartered Institute for the Management of Sport and Physical Activity [CIMSPA],¹ 2017a; 2017b; George, 2008; Register of Exercise Professionals [REPs],² 2009a; 2009b; 2016). Moreover, there is research evidence to suggest that fitness professionals might be able to improve health by promoting physical activity and providing exercise education, motivation and support. Studies have shown, for example, that the use of personal trainers is associated with improvements in strength during exercise interventions (Maloof, Zabik and Dawson, 2001; Mazzetti *et al.*, 2000), increased exercise intensity (Ratamess *et al.*, 2008), and better adherence to an exercise program overall (Jeffery *et al.*, 1998). Furthermore, it has been found that the use of a personal trainer in a private health club setting is associated with significantly greater improvements in a variety of health-related measures (such as improvements in lean body mass) in comparison to fitness members who were responsible for directing their own training (Storer *et al.*, 2014). It is highlighted in this context, however, that a lack of published research data exists on the effectiveness of fitness professionals working in applied fitness, health and leisure settings (Storer *et al.*, 2014).

In terms of the research evidence, the existing literature indicates that the most substantial body of research linking fitness professionals and health can be found in

¹Launched in 2011, CIMSPA claims to be the professional development body for the UK's sport and physical activity sector. This body has been responsible for developing the Professional Standards Matrix, which outlines occupations and job roles within the sector.

²REPs is an independent, public register who claims responsibility for recognising the qualifications and expertise of health-enhancing exercise professionals in the UK. Originally founded and managed by Skills Active, REPs was acquired by Sports Coach UK in January 2017.

the research on exercise referral schemes (Sowden and Raine, 2008). These initiatives were introduced as a way for general medical practitioners and other health-care professionals to refer patients to a fitness club and/or individual fitness professionals as a means for using exercise to improve their health.¹ Yet, despite the expansion of these schemes during the 1990s and 2000s, there is strong evidence illustrating the limited effectiveness of the schemes in practice. Notably, a succession of highly cited systematic review articles have consistently shown that exercise referral schemes have only a limited and often short-term impact on patients' levels of physical activity and other associated health outcomes, such as psychological wellbeing and overall health-related quality of life (National Institute for Health and Care Excellence [NICE], 2006, 2014; Pavey, Anokye *et al.*, 2011; Pavey, Taylor *et al.*, 2011; Williams *et al.*, 2007). In spite of this, the existing research has provided very few recommendations that are specifically focused on improving the professional training of the fitness professionals who are working as a core part of these initiatives. It is possible to suggest that one reason for this might be that existing research has largely focused on analysing the effectiveness of the schemes rather than the practices and effectiveness of the practitioners working on them.

As it stands, there is relatively little data available on the number, nature, quality or effectiveness of the interactions that take place between fitness professionals and members of the public on a daily basis (De Lyon *et al.*, 2017). As a result, it may be simply premature to claim that, as a group, fitness professionals are driving positive

¹The purpose of exercise referral schemes is to encourage sedentary patients with existing health problems or risk factors to become more physically active. These schemes were initially developed in the UK during the 1990s, with similar schemes emerging in countries such as New Zealand, Australia and the US (Sowden and Raine, 2008).

national level health impacts. An important point to note here is that very few public funds have been made available to conduct research on the practice of fitness professionals. One reason for this, of course, is that unlike PE teachers for example, the group mainly practises within the private sector, and the fitness industry is a field of activity driven predominantly by commercial interests (Andreasson and Johansson, 2014; Sassatelli, 2010; Smith Maguire, 2008a). So, while it has been argued by organisations such as UKActive that a robust body of evidence is needed on the health impacts of the fitness industry, it is unclear who would fund such research. Research conducted on the industry by the industry is unlikely to offer the kind of independent evaluation that is required. The evidence suggests, in fact, that the fitness industry has, in many ways, benefited from the lack of robust scrutiny of its practices (De Lyon *et al.*, 2017).

2.3. Ambiguous role and practice expectations

Among the many practitioners who could potentially fall within the broad fitness professional category, it is the training, development, and practice of personal trainers that would appear to have been studied most frequently (e.g., Barnes, Ball and Desbrow, 2017; Doğan, 2017; Donaghue and Allen, 2016; George, 2008; Madson *et al.*, 2010; Melton *et al.*, 2008, 2010; Smith Maguire, 2001; 2008b). Here, the evidence is clear that a personal trainer's role extends far beyond the programming of structured exercise activities. Moreover, the role has been continually shifting to meet new and emerging practice expectations. For example, evidence shows that personal trainers routinely take on a multitude of roles, including those of teacher, trainer, counsellor, coach, psychologist, supervisor, supporter, nutritionist, biomechanist, bodybuilding evaluator and consultant, life management advisor, weight controller,

personal life consultant, business person, sales representative and physical fitness advocate (Barnes, Ball and Desbrow, 2017; Barnes, Desbrow and Ball, 2016; Beedie, 2016; Doğan, 2017; Donaghue and Allen, 2016; Fernández-Balboa and González-Calvo, 2017; George, 2008; Madeson *et al.*, 2010; McKean *et al.*, 2015; Smith Maguire, 2001, 2008b; UKActive and Royal Society for Public Health [RSPH], 2018). In this context, it can be noted that very few forms of regulation exist to restrict the types of work they undertake in practice environments (Melton *et al.*, 2008; Warburton *et al.*, 2011). Because of this, these fitness workers are considered to be a ‘Jack/Jill of all trades’ integrating skills in business, psychology, nutrition, communication, and teaching, as well as those of fitness training, in order to meet the diverse needs of each individual exercise participant - or client (De Lyon *et al.*, 2017; Reiff, 1996).

The evidence suggests that role boundaries can become particularly problematic in these contexts due to the factors that emerge within client–trainer interactions (Dawson, Andersen and Hemphill, 2001; Fernández-Balboa and González-Calvo, 2017; George, 2008). For instance, some research has shown that personal trainers can develop deep and often intimate relationships with their clients that, in turn, serve to ‘blur’ respective trainer–client role boundaries (Doğan, 2017; George, 2008; Madeson *et al.*, 2010). The problem is illustrated by a phenomenological investigation of women’s experiences of personal training, which found that participants would discuss very personal issues, such as family struggles and other problems in their lives, with their trainers (Madeson *et al.*, 2010). One of the participants in this study even compared personal training to a form of therapy in her life, and several of the other participants described how their personal trainers had enabled them to improve

their social relationships with other people, such as other gym members and trainers (Madeson *et al.*, 2010).

An important issue that has emerged within the sociological literature is the conflation of a fitness professional's own bodily appearance (or 'bodily capital') with their level of perceived professional competence and/or health authority (Hutson, 2013). Clients tend to believe that if a fitness professional has a 'good body', then this signifies a high level of professional knowledge (Hutson, 2013; Melton *et al.*, 2008; Melton *et al.*, 2010). But there is an obvious point to be made here - that such personal bodily capital does not, in itself, translate into professional knowledge, i.e., the kind of detailed and personalised health, fitness, nutrition or lifestyle advice that clients are likely to require. Nonetheless, this image appears to be an important factor for clients when deciding whether or not to trust a fitness professional and follow the advice given, regardless of actual levels of knowledge and skills. Here, it is worth noting the growing number of legal actions taken against fitness and/or exercise professionals who, it is claimed, lack the requisite knowledge and skills that are needed to meet those client expectations that are an inherent part of their daily practice (Eickhoff-Shemek, 2010; Warburton *et al.*, 2011).

A confounding factor in this respect is the high level of professional autonomy that characterises the work of fitness professionals. These practitioners are typically able to develop idiosyncratic approaches to programming, instruction, evaluation and sales that are grounded in their individual experience, education, preference, and personal philosophies (Lloyd and Payne, 2013; 2017; Smith Maguire, 2001; 2008b; Wiest *et al.*, 2015). Together, these factors may help to explain why members of the public

report difficulty in understanding the different levels of training, education, experience and quality of individual fitness professionals (Lloyd and Payne, 2013; 2017; Warburton *et al.*, 2011). Thus, given the apparent scope and ambiguity surrounding the nature of their roles and practice, it is perhaps unsurprising to find research which shows that fitness professionals engage in (and take responsibility for) client behaviours that go beyond the original (and arguably legitimate) boundaries of the roles; i.e., those roles for which they are trained (Anderson *et al.*, 2010; Barnes, Ball and Desbrow, 2017; Barnes, Desbrow and Ball, 2016; Dawson *et al.*, 2001; Gavin, 1996; McKean *et al.*, 2015).

2.4. Concerns about training and education provision

Despite apparent concerns about their role and practice expectations, fitness professionals are taking responsibility for providing exercise and health-related services for an increasingly diverse range of client groups. For example, research indicates that fitness professionals can be responsible for delivering health-focused exercise interventions for individuals with obesity (Jeffery *et al.*, 1998), diabetes (Lubans *et al.*, 2012), Parkinson's disease (Corcos *et al.*, 2013), mental health issues (Moore, Moore and Murphy, 2011) and many other health-related conditions (see British Heart Foundation National Centre - Physical Activity & Health and Loughborough University, 2010; Markula and Chikinda, 2016; SkillsActive/REPs/Fitness Industry Association, 2008). Moreover, an expansion of the role outwardly from the traditional gym environment has meant that the group are now practising in a wide range of health-related settings, such as medical centres, sports medicine and rehabilitation clinics, and corporate wellness centres (Muth, Vargo and Bryant, 2015; Thompson *et al.*, 2010).

The high levels of responsibility that fitness professionals take on in these various contexts has led to a series of mounting concerns about the adequacy of their formal training and professional education. In particular, there is a growing body of international research highlighting substantial knowledge and skills ‘gaps’ for fitness professionals (Barnes, Ball and Desbow, 2016; 2017; Central YMCA Qualifications, 2014; Dawson *et al.*, 2001; De Lyon and Cushion, 2013; De Lyon *et al.*, 2017; Future Fit and UKActive, 2015; 2016; Malek *et al.*, 2002; McKean *et al.*, 2015; Mikeska and Alexander, 2018; UKActive and RSPH, 2018). In one of the early empirical research studies conducted on this topic, it was shown that fitness professionals who hold a bachelor’s degree in kinesiology/exercise science and/or possess qualifications accredited by the ACSM and the National Strength and Conditioning Association, scored significantly higher in an ‘objective’ measure of health- and fitness-related knowledge compared to those without such qualifications (Malek *et al.*, 2002). These findings are, to some extent, consistent with systematic review evidence which shows that fitness trainers with higher levels of education are more likely to use evidence-based sources of information (e.g., from scientific journals) to inform their practice, compared to those who have lower education levels, who are more likely to rely on sources such as the Internet (Stacey *et al.*, 2010). Crucially, it was found that fitness trainers with lower levels of qualification reported difficulty in assessing the quality of the information that they accessed (particularly from the Internet) (Stacey *et al.*, 2010).

Even though fitness professionals assume responsibility for a wide range of health-related work, there is remarkably little agreement or understanding about which

qualifications or other forms of continuing professional development are the most useful in terms of supporting their daily work practices. Research has focused mainly on fitness professionals' initial training and development and has recommended that degree-level certification in exercise science/kinesiology (or related disciplines) should form the primary basis of their professional competence (e.g., Rupp *et al.*, 1999). Yet, it is unlikely that a single qualification provided in higher education environments would adequately prepare fitness professionals for the career-long challenges they will face while working in the fitness industry. Given the relative autonomy of this occupational group, as it currently stands, evidence suggests that it is likely that fitness professionals will be left to pursue overly individualistic and largely ad hoc ways of enhancing their professional development (De Lyon and Cushion, 2013).

2.5. Issues with professionalism, credibility and linking with key stakeholders in public health/medicine

A significant barrier the fitness sector as a whole faces is a lack of recognition and trust by key stakeholders in public health and medicine. This was highlighted in an industry report by the EHFA, which found that the established health professions held negative perceptions of the fitness industry and its ability to assure appropriate levels of education and training for its members (EHFA, 2011a). There is a degree of scepticism, in the medical community in particular, about the knowledge base and level of professionalism that underpins the sector (Muth *et al.*, 2015; Royal College of Physicians, 2012). In exercise referral schemes, for example, this is one factor that has been associated with low rates of referral (Royal College of Physicians, 2012).

In a further dimension of this issue, it has been argued in the UK context that there is an inherent tension within the fitness industry. The industry and its workforce are keen to emphasise the quality and professionalism of their work, but they often lack the organisational structures that are required to deliver a high-quality service (Lloyd and Payne, 2013; 2017). This problem was illustrated by findings of a Central YMCA Qualifications report, which raised concerns about the capacity of the fitness sector to support inactive population groups (Central YMCA Qualifications, 2014). These findings were supported by a more recent industry report showing that 88% of employers believe their fitness staff are not adequately equipped to practise with ‘special population’ groups; e.g., those living with long-term medical conditions (Future Fit and UKActive, 2016; p.13). This report noted that people falling within this category are increasingly regarded as being regarded as the ‘typical’ client for employers in the sector (Future Fit and UKActive, 2016). Within the academic literature, it has been proposed that the growth of for-profit organisations who gain financially from delivering fitness qualifications and providing certification represent a major safety concern when the practitioners they have trained are tasked with the responsibility of dealing with specific clinical population groups (Warburton *et al.*, 2011).

It has been argued that there is widespread complacency within the sector about career progression and job quality, which results in employers having little incentive to tackle problems of low wages or improve opportunities for training and development (Lloyd, 2005a, 2005b, 2008; Lloyd and Payne, 2013; 2017; UKActive and RSPH, 2018). Workforce turnover in the fitness industry is high as a result of low pay, an oversupply of workers holding relevant health and fitness qualifications, a

lack of career progression, and the prevalence of shift work (Lloyd, 2005a, 2008; Lloyd and Payne, 2013; 2017; UKActive and RSPH, 2018). Additional concerns have been raised about the prevalence of ‘precarious’ working arrangements such as ‘hyper flexible working’ practices within commercial health clubs (Goodley and Topham, 2017; Harvey *et al.*, 2017). Added to this, evidence suggests the continuing professional development courses that are provided in the fitness industry are often too short and compact, meaning that fitness professionals do not receive the level of on-going training/education they require for the health-related roles they undertake with clients and customers (Central YMCA Qualifications, 2014; De Lyon and Cushion, 2013; Future Fit and UKActive, 2015; 2016). In combination, these factors mean that organisations within the sector face challenges in employing, attracting and retaining well-educated staff (e.g., those fitness professionals with appropriate levels of training or with higher qualification levels) that might be best placed to serve the health and fitness needs of their clients. Furthermore, with the focus on sales growth and customer service in the fitness industry, it has been reported that employers are not sufficiently concerned when fitness instructors are ‘more adept at smiling than they are at understanding knee ligaments’ (Lloyd, 2005a; p.31).

In contrast, with their comparatively high levels of training and professional credibility, primary health care practitioners have been under increasing pressure to act as key advocates of health-enhancing behaviours such as exercise and physical activity (e.g., see Gates, 2015; NICE, 2014). However, there are numerous personal, organisational, policy and systemic factors that prevent the effective promotion of these behaviours within a primary care setting. Studies have shown, for example, that health care practitioners hold mainly positive attitudes towards the role of physical

activity and exercise in public health, but a large proportion of clinicians are uncertain about the effectiveness of their ability to provide detailed physical activity and exercise advice (Douglas *et al.*, 2006; Hébert, Caughy and Shuval, 2012; Vuori, Lavie and Blair, 2013). Evidence suggests there are further barriers to overcome, including: a lack of effective organised systems to support physical activity counselling; and the nature of patient visits, which are primarily focused on acute care or problem-based care rather than on preventative care or health promotion (Joy *et al.*, 2013; Tulloch, Fortier and Hogg, 2006). Some authors have even questioned whether primary care practitioners have the training, experience and legal support to play a predominant role in the promotion of physical activity and exercise at a population level (Bull and Bauman, 2011; Henderson *et al.*, 2017).

In short, there remains an overriding concern that the importance of engaging in the promotion of health-related behaviours such as physical activity and exercise are not yet adequately supported in practice by many individuals in public health and medicine (Weiler and Stamatakis, 2010; Matheson *et al.*, 2011). But, within the UK context at least, there appears to be something of a transformation occurring. This was signalled by the National Health Service (NHS) Five Year Forward View (2014), which stated that the health of future generations, the sustainability of the NHS, and economic prosperity of the country are dependent upon a ‘radical upgrade in prevention and public health’ (p.9). As things stand, evidence suggests that the role of fitness professionals within this evolving health landscape is characterised by a lack of clarity, degrees of conflict, possibility and potential (De Lyon *et al.*, 2017; Halliday *et al.*, 2017; Henderson *et al.*, 2017; UKActive and RSPH, 2018).

2.6. Conceptualising health and the contemporary health landscape

There is much debate concerning the appropriate definition and conceptualising of health. One of the most commonly cited definitions was formulated by the WHO in 1948. This describes health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity’ (WHO, 1948, p.1). At the time of its formulation, this definition was considered ground-breaking due to its breadth and ambition (Huber *et al.*, 2011). Of particular importance was that it overcame the negative definitions of health as merely the absence of disease and embraced the physical, mental and social domains. The definition has, however, since been criticised on numerous accounts (see Bircher and Kuruvilla, 2014; Books, 2009; Gentry and Bandrinath, 2017; Horton, 2013; Huber *et al.*, 2011; Smith, 2008). For example, a key criticism of the WHO definition concerns the absoluteness of the word ‘complete’ in relation to health and wellbeing. It is pointed out that the requirement for complete health would leave most people unhealthy most of the time (Smith, 2008). Moreover, in a related criticism, this widely used definition of health is considered to aspirational, as it is presently unlikely to be attainable for most people (Gentry and Bandrinath, 2017; Smith, 2008).

Although others have attempted to overcome the limitations in the WHO definition, it seems unlikely – and possibly undesirable – that full consensus regarding a single, uniform definition will ever be achieved. As Bircher and Kuruvilla (2014) have noted, health means different things, at different times, to different people and in different places. Indeed, it is beyond the scope of the current research to entirely overcome the issues concerning the appropriate use, definition and conceptualisation of health.

Therefore, for the purposes of this research, and based upon an extensive analysis of

the existing literature, the term ‘health’ is used broadly to encompass multiple dimensions. These include – but are not limited to – the physical, psychological, emotional, social, political, organisational, environmental, cultural and ideological dimensions of health (cf. Ayo, 2012; Bircher and Kuruvilla, 2014; Books, 2009; Chapman, 2017; Crawford, 2006; Horton, 2013; Scrambler, 2018; Smith, 2008; Witt *et al.*, 2017). In so doing, the research attempted to situate the training, development and practice of fitness professionals within the contemporary health landscape.

While the concept of health has been widely studied and debated, the notion of a ‘contemporary health landscape’ is addressed far less frequently. In one of the few academic uses of the term, Chapman (2014; p.123) described the contemporary health landscape as a period of time in which ‘health services are increasingly delivered through private health sector institutions, and governments lack direct control over some or many components of the health system’ (see also Chapman, 2017). This can be seen in the UK, for example, whereby health-related services – most notably the NHS - have undergone major structural changes, opening services up to competition with the private sector, ostensibly to improve efficiency (Chapman, 2014; 2017). From a public health and wellbeing perspective, these changes are associated with both positive and negative effects (Chapman, 2017). In the UK, for instance, government spending cuts/austerity measures implemented during the current neoliberal era are considered to have had detrimental effects on both public health and healthcare (e.g., Benbow, 2017; Hunter, 2016; Leys, 2017).

There can be little doubt that the contemporary health landscape comprises a vast number of individuals, business, organisations, parties and institutions. Key

challenges within this landscape include the diminishing support for the welfare state, the rise of neoliberal approaches to health policy implementation, the globalisation of health and economic order, the influential role of transnational corporations (such as pharmaceutical companies) in the health domain and rapidly transforming digital technologies (see Chapman, 2014; 2017; Lupton, 2016; Scrambler, 2018). In this context there is much at stake. When summarising his views on why national governments should take the issue of health more seriously, the Editor-in-Chief of *The Lancet*, Richard Horton, stated that health matters because when politicians intervene in health policy they are not only intervening with peoples' health, and the lives people wish to live, 'but with the futures we all value and long for' (Horton, 2013; p.980).

2.7. Chapter summary

This chapter has provided a comprehensive review of the academic, policy and grey literature on fitness professionals and their links (claimed and actual) to health and public health agendas. The analysis has highlighted strong societal expectations that the group will be able to play a key role in reducing levels of lifelong physical inactivity, thereby contributing toward improvements in public health outcomes. Moreover, the analysis has indicated that fitness professionals routinely fulfil a multitude of health- and fitness-related roles in order to meet the diverse needs of the exercise participants and/or clients they encounter. In particular, this literature review has highlighted ways in which fitness professionals are expected play key roles in the physical, psychological and emotional dimensions of health for members of the population.

Based on this review of the available literature it is clear that there are problems. The review illustrates that while fitness professionals do assume responsibility for providing physical activity, fitness, exercise and health-related services in complex practice settings, there are many concerns about their ability to meet the diverse needs of the population groups they seek to serve. Importantly, the evidence indicates that there is a mismatch between the expectations placed upon fitness professionals in practice and the training and professional education that is available to support them.

Moving forward, it is argued that understanding the role of fitness professionals within the complex contemporary health landscape requires a coherent theoretical framework, empirical research that is contextually grounded, and a research approach that is willing and able to take into account evidence that embraces complexity within learning, education and practice settings. Each of these factors is subsequently addressed in the following sections of this PhD thesis, starting with the theoretical framework for the research.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1. Overview

The concept of ‘neoliberalism’ was selected as the theoretical framework for this research. The chapter starts by providing a rationale for the selection. Given the complex, dynamic and contested nature of the concept, the remainder of the chapter situates neoliberalism in light of its historical roots, multiple conceptualisations, definitions, various manifestations and effects leading to the current moment. It is argued that understanding these factors provides a useful basis for advancing knowledge concerning the role of fitness professionals in performing contemporary health agendas.

3.2. Rationale

The selection of ‘neoliberalism’ as the theoretical framework for this research was based on three inter-related rationales. Firstly, from the review of the available literature it is clear that fitness professionals exhibit many of the defining features (or hallmarks) of workforces that operate within market conditions, and that the occupational group has, in turn, been strongly shaped by neoliberal ideologies, policies, and practices. This link can be seen within the following key issues that were identified: (i) the fact that fitness professionals operate under market conditions and are subject to a general lack of regulation and monitoring of their daily work practices; (ii) the degree of autonomy and flexibility that fitness professionals experience, which has enabled the occupational group to expand the scope of its practice beyond the boundaries of its legitimate claim to expertise; (iii) the nature of the training and education opportunities that are currently available for fitness professionals, which lack coherent developmental pathways (because they are so

influenced by commercial interests); and (iv) the fundamental tensions that exist within the fitness industry between profit and professionalism; i.e., between generating profit from sales and establishing standards of professionalism that are based on having provided a quality service.

Secondly, neoliberalism has been considered to be the defining political/economic paradigm of the past few decades (Apple, 2006; Wilson, 2016). The influence of this paradigm, in its various forms, has been so widespread and influential that it has strongly affected people's lives in areas such as economics, politics, education, international relations, ideology, culture, fitness, health and many more (Markula and Chikinda, 2016; Saad-Filho and Johnston, 2005; Wiest *et al.*, 2015). In this context, it is evident that the origins of the dominant rise of neoliberal policy reforms in the UK and other areas of Western society during the 1970s and 1980s coincided with the first major emergence of the fitness industry and its practitioners (Millington, 2016; Smith Maguire, 2008a). It was reasoned, therefore, that the expectations and notions of 'effectiveness' for fitness professionals were likely to have been strongly influenced by the (pre)dominant neoliberal paradigm in which the occupational group has, in the most part, existed.

Finally, neoliberalism provides a useful framework for developing broader theoretical contributions made through the research. Researchers within the related fields of sport and PE have already drawn upon neoliberal theory in relation to aspects such as policy, practice, culture and governance (e.g., Andrews and Silk, 2012; Evans and Davies, 2014; Macdonald, 2011, 2014). There is also an established body of research on the relationship between the processes of neoliberalism and its consequences for

health (e.g., Ayo, 2012; Brown and Baker, 2012; Chapman, 2017; LeBesco, 2011). Comparatively little research has systematically employed neoliberalism as a framework to understand the learning, training, education and practice of fitness professionals. Yet, the possible value of the framework in these respects is already evident, to some extent, within a small number of research studies (e.g., Markula and Chikinda, 2016; Wiest *et al.*, 2015).

Before proceeding further, and to avoid the mistake of treating neoliberalism as a uniform or undifferentiated entity, it is important to situate the theoretical framework in light of its complex historical roots, multiple conceptualisations, definitions, various manifestations and effects leading to the current moment.

3.3. History, definitions, conceptualisations and effects

Neoliberalism has a complex and contested intellectual history. Use of the concept has not only changed and evolved over time, but it has also been enacted differently across cultures, policies and contexts (Andrews and Silk, 2012; Brenner and Theodore, 2002; Peck, 2010; Peck, Brenner and Theodore, 2018). Like many other concepts within the political and social sciences, the concept appears to have been so widely used and applied in academic and political debates that it has often lacked clarity as an analytical tool (Boas and Ganz-Morse, 2009; Thorsen and Lie, 2006). It is claimed, for example, that the term has often been employed as a synonym to describe the processes of capitalism itself, or as a kind of shorthand for the effects and processes of the world economy (Ferguson, 2010). In fact, some authors have claimed that neoliberalism could indeed be regarded as a form of ‘capitalism with gloves off’ (McChesney, 1998; p.8), as it represents an era in which business forces are stronger,

more aggressive, and face less organised opposition than ever before (McChesney, 1998; Chomsky, 1999; see also Vernaeghe, 2014).¹

Despite the many overtly critical accounts of neoliberal policy implementations, it can be noted that neoliberalism is not in itself exclusively a ‘bad word’; yet it has rarely been used as a ‘good word’ (Boas and Ganz-Morse, 2009; p.140). Moreover, it is clear that while people rarely choose to self-identify as a neoliberal, writers often associate others – politicians, economic advisors and academics – with the term. It has been argued in this context that academic critiques of neoliberalism have tended to focus on its negative aspects, while often overlooking some of the positive aspects (Boas and Ganz-Morse, 2009; Ferguson, 2010). Indeed, Ferguson (2010) pointed out that critical scholarship on the topic often arrives at the same, somewhat unsurprising conclusion; which in its simplest form may be expressed as ‘neoliberalism is bad for the poor and working people, therefore we must oppose it’ (p.166). But, the problem raised by Ferguson (2010) is not necessarily the lack of legitimacy in such claims;

¹In one of the most commonly cited definitions, Harvey (2005; p.2) stated that:

Neoliberalism is in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices. The state has to guarantee, for example, the quality and integrity of money. It must also set up those military, defence, police and legal structures and functions required to secure private property rights and to guarantee, by force if need be, the proper functioning of markets. Furthermore, if markets do not exist... then they must be created, by state action if necessary. But beyond these tasks the state should not venture. State interventions in markets (once created) must be kept to a bare minimum because, according to the theory, the state cannot possibly possess enough information to second-guess market signals (prices) and because powerful interest groups will inevitably distort and bias state interventions (particularly in democracies) for their own benefit.

rather, it is that so-called progressive scholarship has largely failed to provide adequate solutions to the problems they identify.

The emergence of neoliberalism as a dominant social, political and economic paradigm might be considered to touch upon a series of key focal points. These included: a period of economic crisis during the 1970s, where previously marginalised neoliberal economic policies were translated into ‘real world’ scenarios; the role of the Chicago School of economists in Pinochet’s Chile in the 1970s; the political approaches of the Reagan and Thatcher administrations in the US and UK during the 1980s; and the role of key international institutions, such as the International Monetary Fund, World Bank and World Trade Organisation, who were responsible for diffusing neoliberalism globally through the so-called Washington Consensus (Barnett, 2010; Davies, 2014b; Harvey, 2005). These focal points have been accompanied by the general notion that neoliberalism was evolving from an ideology into a form of hegemony (Barnett, 2010; Harvey, 2005).

Over a decade ago, Harvey (2007) stated that neoliberalism had become a hegemonic mode of discourse with ‘pervasive effects on ways of thought and political-economic practices to the point where it has become incorporated into the commonsense way we interpret, live in, and understand the world’ (p.23). Whilst proceeding cautiously at first, neoliberal policies and practices appeared to dismantle many of the basic institutional components of the post-war Keynesian welfare state (Peck, 2010). This involved the mobilisation of a range of policies intended to extend market discipline, competition and commodification throughout many sectors of society (Brenner and Theodore, 2002; Peck, 2010).

Drawing on the neoliberal ‘heartlands’ of North America and Western Europe, Peck and Tickell (2002; p.384) observed that due to its transformative and adaptive capacity, neoliberalism should be viewed as an on-going process, as opposed to a static or binary phenomenon. Additionally they note that neoliberalism will never entirely fail as a project, as it has never existed as a totality. As Peck, Theodore and Brenner (2012; p.274) later put it: neoliberalism ‘has only ever existed in a range of partial and ‘impure’ forms and messy hybrids’. Partly, this is because, at its heart, the concept refers to a utopian vision of ‘free markets’ that is ultimately impossible to fully realise. Beyond this, the conceptual vagueness surrounding the term means it is difficult to transcend. Thus, despite the many failures associated with the term, the neoliberal vision does typically fail in such a way that prevents further rounds of experimentation with these kinds of market-orientated agendas and policy reforms (Peck and Tickell, 2002; Peck *et al.*, 2012; Peck *et al.*, 2018).

In many ways, the global financial crisis of 2007/2008-2009 highlighted recurrent paradoxes that form part of the neoliberal narrative. In a widely pronounced and far-reaching response to the financial crisis, the UK Conservative–Liberal Democrat coalition government of 2010 to 2015 pursued a rapid programme of public spending cuts. This involved a ‘rolling-back’ of state level intervention, toward policies focussed on local government, alongside substantial privatisation and more general shifts of responsibility from the state to the individual (Findlay-King *et al.*, 2018; Halliday *et al.*, 2017; Taylor-Gooby and Stoker, 2011; Taylor-Gooby, 2012; 2013). At the same time, the coalition government drew upon the traditional neoliberal

political argument that there was simply ‘no alternative’ to the cuts in social provision (Taylor-Gooby and Stoker, 2011; Taylor-Gooby, 2013).

While there is limited academic research documenting the precise effects of coalition government spending cuts on the UK fitness and leisure sectors, there is evidence suggesting that the effects of this period of neoliberal austerity on these sectors has been profound (Findlay-King *et al.*, 2018; Hakim, 2018; Parnell, Millward and Spracklen, 2014; Widdop *et al.*, 2018). It is noted that the longer-term consequences of the economic recession and subsequent austerity policies are still emerging (Parnell, Spracklen and Millward, 2017).

Although public spending and recapitalisation of failing banks may have helped to prevent a 1930s-style Great Depression, evidence suggests that the austerity measures which followed appeared to stifle a meaningful recovery for the majority of the UK population (Labonté and Stuckler, 2016). In the short term, government austerity measures, especially cuts to health and social protection systems, are considered to have negatively influenced UK population health and healthcare (Benbow, 2017; Chapman, 2017; House of Commons, 2016; Hunter, 2016; Leys, 2017). These factors are combined with sharply rising healthcare costs over the past thirty years, meaning that it difficult for people to afford necessary healthcare and governments to finance comprehensive health services (Chapman, 2017). Primary care, especially, has come under unprecedented pressure, due partly to a lack of resources (House of Commons, 2016). Meanwhile structural changes to the global labour market, increasing under-employment in high-income countries and economic insecurity, are considered to have widened health inequalities (Labonté and Stuckler, 2016).

By definition, the ethical and political vision of neoliberalism is dominated by competitive activity, which, Davies (2014a; 2014b) recounts, necessarily involves the production of inequality. From this perspective, competition and inequality are not seen as unfortunate bi-products of neoliberalism; instead they are considered to be essential to the theory (Davies, 2014a; 2014b). This is supported by data showing that over the past 40 years society has become increasingly unequal, as wealth, financial capital and resources have become increasingly concentrated over time (Davies, 2014a; Davies, 2017; Piketty, 2014).

The processes of market competition, competitiveness and inequality are clearly illustrated by the fitness industry. Throughout its relatively short history, the industry has developed through a constant search to expand existing markets and cultivate new markets, new products, and, ultimately, new sources of profit. Evidence shows, for example, that fitness professionals form part of a large network of associated products, goods and services (Andreasson and Johansson, 2014; Millington, 2016; Sassatelli, 2010; Smith Maguire, 2001; 2008a). It has also been pointed out that the organisation and existence of fitness businesses, enterprises and mutual market relations are fundamental to the existence of fitness professionals (Eichberg, 2009).

At the time of this research, competition between fitness professionals, entrepreneurs, organisations and businesses within the UK market was particularly fierce, with low cost/‘budget gyms’ serving to intensify such competition. Industry reports suggest that, since the global financial crisis, low-cost/budget facilities have played a major

role in bolstering the health club industry (Mintel, 2013; 2017).¹ The Chief Executive Officer (CEO) of the Budget Club The Gym Group, John Treharne, argued that the ‘value for money’ service these clubs provide allows them to reach a broader range of people, who might have historically not been able to afford a health club membership or access these kinds of facilities (John Treharne in Algar, 2014; p.51).

At the same time, evidence suggests that low-cost/budget gyms have been placing increasing pressure on other health and fitness-related services, including gym memberships and other leisure facilities (see Halliday *et al.*, 2017; Mintel 2013; 2017), which has, in turn, served to polarise and/or stretch the fitness market to the point where many mid-level clubs have faced problems in retaining their customer base (Mintel 2013; 2017). The general response of organisations within the industry has involved seeking to cut excess economic expenditure in what are regarded as ‘surplus’ areas (e.g., investments in staff), with organisations increasingly focused on maximizing revenue from their existing clubs and members (Mintel, 2013). From a public health perspective, the polarisation of the clubs operating within the sector is particularly significant, as mid-level clubs often include contract-managed local authority - or public leisure centres - which are the traditional ‘home’ of state-led exercise for health initiatives, such as exercise referral schemes.

A key feature of neoliberalism is that a reduction in state intervention increases the moral and ethical responsibilities placed upon individuals, organisations and businesses operating in the market (Eagleton-Pierce, 2016; Peters, 2016). This

¹These facilities have a self-service operating philosophy for consumers, where an entire club can be operated with a single member of staff through the presence of technology and web-use (Algar, 2012).

produces a culture in which social and political problems are transformed into individual problems with market solutions (Crawford, 2006; MacLeavy, 2016). Through this type of approach individuals are required to take responsibility for their own health and wellbeing through managing aspects of their lives such as the choices they make about their bodies, fitness and lifestyle (e.g., Ayo, 2012; Crawford, 1980; LeBesco, 2011). As frontline workers in this context, Smith Maguire (2001) observed that personal trainers are in a position whereby they assume responsibility and risk for their clients, meaning that, to some extent, the responsibility for fitness and health becomes shared.

The modes and conditions of employment for personal trainers appear to reflect forms of individualised and precarious work that have become prevalent within the neoliberal period. Increasingly, employment is being based on temporary, short term, part-time, informal working arrangements, as well as various forms of self-employment and subcontracting (Herod and Lambert, 2016; Kalleberg, 2011; 2012; 2015; Mandl *et al.*, 2015; OECD, 2015). In the UK, this has involved a large increase in 'on-call' work based on zero hours contracts under which workers are guaranteed no work at all (Goodley and Inman, 2013; Harvey *et al.*, 2017; Mandl *et al.*, 2015). Such working arrangements represent a shift away from standard modes of employment in which workers earn wages and salaries in a dependent employment relationship with an employer, have stable jobs and work full time (Kalleberg, 2011; Kalleberg, 2012; International Labour Organization, 2015).

The growth of precarious forms of work is associated with widespread effects on both work-related and non-work phenomena. This includes impacts on factors such as

families and households, health, psychological states, education and personal development etc. (Herod and Lambert, 2016; Kalleberg, 2009; 2012). It has been noted, for example, that because precarious workers move from one employer to another, this means that individual employers often have limited incentive to either invest in, or train and develop, their staff. In this context, Herod and Lambert (2016) argued that the prevalence of precarious work which has developed under conditions of neoliberalism has led to a situation where there is limited incentive to increase the overall 'social capital' in any given society. Going further, they attested that the 'rise of precarious work... gives rise to a precarious society' (Herod and Lambert, 2016; p.3).

3.4. Chapter summary

In this chapter, the concept of neoliberalism has been set out as the theoretical framework for the research. The chapter has situated the concept in light of its complex historical roots, multiple conceptualisations, definitions, various manifestations and effects leading to the current moment. It is argued that understanding the combination of these factors provides a useful basis for advancing knowledge concerning the role of fitness professionals in performing contemporary health agendas. Moving forward, the following chapter describes the methodological approach that was taken to answer the question and sub-questions for the research.

CHAPTER 4: METHODOLOGY

4.1. Overview

This chapter describes the approach that was taken to answer the question and sub-questions for the research. The chapter begins by providing information on the research design, approach and paradigm in which the research was conducted. Details of specific data collection methods, research participants and data analysis are provided next, along with information on the reflexive relationships between the researcher and the researched. Particular attention is given to the ways in which the findings might be ‘generalisable’. The chapter closes with some ethical considerations and by exploring how the quality of the research might be assessed.

4.2. Research design

This qualitative research was conducted in three iterative phases comprising of: (1) a comprehensive literature review; (2) complex case studies of fitness professionals in practice; and (3) interviews with key policymakers/stakeholders. The use and application of qualitative research has grown considerably over the past few decades (Denzin and Lincoln, 2017; Madill and Gough, 2008). While there are debates regarding the meaning of the term ‘qualitative research’ (Caddick, 2015; Denzin and Lincoln, 2017; Smith and Caddick, 2012), there is a consensus that researchers within this broad category share the aspiration to analyse and understand the *qualities* of things more than their *quantity* (Bazeley, 2014). More specifically, qualitative research is about seeking, describing and representing meaning, depth, detail, shifting and ‘authentic’ accounts, multiple interpretations and diverse dimensions (Armour, Yelling and Duncombe, 2002; Smith and Caddick, 2012; Stake, 2010). In doing so, this form of research has the capacity to offer profound insights into the complexity of

the lives of people and practitioners in the contemporary world (Creswell, 2013; Lincoln, 2010). The adoption of a qualitative research design was, therefore, considered to be well suited to understanding the expectations, learning, practice, notions of effectiveness and health-related roles of fitness professionals.

4.3. Research paradigm and approach

It is acknowledged that, in any research process, researchers bring certain philosophical beliefs and assumptions that will influence their actions, behaviours and, ultimately, the research findings and reporting of those findings (whether they are aware of these or not). Thus, it is believed that developing a critical awareness of these factors should be an essential part of the research process, as they lay the foundation for developing understanding of any topic of enquiry (Lincoln, 2010).

This research was conducted within a constructivist paradigm that was informed by ontological relativism and epistemological subjectivism (Lincoln, Lynham and Guba, 2011). The overriding goal for researchers operating within this paradigmatic framework is to seek understanding of the world in which people live and work (Creswell, 2013). For a constructivist researcher, multiple meanings of subjective experiences are sought by focusing on capturing, co-constructing, describing and analysing the complexity of views. Researchers participate in this process *with* their participants to ensure that they are producing knowledge that is reflective of participant realities (Lincoln *et al.*, 2011). Indeed, as the name implies, a key tenet of constructivism is that human beings do not find or discover knowledge so much as create or construct it (Schwandt, 1994). This results in a rejection of long-standing dichotomies such as subject/object, and knower/known. Constructivism, therefore,

celebrates the pluralistic character of reality, a transactional epistemology, a hermeneutic, dialectical methodology and a blurring of boundaries between art and science (Lincoln and Guba, 2000).

A defining aspect of the selected research paradigm is the acknowledgement that qualitative research – and indeed all research - is at its core a human process undertaken by a biographically and socially situated researcher, who constructs meaning from a particular class, gender, racial, cultural, and ethical perspective (Denzin and Lincoln, 2011b; Lincoln *et al.*, 2011; Schwandt, 1994). The human researcher is not, therefore, simply a ‘machine to grind out facts’, but rather is responsible for planning, developing, building and constructing the research and interpreting meaning from the information collected (Stake, 2010). This means that the motivations, beliefs, values and behaviour of the researcher cannot be fully - or even partially as some would claim - divorced from the research process or indeed the research findings. Accordingly, one of the most distinguished characteristics of qualitative research in general is that, unlike in other research methods such as fixed-item surveys, the researcher is regarded as the primary instrument for data collection and analysis (e.g., Finlay, 2002; Merriam, 2009).

Given the complex nature of the enquiry process, and in accordance with the constructivist paradigm, the concept of the researcher as a bricoleur (Denzin and Lincoln, 2000; 2011b; 2017; Kincheloe, 2001; 2005; Kincheloe and Berry, 2004;

Kincheloe *et al.*, 2017) was used as a methodological guide.¹ The use of this concept helped with the research processes that involved amalgamating multiple methods of enquiry, diverse theoretical perspectives and paradigmatic viewpoints, which were incorporated into the research design. Indeed, it has been suggested that adopting an approach, whereby the researcher acts as a bricoleur can provide a flexible yet rigorous approach for conducting qualitative enquiry (Denzin and Lincoln, 2000; 2011b; 2017; Kincheloe and Berry, 2004; Rogers, 2012). In this sense, the mode of construction of the bricoleur is in direct contrast to stereotypical views of the work of engineers, for example, who follow set procedures and have a list of specific tools to carry out their work.

4.4. Phase 1: Literature review

The first iterative phase of the research involved a comprehensive review of the academic, policy and grey literature on fitness professionals and their links (claimed and actual) to health and public health agendas (reported in Chapter 2: Literature Review).² As Wolcott (2005) pointed out: it is essential that every researcher locate their work within some broader context. Moreover, Thomas (2011; p.31) has argued

¹The etymological foundation of conceptualising the researcher as a bricoleur can be traced to the traditional French expression referring to crafts-people who creatively use materials left over from other projects to construct new artefacts (Rogers, 2012). To fashion their bricolage projects, bricoleurs use only the tools and materials ‘at-hand’ in order to complete a task (Lévi-Strauss, 1966; Kincheloe, 2001). The term ‘bricoleur’ has no precise equivalent in English (Lévi-Strauss, 1966).

²For the purposes of this research, the term ‘grey literature’ refers to materials and publications that are produced by organisations outside of traditional commercial or academic publishing and distribution channels. This included, but was not limited to, conference abstracts, commercially-funded research reports, PhD theses, technical reports, working papers, occupational standards, presentations and books. In so doing, it is acknowledged that the quality, review procedures and production of grey literature can be highly variable. The successful use and inclusion of grey literature is, therefore, partly dependent upon the abilities of a researcher and/or research team.

that a good literature review provides a ‘treasure trove’ of information that can be used to not only shed light on a topic of interest; but also to help frame subsequent phases of a study. For this research, reviewing the existing literature underpinned the identification of an appropriate conceptual framework for the qualitative case studies; for example, by helping to identify key definitions, terms and research sites for the case study fieldwork.

4.5. Phase 2: Multiple case studies

The second iterative phase of the research used a range of qualitative research methods that were conducted within a multiple case study framework (Stake, 1995; 2000; 2005; Yin, 1994). There are numerous advantages in using case study research. Thomas (2011; p.ix), for example, argued that: ‘At its best, the case study provides the most vivid, the most inspirational analysis that enquiry can offer...’ Moreover, Flyvbjerg (2006; 2011) contended that case studies have led to some of the most important scientific discoveries of modern times. Due to its versatility and the insights it can offer, the case study approach has been used in a wide variety of fields and for multiple purposes (Flyvbjerg, 2011).

According to Yin (2014), case study research methods are most useful for: (1) answering ‘how’ and ‘why’ questions; (2) when the investigator does not want to manipulate the events of those involved in the study; and (3) when the focus is on a contemporary phenomenon within a real-life context. This approach allows dynamic, evolving relationships and interactions to be understood in order to develop theory, explain causal links in contexts that are too complex for survey or experimental methods, and to shed light on those situations that have no clear, single set of

outcomes (Merriam, 2009; Yin, 2014). It is apparent, therefore, that for this research the case study approach provided a powerful framework for not only exploring the nature of fitness professionals' learning, development, expectations and practice within the real-world context(s) in which they take place; but also for providing a means to generate a basis of knowledge for understanding how various notions of 'effectiveness' come together – and are played out – in their real life circumstances. The case studies were conducted between May 2015 and July 2016, with the unit(s) of analysis set at the level of the individual fitness professionals in the context of their practice.

4.5.1. Units(s) of analysis

The decision to conduct a case study is not so much a methodological choice, but rather a choice of what is to be studied (Flyvbjerg, 2011; Stake, 1995; 2005). In the context of the current research, the decision to study individual fitness professionals enabled practitioners to be analysed within the full complexity of the social, cultural, economic and political contexts in which they were located. Indeed, adopting this kind of approach is consistent with the tasks ascribed to the researcher as a bricoleur. As Kincheloe (2005) explained, the researcher as a bricoleur focuses on understanding webs of relationships instead of simply things-in-themselves.

The decision was taken to conduct multiple (Yin, 1994; 2014) / collective (Stake, 1995; 2005; 2006) case studies, with individual fitness professionals acting as the unit of analysis within each of the studies. There are many benefits to adopting this type of case study research design. Perhaps, the most significant benefit is that it allows comparisons to be made across different settings and contexts, for example, to explore

the similarities and differences between cases (Miles and Huberman, 1994). Unlike a single case study design where the focus is simply on the case itself, multiple case studies were used to understand the issues and phenomena of which the cases were an example (Thomas, 2011). In this sense, therefore, the multiple cases could be regarded as instrumental case studies (Stake, 2005) because the aim was to understand broader issues, themes and phenomena related to fitness professionals.

4.5.2. Case study selection and recruitment

Clearly, the understanding generated from case study research is dependent upon choosing the cases well (Creswell, 2013; Patton, 1990; Stake, 2006; Yin, 2014). For the purposes of this research, multiple case study participants were selected using an approach that aimed to generate maximum variation between cases; thus helping to ensure that the sum of knowledge generated from the cases facilitated the maximum possible learning for the research (Stake, 2005). During the recruitment stages, the aim was to select fitness professionals from a variety of training/education backgrounds, geographical locations and with varied role responsibilities. A typology was developed in order to pursue this aim (see Table 1). It should be noted, however, that although the aim was to recruit fitness professionals from a variety of working contexts and backgrounds, none of these cases are intended to be ‘representative’ of all similar fitness professionals. In addition, case study fitness professionals were selected based upon their willingness to voluntarily participate in the research and dedicate their personal time to share their experiences, thoughts, views and concerns on the research topic. It was hypothesised that the various selection criteria would be beneficial to developing knowledge of the field, as this enabled the collection of

complex, diverse and multifaceted data on fitness professionals to be generated in heterogeneous contexts and settings in which they take place.

Table 1 Typology to guide the selection of individual fitness professionals as cases to be studied

| Main role | Number of years in the fitness industry | Gender | Practice Setting | Employment status | Location | Qualifications |
|------------------------------|--|---------------|------------------------------------|---------------------------|-----------------|-----------------------|
| Fitness instructor | 0 to 5 years | Female | Commercial health and fitness club | Employed | City | Type 1 |
| Personal trainer | 5 to 10 years | Male | Leisure centre | Self-employed / Freelance | Rural | Type 2 |
| Exercise referral instructor | >10 years | | Personal training/exercise studio | | Affluent | |
| | | | Local parks/clients homes | | Deprived | |

*Type 1 qualifications: are mainly undertaken in full-time education at further and higher education institutions and take between 1 and 3 years to complete.

**Type 2 qualifications: are National Vocational Qualifications (NVQs) obtained via assessment in the workplace and Related Vocational Qualifications (RVQs), which involve training courses with assessments that may be undertaken before employment.

Having established the criteria for inclusion, case study fitness professionals were recruited through two main strategies. The first strategy was to contact fitness professionals who were already known to the researcher and identified as being suitable cases. This decision was, for example, based on factors such as their occupational backgrounds, current working contexts and personal characteristics. The second strategy was to ask personal and professional contacts to recommend case study fitness professionals who met the inclusion criteria and might be willing to participate. Once suitable fitness professionals were identified, they were contacted via email and offered the opportunity to participate in the research. This email included a copy of the participant information sheet and informed consent document, which provided information on the aims/purposes of the research, methods involved, risks and benefits, as well as the ways in which data would be presented. It also provided information on the intended outcomes. Some participants declined the opportunity to participate at this stage, for example, citing time commitments involved in participation as a barrier. Moreover, in one case study, at Capital Health Club (a pseudonym), the unit of analysis was changed as the original case study fitness professional left the organisation during the time of the fieldwork in order to pursue another endeavour. In this instance, the decision was taken to change the unit of analysis from the *individual* fitness professional to the *role* of the personal trainer working in that particular organisational context. Table 2 provides an overview of the case study fitness professionals and their details.

Table 2 Overview of the case study fitness professionals

| Research focus/ pseudonym | Main role(s) | Other role(s) | Number of years in the fitness industry | Gender | Location | Employment status | Practice Setting(s) | Key qualifications |
|--|---------------------|------------------------------------|--|-----------------|-----------------|---|---|---|
| Sarah | Personal trainer | Group exercise instructor | 1 year | Female | City | Self-employed / Freelance | Various personal training / exercise studios Local parks and urban areas | REPs-accredited Level 2 Gym REPs-accredited Level 3 Personal Trainer REPs-accredited Group Exercise Instructor Qualifications |
| The case of personal trainers at Capital Health Club | Personal trainer | Varied | Varied | Male and Female | City | Self-employed / Freelance / 'rent paying' | Commercial health club | Varied |
| Jane | Fitness instructor | Personal trainer Group exercise | 5 years | Female | Town | Employed | Leisure Centre | REPs-accredited Level 2 Gym REPs-accredited |

| | | | | | | | | |
|---------|-----------------|---|---------|------|------|----------|----------------|--|
| | | instructor Exercise referral instructor | | | | | | Level 3 Personal Trainer REPs-accredited Level 3 Exercise Referral REPs-accredited Level 4 Special Population Qualifications REPs-accredited Group Exercise Instructor Qualifications |
| Dominic | Fitness Manager | Fitness instructor Personal trainer Group exercise instructor Exercise referral instructor | 6 years | Male | Town | Employed | Leisure Centre | BSc Sport & Exercise Science REPs-accredited Level 2 Gym REPs-accredited Level 3 Personal Trainer REPs-accredited Level 3 Exercise |

| | | | | | | | | |
|------|---------------------|-----------------------|-----------|------|------|------------------------------|---|---|
| | | | | | | | | Referral REPs-accredited Level 4 Special Population Qualifications REPs-accredited Group Exercise Instructor Qualifications |
| Paul | Personal trainer | Fitness consultant | >10 years | Male | City | Self-employed / Freelance | Personal training / exercise studio | REPs-accredited Level 2 Gym REPs-accredited Level 3 Personal Trainer REPs-accredited Level 3 Exercise Referral REPs-accredited Level 4 Special Population Qualifications |

At the outset of the fieldwork, it was intended that the multiple case studies would be conducted sequentially, that is, cases would be gathered one after the other rather than in parallel. This has been recommended as a useful strategy for enabling pragmatic aspects of the research such as cost and researcher time to be managed effectively (Bogdan and Biklen, 2007). As the fieldwork progressed, however, it became clear that this strategy would not always be feasible, due to factors such as the demands placed upon the case study fitness professionals' time during the course of conducting the fieldwork and the logistical requirements of the data collection processes. Consequently, conducting multiple case studies at the same time was the most realistic approach. This was considered to be in line with Denzin and Lincoln's (2000; 2011b) conceptualisation of the methodological bricoleur, who must be able to respond and adapt to the evolving requirements of the task at hand.

4.5.3. Data sources

A hallmark of case study research is the use of multiple sources as a strategy to enhance the credibility and quality of the data (Hodge and Sharp, 2016; Patton, 1990; Yin, 2014). Accordingly, a variety of data collection methods were employed: (1) semi-structured interviews; (2) observation/field notes; and (3) the collection of documents. In addition, a brief questionnaire that was adapted from De Lyon and Cushion (2013) was administered to the case study fitness professionals prior to the first interview (see Appendix 3).

During the research process, the emphasis was placed on joint discussion and collaboration between the researcher and case study fitness professionals about how to approach the fieldwork in a way that was mutually beneficial. Adopting such an

approach is consistent with the advice of Stake (1995), who suggested that subjects of case study research should play a major role in directing as well as acting and participating in a case study. Similarly, this kind of collaborative approach resonates with notions of the researcher as a bricoleur (Denzin and Lincoln, 2000; 2011b; Kincheloe, 2001; 2004a; 2005; Kincheloe *et al.*, 2017). Kincheloe (2004; p.3), for instance, noted that bricoleurs enter each unique research context as ‘methodological negotiators’ who seek to optimise the use of the diverse range of methods and approaches that are available to them.

From this perspective, research methods and procedures are viewed *actively* rather than *passively*. As Rogers (2012) explained, bricoleurs are not constrained by set procedures, rather they approach knowledge-production tasks in a fluid and open-ended way. Accordingly, the data collection methods employed for each case study were different, depending upon the outcomes of the joint discussions with individual case study fitness professionals. Details of specific methods that were employed are provided in Table 3. In addition, an outline and rationale for each of the specific methods for the research is provided below.

Table 3 Methods used for each individual case study

| Participant | Research methods |
|--|---|
| Sarah | 9 x semi-structured interviews with the case study fitness professional (Sarah) (including 5 x face-to-face and 4 x online) Use of documents |
| The case of personal trainers at Capital Health Club | 12 semi-structured interviews with 9 participants (including 11 x face-to-face and x 1 online) 3 observations (1 x participant observation of a personal gym session and 2 x non-participant |

| | |
|---------|--|
| | <p>observations of personal training sessions)</p> <p>Use of documents</p> |
| Jane | <p>4 x face-to-face, semi-structured interviews with the case study fitness professional (Jane)</p> <p>8 x semi-structured interviews with other participants related to the case (7 x face-to-face and 1 x telephone)</p> <p>7 x observations (1 x participant observation of a group exercise class and 7 non-participant observations of other fitness/exercise sessions)</p> <p>Use of documents</p> |
| Dominic | <p>5 x face-to-face, semi-structured interviews with the case study fitness professional (Dominic)</p> <p>8 x face-to-face semi-structured interviews with other participants related to the case</p> <p>8 x observations (1 x participant observation of a group exercise class and 7 x non-participant observations of other fitness/exercise sessions)</p> <p>Use of documents</p> |
| Paul | <p>4 x face-to-face, semi-structured interviews with the case study participant (Paul)</p> <p>2 x face-to-face, semi-structured interviews with other participants related to the case</p> <p>4 x non-participant observations of personal training sessions</p> <p>Use of documents</p> |

4.5.4. Data source 1: Semi-structured interviews

Semi-structured interviews were used as the main data collection method. The rationale for this approach was that interviews are able to provide an effective tool for obtaining unique information and interpretations, thereby finding out about things that researchers are unable to observe themselves (Patton, 2002; Stake, 2010).

A semi-structured interview approach was deemed most suited to the purposes of the research and construction of the fitness professional case studies. The benefits of this type of interview are that they allow participants freedom to share the views and experiences most important to them, whilst also giving an interviewer the opportunity to focus on areas of interest and discuss unexpected phenomena that would not otherwise have been investigated (Smith and Sparkes, 2016; Sparkes and Smith, 2014). Generic interview guides were crafted before the fieldwork began (see Appendix 4 and 5). These were developed, refined and adapted for each interview based on the learning that occurred throughout the research. In addition, the researcher asked the case study fitness professionals to recommend participants to interview for their individual case study. This enabled a form of *multivocality* (Tracy, 2010) through the inclusion of multiple and varied voices, views and opinions.

The majority of the interviews were conducted face-to-face in locations that were chosen by the participants; including a personal training/exercise studio, gym offices and local coffee shops. Online/telephone interviews were also conducted in a small number of instances, where this was more convenient for the participant. For instance, four online interviews were conducted with Sarah. This was particularly helpful given the geographical spread of her 'patch' and her limited availability for multiple interviews.

The purpose of the interviews was to create conversations that invited the participants to tell stories, accounts and descriptions of their perspectives, insights, experiences, feelings, emotions and/or behaviours in relation to the case and research questions (Smith and Sparkes, 2016). During each interview, the researcher attempted to adopt a

stance that was non-judgmental, sensitive, and respectful of the participants. The combination of these strategies aimed to encourage participants to talk as openly and freely as possible in the presence of the interviewer. Moreover, and consistent with the qualitative researcher as a bricoleur more broadly (e.g., Kincheloe and Berry, 2004), the practice of interviewing for the research was viewed as being far more than a set of techniques to follow (Demuth, 2015; Smith and Sparkes, 2016). As Kvale and Brinkmann (2015) have noted, conducting qualitative interviews should be regarded as a craft, whereby craftsmanship involves considerable training and practice.

In their discussion of the craft of qualitative interviewing, Brinkmann and Kvale (2015) suggest that the process can be comparable to being a traveller on a journey to a distant country. Guided by their senses and historical knowledge, the interviewer as a traveller wanders through the landscape and enters into conversations with the people that he or she encounters, asking questions as they travel together, inviting them to tell tales about their lives along the way (Brinkmann and Kvale, 2015).

During this journey, Brinkmann and Kvale (2015) recount, the process might not only lead to new knowledge production, the traveller is likely to change as well. Hence, the qualitative interviews provided the opportunity for joint learning and construction of knowledge between the researcher and the research participants. The interviews also drew upon observations and documents to assist with the journey process. All interviews were recorded using a digital voice recorder, transcribed verbatim and saved on a password-protected computer. In total, interviews with all of the case study

participants lasted for approximately 3,423 minutes and ranged from 25 minutes to 169 minutes in length.¹

4.5.5. Data source 2: Observation/field notes

Observation has been described as the ‘bedrock source of human knowledge’ (Adler and Adler, 1994; p.377) and ‘one of the most ‘natural’ ways of generating qualitative data’ (Richards, 2009; p.42). For the purposes of this research, observations were conducted in order to provide a first hand account of case study fitness professionals engaging in their practice and to offer grounded insights into the overt health-related aspects, expectations, pressures and implications of their work. This was considered to be a useful additional source of data collection, as Smith and Caddick (2012, p.66) have explained, ‘when interviewing it is often wise to observe the setting and make notes on it’. Further benefits of observation are: that it enables a researcher to examine the participants’ lives in situ and life as it was happening in ‘real time’ (Stake, 2010); and that it provides an opportunity for the researcher to record mundane and taken-for-granted features of everyday life that the participants might have felt were not worth commenting on occasions such as formal interviews (Smith and Caddick, 2012). Indeed, it has been noted that observation can provide important data on what people actually do, rather than just on what they say they do: as O’Reilly

¹At the outset of the fieldwork, the intention was to conduct an additional interview to enable case study fitness professionals to express their views on the written construction of the case study reports. However, the decision was taken to offer these participants an opportunity to provide written feedback on the reports instead (reported in Appendix 7). This approach was considered to be more manageable and realistic, given factors such as the geographical distances between the researcher and case study fitness professionals and the time constraints placed upon the fitness professionals due to their work and other commitments. The approach also gave the fitness professionals an opportunity to carefully construct their written feedback on their individual case study reports.

(2012) reflected, ‘What people say they do is not always the same as what they do. What they do varies with circumstances and setting’ (p.14). The combination of these factors meant that, although the recorded observations are rarely included within each of the case study reports, they are an integral feature of the research.

The aim of the researcher during the observations was to be as ‘natural’ and unobtrusive in the setting as possible while generating the best possible data. For example, this involved putting people at their ease and dressing appropriately for each setting, being friendly and establishing rapport with participants through conversations around common interests (Bogdan and Biklen, 2007). The aim during observations was to enable the focus of each data collection point to emerge, adapt, change and be constructed/reconstructed when possible and appropriate.

The observations were conducted in a range of different spaces with the researcher adopting various different roles, including on gym floors, in fitness/exercise studios and in a consultation area. Broadly speaking, two types of observation were employed in this research, differentiated by the degree of observer engagement: ‘complete observer’ (which was termed non-participant) and ‘observer-as-participant’.¹ While adopting the role of non-participant observer, the researcher sat in the corner of exercise settings, making notes and observing the scenes as they unfolded. At times, this role also involved following the case study fitness professionals while they were delivering sessions with clients/members. In addition, a participant observation was conducted while performing a gym session and two observations were undertaken

¹It has been noted, however that, in reality, it is difficult for researcher(s) to have a ‘complete observer’ position because of their presence in the field which inevitably, directly or indirectly impacts on research participants’ actions (Angrosino, 2007).

while performing the activities of the group exercise classes. The latter approaches were considered to be useful because they enabled an embodied and multi-sensual approach to the data collection (Thorpe and Olive, 2016). This partially supports the view that an important benefit of participant observation is that it can be a useful route to ‘knowing people’ rather than simply ‘knowing about them’ (Smith and Caddick, 2012; p.66). In the reporting of the case study data, the decision was taken to focus on including the ‘voices’ of the participants within each of the case study reports in the hope that this would assist the reader in the process of ‘knowing them’ and to help the reader understand their views, perspectives and experiences, as described in their own words. This is a further reason why observational data is used sparingly within the case study reports.

Usually, periods of observation lasted for a maximum of one hour, reflecting the length of exercise sessions. Furthermore, time to write up field notes and observations as soon after the event as possible was incorporated into the research design. These field notes were used to record descriptive data on what was observed and experienced at each data collection point. For the purposes of this research, field notes were collected using the recommendations and observation framework set out by Merriam (2009) as a guide (see Appendix 6). As with previous research, the field notes acted as both a method of recording observations, as well as a space for reflection and analysis during the research process (Hammersley and Atkinson, 2007; Okley, 2008; Thorpe and Olive, 2016). In total, 22 observations were conducted and written-up.

Case study fitness professionals varied in their attitudes towards being observed. Notably, in the case of Sarah, the participant explained that she would be uncomfortable about research observations of her practice, citing reasons such as the possible impact this might have on her work with clients/exercise participants. In this case, therefore, the decision was taken to rely on alternative sources of data collection. In so doing, the practice of the researcher attempted to adhere to Kincheloe's (2001) notion, that the qualitative researcher as a bricoleur displays sensitivity to the ontological and epistemological demands of the particular contexts they are studying.

4.5.5. Data source 3: Documents

Documents were used to help the researcher to develop grounded understandings and insights for each case study. In this research, the term 'document' is used broadly to refer to a range of written, visual, digital and physical material that was relevant to the study in hand (Merriam, 2009). For example, this included a range of: personal documents (e.g. fitness professionals' curriculum vitae); popular documents (e.g. organisation/company websites); visual documents (e.g., photographs of the practice environment taken by the researcher); and physical/material artefacts (e.g., exercise programme cards and promotional leaflets). These documents were included in the analysis if they were considered to be important by either the case study fitness professionals or the researcher in the construction of the case.¹ Generally, the researcher attempted to keep an open mind in relation to the discovery of appropriate

¹The use of online and publicly available material, especially, was carefully managed, due to issues related to the protection of research participants' identities (see also Section 4.10. Ethical considerations).

documents in the hope that this would lead to serendipitous discoveries during the fieldwork, as recommended by Merriam (2009) and Stake (2010).

4.5.6. Number of cases

There is some debate regarding the optimum number of cases that are needed when conducting multiple case study research (Thomas, 2011; Vissak, 2010).¹ For the purposes of this research, the decision was taken to conduct five complex case studies. There were four main reasons for this decision. First, the number of cases was considered to be practical in terms of the time and resources needed to conduct the in-depth fieldwork required for each individual complex case study. Second, the number of cases was considered to be credible in terms of range of experiences and issues covered by the multiple cases. Third, the number of cases enabled a detailed case study report to be produced for each of the case studies, meaning that the full complexity of each case could be represented in the thesis. Fourth, the selection of five case cases was pragmatic in the sense that it provided time to organise, analyse and write-up data for each study. The findings of these case studies were extended by conducting interviews with key stakeholders/policymakers in their ‘fields of practice’ (Bourdieu, 1977; Bourdieu and Wacquant, 1992).

¹It has been argued that increasing the number of cases can sometimes reduce the quality of the research, rather than improving it (Vissak, 2010). In this context, it can be noted that debates concerning the optimum number of cases are in many ways artificial, as the selection of an appropriate number of cases will be dependent upon the nature of the case that is being studied, as well as the focus of the case itself. There are, therefore, no hard and fast rules for determining the number of cases for a study (Thomas, 2011).

4.6. Phase 3: Key stakeholder/policymaker interviews

The third iterative research phase was to conduct interviews with key stakeholders/policymakers in the health, fitness and leisure sectors. The interviews aimed to build on information gathered from the two previous phases in order to gain a deeper understanding of and insights into the research questions and individual cases. In so doing, this phase partially reflects Smith's (2018; p.145) call for qualitative researchers in the field of sport and exercise sciences to invite policymakers to the 'research table'. Doing such things, Smith (2018) suggests, can have positive effects for all involved.

4.6.1. Sampling method and participant recruitment

Participants for this phase of the research were recruited through a mixed purposive sampling strategy. According to Patton (1990; 2002), the logic and power of this kind of sampling lies in the selection of 'information-rich' cases for study in depth. This strategy can enable researchers to learn a great deal about issues or matters of central importance to the purpose of the enquiry. The specific sampling strategies employed included a combination of critical case, snowball and theory-based sampling (Patton, 1990; 2002; Suri, 2011).

Once a prospective participant had been identified, initial contact was made via mail and/or email, with a formal letter of invitation and an overall summary of the research. If the key stakeholders were interested in taking part, a date/time and means

for conducting the interviews was agreed. In total, 20 key stakeholders/policymakers were recruited for this phase of the research.¹

4.6.2. Data collection

Before the interviews began, the aims/objectives of the research were explained to all participants who were given an opportunity to ask questions before any data collection took place. Ethical procedures were followed as participants were informed of their rights through the informed consent process. In an attempt to maintain confidentiality and anonymity, it was made clear that identifiable information would be removed and pseudonyms would be used for the publication of any material in the future. It was acknowledged the participants interviewed in this phase might be easily identifiable due to their personal backgrounds and working roles. Therefore, to avoid deductive disclosure (Kaiser, 2009), a table of participants' characteristics including gender, position/rank, roles(s) and years' experience in their sectors has not been included. However, limited contextual information about the participants is provided in the findings section (Chapter 5: Findings).

In total, 18 one-to-one interviews, and one interview with two participants, were conducted for this phase of the research. As with the individual case studies, the data were generated using a variety of means, including a mixture of face-to-face (N=8), telephone (N=3) and online interviews (N=8). The interviews followed a similar format and were conducted using an approach that was in line with that of the case

¹It should be noted that two of the interviews conducted during this phase were also used for the individual case study fieldwork. The key reason for this was that the participants were considered to be both key stakeholders at a national level and directly part of the individual case study.

studies. For example, this included attempting to create conversations that invited all of the participants to tell stories, give accounts and/or descriptions of their perspectives, insights and experiences in relation to the research questions (Smith and Sparkes, 2016).

Similarly, a semi-structured interview approach using specifically tailored interview guides was used for each interview participant. The interview questions explored a range of topics centring on the learning, training, education and practice of fitness professionals, as well as the broader role of fitness professionals in performing contemporary public health agendas. Example interview questions are presented in Table 4. At times, key findings from the individual fitness professional case studies were used to further stimulate conversations, and to explore connections between contexts and phenomena. For example, issues Jane and Dominic were experiencing with their career development and progression within the sector were used to stimulate discussion on this topic with several participants. This, arguably, reflects the notion that case studies can be useful for producing concrete evidence which can be used for both generating and testing working hypotheses (Flyvbjerg, 2006; Van Wynsberghe and Khan, 2007). In other words, the case study evidence was used to ‘test’ and/or explore connections between local and national (macro) level phenomena for fitness professionals. In total, the interviews lasted for 1,415 minutes, with interview lengths ranging from 24 minutes to 158 minutes. In addition, two participants voluntarily provided written documents outlining their views and experiences of the topic prior to their interviews. As with the previous phase of the research, all interviews were recorded using a digital voice recorder, transcribed verbatim and saved on a password-protected computer.

Table 4 Example interview questions

- Are you able to briefly outline your previous experiences of working in the fitness industry/public health/leisure sector and how this led to your current role?
- How would you describe the main responsibilities of your current role(s)?
- What do you believe are the role of [employing organisation] in the promotion of health and wellbeing amongst members of the public?
- What are the main initiatives that you have been working on to improve public health and wellbeing?
- What have been your most important observations about ‘fitness professionals’ as an occupational and/or professional group?
- In what ways do you believe the fitness industry and its workforce have changed (or not changed) during your time working in the industry?
- In your opinion, how do you view the role of fitness professionals in public health and wellbeing?
- How would you describe the different expectations that fitness professionals face?
- What do you believe are the main opportunities for the role of fitness professionals in public health?
- What do you believe are the main challenges and/or barriers for the role of fitness professionals in public health?
- How do you view the relationship between fitness professionals and other stakeholders in public health and wellbeing (e.g., physiotherapists, doctors, exercise physiologists)?
- What are your views on the training and education that is currently available for fitness professionals?
- From your wide range of experiences, what do you believe are the main challenges that personal trainers who want to work in the industry face?
- What have been your experiences and observations whilst delivering professional education and training programmes for fitness professionals such as personal trainers?
- What training and education do you believe is needed to support fitness professionals to ensure that they are equipped to deal with the challenges they face in practice settings?
- How do you view the role of different organisations (e.g., REPs, CIMSPA) in the fitness industry?
- How do you view the role of higher education institutions and research in relation to fitness professionals as a workforce?
- From your perspective, what recommendations would you make to improve the education and/or practice of fitness professionals and their role in public health and wellbeing in the future?

- Institutionally, what would you like to happen for fitness professionals to play a greater role in improving public health and wellbeing?
- In what ways do you believe that research could better meet the needs of practice - ultimately, to improve the experiences of fitness/exercise participants?

4.6.3. Number of people to interview

As with individual case studies, there are no hard and fast rules for determining an appropriate sample size when conducting qualitative interviews (Baker and Edwards, 2012; Brinkmann, 2013; Patton, 1990).¹ While data saturation is often cited as a reason for ceasing to recruit new research participants in qualitative research, in this phase of the research data saturation was considered to be impractical – impossible even – to achieve. This was due, in part, to the perplexingly large and complex nature of the fields in which the participants are located, as well as the broad nature of the research topic. The decision to stop recruiting additional participants was, therefore, taken when it was deemed there was sufficient and recurring data to answer the research questions in rigorous, substantial and in-depth ways. Furthermore, the decision to stop recruiting additional participants was based on the amount of time and resources available to conduct the research.

4.7. Data analysis

Given that the research was conducted over multiple iterative phases, which yielded a large amount of complex data, a general analytical strategy was developed. The aim was to ensure that the data generated through each of the three phases of research

¹It has been argued, for example, that the selection of an appropriate sample size depends on factors such as the purpose of the enquiry, what is at stake, what will be useful, and what can be done with time and resources that are available (Baker and Edwards, 2012; Brinkmann, 2013; Patton, 1990).

could be analysed in a progressive way to accommodate fresh insights and generate deep understanding. The data analysis was conducted using the electronic software programme, NVivo 11, in order to assist with organisation, interpretation and management of the data throughout the various phases of analysis. The rationale for this approach was that NVivo has been regarded as a tool that can increase the efficacy and effectiveness of learning from qualitative data (Bazeley, 2014).

While there are myriad ways of analysing qualitative research data, the analysis of qualitative case study data has traditionally been regarded as a poorly developed area of research enquiry and/or practice (Yin, 2014). In line with existing recommendations (Stake, 2006; Yin, 2014) analysis of the multiple case study data consisted of both *within-case* and *cross-case* analysis. It should be noted, however, that, as in any other form of qualitative enquiry, data collection and analysis occurred simultaneously throughout the research, meaning that these processes should not be viewed as separate entities (Baxter and Jack, 2008). In other words, unlike most forms of quantitative research, data analysis was not only undertaken once data collection had ended, instead, the collection and analysis of data were iterative operations, meaning that the researcher went backwards and forwards to refine data and to construct findings.

4.7.1. Within-case analysis

The *within-case* analysis focused on developing an understanding of each case study fitness professional within their local context(s) and presenting a 'picture' of each case (Stake, 2006). The aim was to produce a kind of representation that allowed for the intricacies, particularities, history and complexities of the cases to be understood

(Stake, 1995; 2006). This phase of analysis was undertaken using a combination of two broad types of approach: (i) a thematic analysis and (ii) a form of narrative analysis. In using these two forms of analysis, and movement during the analysis, the intention was not to privilege one form of analysis over another. Rather, it was recognised that sometimes there is a need for analytical diversity when analysing qualitative research data (Smith and Sparkes, 2009a). Indeed, this is consistent with views expressed by Coffey and Atkinson (1996), who suggest that qualitative researchers should consider using a variety of analyses in order to understand their data in different ways.¹

4.7.1.1. Data analysis stage 1: Thematic analysis

The first phase of the *within-case analysis* involved a thematic analysis of the data generated for each case study. The rationale for this approach is that thematic analysis has been considered to be a useful and flexible tool that can potentially provide a rich and detailed understanding of eclectic data (Braun and Clarke, 2006; Braun, Clarke and Weate, 2016). Moreover, the value of this approach is that it enables researchers to identify, analyse and report patterns of meaning (themes) across a qualitative data set (Braun and Clarke, 2006; Braun *et al.*, 2016). This was considered to be particularly useful for the qualitative case study data, as the researcher was required to synthesise large amounts of diverse data; i.e., emanating from the multiple data sources. The six-phase model set out by Braun and Clarke (2006) was used as a guide for the analysis:

¹According to these authors, analytical diversity enables researchers to ‘use different analytic strategies in order to explore different facets of our data, explore different kinds of order in them, and construct different versions of the social world’ (Coffey and Atkinson, 1996; p.14).

i) *Familiarisation*. As each interview was conducted, it was transcribed verbatim as soon as possible after the event. The process involved reading and rereading all data items, listening to the audio recordings of interviews and making notes. As the interviews were transcribed using an external service, the listening phase enabled the transcripts to be checked back against the initial audio recordings for accuracy. During this phase, ‘analytical memos’ and ‘annotations’ were used to make preliminary connections to various theoretical concepts that might explain key issues evident within the data (Charmaz and Mitchell, 2001).

ii) *Initial code generation*. Initial patterns of meaning and issues of potential interest were looked for in the data. This involved the production of initial codes from the data. Codes were used to identify a feature of the data (semantic content or latent) and referred to ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (Boyatzis, 1998; p.63). For example, in Jane’s case, the initial code “Psychological role” was identified as a consistently occurring issue within the data. The process of code generation involved working systematically through the entire data set for each case study and identifying interesting aspects in the data items, which eventually formed the basis of repeated patterns (themes) across the data set (Braun and Clarke, 2006).

iii) *Searching for themes*. Once all data had been initially coded and collated, analysis was focused on the broader level of themes rather than codes. This involved sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes. A theme was used to capture something

important about the data in relation to the research question and sub-questions, and to represent some level of patterned response and meaning within each case study data set (Braun and Clarke, 2006). For example, in Jane's case, the code "Psychological role" was considered to demonstrate a patterned response with the initial codes of "Role and boundaries" and was organised under the broad theme of "Working at Heritage Leisure Centre: Nature of the role".

Braun and Clarke (2006) noted that patterns within data can be identified in one of two primary ways in thematic analysis: in an inductive (or 'bottom up') way, or in a theoretical/deductive (or 'top down') way. As analysis of the multiple case study data progressed, the process of searching for themes evolved to become less 'bottom up' and more theoretically-driven/deductive. In other words, as the process of conducting case studies was repeated, the themes identified from previous cases and ways of organising the data were considered. For example, the theme "Working at Heritage Leisure Centre: Nature of the role" in Jane's case study is similar to the theme "'I'm sort of like a multi-disciplinarian': Managing multiple roles and expectations" in Dominic's case. However, in all cases, the analysis was firmly grounded within the data for that particular study.

iv) *Reviewing themes*. Data within themes were organised so that meaningful, coherent and identifiable distinctions could be made between themes. For example, in Jane's case, a meaningful distinction was made between the theme "Working at Heritage Leisure Centre: Nature of the role" and the theme "Links and relations to public health institutions", as these themes were considered to represent different

facets of the data. The validity of individual themes in relation to each other and the entire data sets within each case study were also considered.

v) *Defining and naming themes*. A thematic map of the data was developed where themes were defined and refined to the ‘essence’ of what each theme was about (Braun and Clarke, 2006; p.92) (see Appendix 7 for the final thematic maps for each case study). During this phase, the analysis involved refining the specifics of each theme and the overall ‘story’ being told. It also involved generating clear definitions and names for each theme.

vi) *Writing-up*. Once a set of fully worked out themes had been organised, each case study report was constructed. These reports involved the inclusion of sufficient data extracts to demonstrate the dimensions and prevalence of each theme. Particularly vivid examples (or extracts) were selected at times in order to capture the essence of the point or issue being demonstrated (Braun and Clarke, 2006).

Thematic analysis of the data for each case study did not involve simply moving from one phase to the next, rather the data were analysed using a fluid and dynamic integration of the phases (Braun and Clarke, 2006; Braun *et al.*, 2016). In addition, a similar process of data analysis was undertaken for the key stakeholder/policymaker interviews (a thematic map of the data for this phase of the research is presented in Appendix 8). The analysis of both stages of research also employed a form of narrative analysis.

4.7.1.2. *Data analysis stage 2: Narrative analysis*

While there are many benefits to the use of thematic analysis within qualitative research, it has been noted that there are instances where this analytical approach is not the most appropriate (Braun *et al.*, 2016; Sparkes and Smith, 2009a). Notably, this type of analysis has been considered to be poorly suited to research questions around narrative and stories (Smith and Sparkes, 2009a; see also Smith, 2016) and questions focused on individual narratives (Braun *et al.*, 2016). Another disadvantage of the approach is that it is unable to retain a sense of continuity, temporality and contradiction through a single individual account (Braun and Clarke, 2006) such as an individual case study fitness professional. It is for these reasons that thematic analysis was considered to be a useful but insufficient means of conducting the within-case analyses. Consequently, a form of narrative analysis (Smith, 2016) was utilised as the second iterative phase.

The development and use of narrative enquiry is based on the supposition that people are essentially story telling creatures and that they construct stories out of cultural life (Polkinghorne, 1988). Within this form of enquiry, narratives are considered to play a formative role in people's development; and are a psycho-socio-cultural shared resource that constitutes and constructs human life (Smith and Sparkes, 2009b). For the purposes of this research, notions of narrative were thus employed both as a way of understanding the learning, development, expectations and practice of the individual case study fitness professionals, and as a way of representing those experiences. In so doing, the researcher drew upon notions of the narrative bricoleur, as outlined by Denzin and Lincoln (2017; p.12) for instance, who suggest that the

qualitative bricoleur ‘knows that researchers all tell stories about the worlds they have studied’.

The analysis of the data considered six dimensions of narrative within the construction and representation of the individual case studies: characters, audience, setting, causal relationships, events and themes (Davis, 2002). In so doing, the role of the researcher involved acting as both a ‘story analyst’ and a ‘storyteller’ (Smith, 2016; Smith and Sparkes, 2009a). This is a legitimate strategy, as Smith (2016) explained: researchers might, for certain purposes, move from one standpoint to another within a research project ‘utilising both rather than pledging allegiance to one standpoint only’ (p.262).

The process of writing formed a central part of the narrative analysis for the research. This follows the assertions of Richardson and St. Pierre, who argued that writing is a method of enquiry in itself (e.g., Richardson, 1994; Richardson and St. Pierre, 2017). In the words of St. Pierre: ‘... for me, writing *is* thinking, writing *is* analysis, writing is indeed a seductive and tangled *method* of discovery’ (in Richardson and St. Pierre, 2017; p.827; emphasis in original). Accordingly, the writing processes involved in producing the case study reports transcended the processes of the thematic stages of analysis (where the focus was on content/themes) to address the construction of the narratives as a whole. In so doing, the crafting of the reports sought to utilise structural features of narrative (such as temporality and tone) in order to convey a rich, detailed, complex and nuanced picture of the participants’ lives. This recursive

process of analysis continued until the stories/narrative representations of the data were completed and deemed to be of an appropriate standard.¹

4.7.2. Member reflections

Once a completed version of each case study report had been produced, these were sent to the participant case study fitness professionals inviting them to comment on the work. This stage of the research process acted as a form of member reflection (Tracy, 2010), which was incorporated into the research design. The member reflections further added to the processes of sharing and dialoguing with participants about the research findings, as well as providing opportunities for participants to ask questions and offer critique, feedback, affirmation and collaboration on the work that had been produced. Indeed, the process of having participants comment on and review drafts of a case report has been identified as a useful strategy for improving the quality of a case study (Creswell, 2013; Stake, 1995; Yin, 2014).

The process of member reflections meant that the case study fitness professionals were able to provide new insights on the issues that were identified and discussed within the case study reports. It also enabled participants to identify and/or comment on issues that were either missed out in the reports or that were prompted through engagement in the research process (Yin, 2014). It should be noted, however, that the

¹In terms of their presentation, each case is presented individually in Chapter 5 of this thesis in an order that is designed to facilitate an easily understandable journey for the reader. For example, the case of the least experienced fitness professional (Sarah) is presented first, and the case of the most experienced fitness professional (Paul) is presented last, in order to convey a sense of journey and temporality through career stages. The findings of the key stakeholder/policymaker interviews are presented following the individual case studies in order to position the local level cases in a broader context.

aim of the member reflection process was not to ensure a universally agreed reality or truth to be represented in the reports (Smith and McGannon, 2017). Rather, the strategy was to generate additional data and insight in order to enable deeper and richer analysis (Bloor, 2001; Tracy, 2010). These insights were used to inform both the development of individual cases and the cross-case analysis. Copies of the member reflections provided by the case study fitness professionals are provided in Appendix 9.¹

4.7.3. *Cross-case analysis*

In terms of the *cross-case analysis*, this was conducted using all of the data generated throughout each of the three iterative phases of research. Conducting this kind of analysis can be a useful method for developing an aggregate of knowledge of themes, issues and phenomena that tie the cases together, as well as synthesising the lessons learned from each of the cases (Stake, 2006; Yin, 2014). At the same time, Stake (2006) cautioned that great care is needed during this process as there is a risk that the unique vitality of each individual case, including its unique contexts, circumstances and experiences, can become lost in the more general analytical processes. In terms of the general analytical process, therefore, this sought to attribute equal attention to the unique case, while also situating the cases within their broader contexts. Conducting this analysis involved looking across all the collated reports, making notes, analytical memos and reflections, as well as exploring links and relationships to the existing literature. The potential generalisability of the findings was also considered as part of the analysis.

¹One case study fitness professional (Dominic) chose not to offer written feedback on his case study report.

4.8. Generalisability

Generalisability is regarded as a general statement or proposition made by drawing an inference from observation of the particular (Smith and Caddick, 2012). According to Schwandt (1997; p.57), it is an act of ‘reasoning from the observed to the unobserved, from a specific instance to all instances believed to be like the instance in question’. Moreover, Holloway (1997) explained that generalisability (or external validity) is present in research when the findings of the study ‘can be applied to other settings and cases or to a whole population, that is, when the findings are true beyond the focus of the work in hand’ (p.78).

Generalisability is a standard aim in quantitative research and is normally achieved through statistical sampling procedures (Polit and Beck, 2010; Smith and Caddick, 2012; Sparkes and Smith, 2014). It is a more complicated and contentious issue for qualitative researchers, however, given that the aim is not usually concerned with making conventional statistical generalisations from cases/samples to populations (Polit and Beck, 2010). But, as Smith (2018) argued recently, it is a misunderstanding to claim that a weakness of qualitative research is that the findings are not generalisable. Instead, Smith (2018) advocated that qualitative researchers should adopt a position that reflects the underlying philosophical assumptions, goals, approaches, methodologies and methods that inform their research when dealing with the issue. In terms of the current research, therefore, the findings could be considered to be generalisable in several ways.

One type of generalisability evident within this research is that of *naturalistic generalisability* (Stake 1978, 1995). This type of generalisability happens when the research resonates with the reader's personal engagement in life's affairs or vicarious, often tacit, experiences (Stake, 1978; 1995). From this point of view, readers may wish to assess the extent to which the research presented in the thesis resonates and/or 'rings true' with their own experiences (Smith, 2018). Through the process of naturalistic generalisation, readers make choices based on their own intuitive understanding of scenes and information presented, rather than feeling as though the research report is instructing them what to do (Tracy, 2010). For example, readers may consider their own thoughts, emotions and embodied responses to the accounts presented in each case study report. Indeed, Stake (2000; 2005; 2006) explained that one of the greatest strengths of case studies is that they allow readers to experience vicariously the particular, ordinary, exceptional or unique experiences and views of others in a holistic way. If the research does not speak to readers in any of these ways, however, this does not mean that the research is 'invalid' or 'not useful'; rather it means that opportunities might be available to explore different responses to the research (Smith and Sparkes 2011; Smith, 2018).

Another type of generalisability that might be considered in relation to the current research comes, to some extent, under the category of 'Knowledge, wisdom, and generalisability' that is presented in Chenail (2010; p.6). According to Chenail (2010), this broad type of generalisability refers to a form of knowledge management, where researchers can be conceptualised as employing their wisdom or judgment based upon what they have learned from their deliberate investigations. Hence, this form of generalisability is different from that of naturalistic generalisability (Stake

1978, 1995) in the sense that it places greater emphasis on the researcher to form generalisations based upon what they have learned. From this perspective, generalisation can be thought of as a process

... wherein investigators reflect upon the data, information, and knowledge discovered or constructed during the research endeavour and make judgments or take action regarding what to do with what they now know they have confidence in knowing about the phenomenon under study. (Chenail, 2010; p.6)

In terms of the current research, this form of generalisation is, perhaps, most clearly evident in Chapter 7 of this thesis, where specific conclusions and recommendations are drawn from the project data. Within this, there are obvious forms of theory-focused / analytical generalisation (Chenail, 2010; Polit and Beck, 2010; Lewis, *et al.*, 2014; Yin, 2014); that is, a type of generalisation where researchers strive to generalise from particulars to broader constructs or theory (Firestone, 1993; Polit and Beck, 2010). For example, data from the research, arguably, sheds empirical light on the broader theoretical concepts and principles associated with neoliberalism, as well as those associated with occupational/professional learning, training, development and practice.

Yet, in some ways, the nature and extent of the data mean that the contributions of the research would appear to extend beyond these forms of generalisability. It is possible that the multiple iterative phases of the research might be regarded as a kind of ‘nested case study’ (Thomas, 2016a) – or what Yin (2014) refers to as embedded case studies. From this perspective, each individual/complex case would be regarded as fitting in with the larger unit of analysis; i.e., in this research, fitness professionals in the UK context.

The critical distinction between multiple and nested case studies comes from the connections between the sub-units and the whole. As Thomas (2016a; p.177) suggested: ‘a nested study is distinct from a multiple study in that it gains its integrity, its wholeness, from the wider case’. So, while the individual units of analysis were not intended to form part of a nested case study, as the research progressed, broader connections between individual units of analysis (cases) and the broader ‘case’ of fitness professionals in the UK became increasingly apparent. Here, it can be noted that the focus of the key stakeholder/policymaker interviews was on understanding the learning, training, development and practice of the whole population of fitness professionals in this national context, while links and relationships between individual cases are explored directly within the cross-case analysis and conclusion sections. Clearly, the way(s) in which the type of case study is categorised could have important implications for the perceived generalisability of the research.

The aim here is not to provide a final word on the matter; rather it is to represent a reflection and to open an opportunity for dialogue with the reader. As Chenail (2010; p.6) suggested, ‘researchers and consumers both share a responsibility when it comes to assessing the value of a particular set of qualitative research findings beyond the context and particulars of the original study’ (or studies). The reflexive role of the researcher, and the written representation of that role are, therefore, important factors in these processes.

4.9. The researcher and the researched

4.9.1. Reflexivity

Reflexivity is a crucial feature of any qualitative research process. Although there are various traditions associated with the term, reflexivity is generally regarded as a process whereby researchers engage in a process of explicit, self-aware analysis of their role in relation to the research (Finlay, 2002). Clearly, this has a conceptual alignment with both the constructivist research paradigm and notions of the researcher as a bricoleur (e.g., Denzin and Lincoln, 2000; Kincheloe, 2005). Because of their direct involvement in the data collection and analysis processes, it is virtually impossible – and also undesirable – for qualitative researchers to maintain a ‘neutral’ role in the field (Berger, 2015; Cohen, Manion and Morrison, 2011; Sparkes and Smith, 2014). In the words of Cohen *et al.* (2011; p.227): ‘researchers are in the world and of the world. They bring their own biographies to the research situation and participants behave in particular ways in their presence’. The reflexive researcher must, therefore, be critically aware of the influence of their beliefs and values on the selection of research methodology, generation of knowledge/s and the production of a research account (Berry, 2004; Denzin and Lincoln, 2000; Hellowell, 2006; Kincheloe *et al.*, 2017).

As a process, reflexivity involves consideration (and in some cases articulation) of researchers’ beliefs, values, investments and life experiences, and their potential to influence data collection, the interpretation of data, and the communication of research (Finlay, 2002). This form of critical reflection and engagement is an essential step in ensuring that findings, conclusions and recommendations are as ‘transparent’ as possible, thus ensuring research audiences are able to understand how conclusions

from data have been derived (Berry, 2004; Hastie and Hay, 2012). Hence, addressing issues of reflexivity in qualitative research, if done well, can not only heighten the awareness of the researcher(s) when generating qualitative data, but it can also increase the level of depth in developing multi-layered understandings and interpretations of participants' worlds (Berry, 2004; Denzin and Lincoln, 2000; Kincheloe, 2005; Richards, 2009).

4.9.2. Managing Reflexivity

Given the close proximity of the researcher to the research subject, three specific strategies were incorporated into the research design in order to ensure the issue of reflexivity was addressed: use of a (1) 'critical friend'; (2) electronic log (audit trail); and (3) the insider-outsider concept as heuristic device. In addition, for the purposes of clarity, the relationship between the researcher and the researched was summarised in the introduction to this thesis (see Section 1.4. Positionality of the researcher).

4.9.2.1. Critical friend

The research supervisor acted as a kind of 'critical friend' throughout the research process.¹ In so doing, the PhD supervisor remained independent from the immediate situations and activities that occurred during the fieldwork. At the same time, her role involved acting as a trusted person, who asked provocative questions and offered critiques (cf. Smith and McGannon, 2017). Through joint discussion, communication

¹Traditionally, the role of a critical friend is to provide a theoretical sounding board to encourage reflection upon, and explanation of, alternative explanations and interpretations of events in the field and the analysis of the data that is generated (Sparkes and Smith, 2014). Their role is not to 'agree' or achieve consensus, but rather to encourage reflexivity by challenging the construction of knowledge by others (Smith and McGannon, 2017).

and dialogue, the researcher and supervisor determined the pathway of the research at each phase of the research design, data collection and analysis. One advantage of this collaboration was that discussions between the researcher and supervisor helped to reduce the likelihood of personal ‘bias’ crowding out the voices of research participants, thus impacting upon the credibility of research findings and conclusions drawn (Searle, 2013). The purpose was not to ‘cleanse’ the researcher’s assumptions from the research process but, instead, to ensure they were identified and challenged. In this sense, the different perspectives offered by the research supervisor provided an important resource for developing, challenging and guiding the researcher.

4.9.2.2. Electronic log (audit trail)

A second strategy to support an effective process of reflexivity was to continuously monitor iterative data collection and analysis during the fieldwork. Similar to that recommended in grounded theory research (Charmaz, 2014; Corbin and Strauss, 2008), where on-going theoretical memos are recommended, an electronic log was set up to allow the researcher’s personal reflections to be recorded. This included – but was not limited to - recording ideas that were generated throughout the fieldwork; the origin(s) of these ideas; how the ideas seemed to ‘work’ in relation to the data; and the amount of confidence associated with the ideas (Richards, 2009; 2014). According to Richards (2009), such logs can act like a ship’s log in the sense that they can help to detail the journey taken by a researcher and/or research team, providing a trail that can be used to assess how the research got from ‘there’ to ‘here’. In other words, the log was used to keep an account of the journey process and the perceived influence of the researcher and researched on this journey. This chimes with Kincheloe’s (2004) conceptualisations of the researcher as a bricoleur. From this perspective, the

electronic trail might be viewed as an account that traced the journey undertaken by the researcher: between the scientific and the moral; the quantitative and the qualitative; and within the social, cultural, psychological and educational landscapes in which the researcher was located (Kincheloe, 2004).

4.9.2.3. Insider/outsider heuristic

Finally, the concept of the insider-outsider dynamic was used as a heuristic device for developing a detailed understanding of the reflexive interactions between the researcher and the researched (Hellowell, 2006). Whether a researcher should position themselves inside or outside of a group and/or culture continues to be a contentious issue for researchers (Thorpe and Olive, 2016). Each perspective – both the insider and the outsider – has advantages and disadvantages (see Figure 1), which are relatively more or less important depending upon the particular circumstances and purposes of an enquiry. It has been argued, however, that the nature of the relationship is often oversimplified as a one-dimensional dichotomy between the two perspectives (Merriam *et al.*, 2001): whereas, in reality, there are elements of both ‘insiderness’ and ‘outsiderness’ occurring at multiple levels. For example, this includes factors such as age, gender, educational history, social class, professional backgrounds/experience, which are present during any interaction. Consequently, Dwyer and Buckle (2009) have contended that any researcher will almost certainly occupy the ‘space between’ both the insider and outsider status, with a degree of fluidity occurring within their position between these statuses.

According to Dwyer and Buckle (2009; p.60), this space can be viewed ‘as a dwelling place for people... [that] acts as a third space, a space between, a space of paradox,

ambiguity, and ambivalence, as well as conjunction and disjunction’. During the current research the aim was to draw upon the multiple advantages located at either end of the insider-outsider continuum, whilst occupying this notion of the fertile ‘space between’ either perspective. An example of this phenomenon in this research concerns the researcher’s previous experience as a fitness professional and his engagement with the fitness field. In the participant Dominic’s case, for instance, the researcher was able to draw upon his experiences working as a fitness instructor at a similar leisure facility in order to frame questions on issues such as the consultation areas and exercise referral scheme. Yet, despite working as a fitness professional the researcher had not previously worked as a personal trainer in a commercial health club. This meant that during the case study at Capital Health Club the researcher was able to draw upon experiences of working as a fitness professional (i.e., as an insider), whilst also being able to utilise the status of an outsider, who wanted to understand the lived experiences of the personal trainers who were working on that type of pay structure. The researcher was also able to draw upon his outsider status as an individual who was working in the field of higher education.

| | Insider status | Outsider status |
|-------------------|--|---|
| Advantages | <ul style="list-style-type: none"> • Researchers are not seen as strangers, but members of the group • Insiders can shed light on traditionally ignored or unrecognised perspectives • Familiarisation with language, culture, and practices • Easier to gain access, trust and co-operation | <ul style="list-style-type: none"> • Researchers often have little commitment to the group • Researchers can observe and interpret events from a fresh perspective • Researchers can see properties that are lost by the insider because of their familiarisation • Researchers may be viewed as more ‘objective’ observers |

| | | |
|----------------------|---|--|
| | <ul style="list-style-type: none"> • Reduces time preparing to enter the ‘field’ or study settings • Can assist with understanding and empathy with participants | |
| Disadvantages | <ul style="list-style-type: none"> • Researchers may be viewed as unreliable sources or advocates by some • May increase researcher bias towards adopting particular viewpoints • Can increase possible role conflicts | <ul style="list-style-type: none"> • Researchers may experience a ‘culture shock’ that could interfere with the research • Researchers may be viewed as untrustworthy by participants and thus need to invest a greater amount of time to establish trust • Cultural or linguistic jargon may provide a barrier to understanding participants’ meanings/needs • Costs may be increased as researchers may need to invest in ‘experts from the field’ |

Figure 1 A taxonomy of the advantages and disadvantages that have traditionally been associated with insider/outsider status (adapted from Bonner and Tolhurst, 2002)

4.10. Ethical considerations

It is widely accepted that the conduct of a researcher, including their ethical conduct, should not be thought of as a static event; rather, ethical conduct – and more broadly, research ethics - should be viewed as on-going processes that require continual attention, maintenance and reflection throughout a research project (Caddick, 2014; Sparkes and Smith, 2014). For the purposes of this research, Palmer’s (2016; pp.316-

317) discussion of an ‘ethical chain’ was used as a framework for considering the ethical processes that have been involved in conducting the research.¹

4.10.1. Procedural ethics

Prior to the commencement of the fieldwork, ethical consent was sought and granted by the Science, Technology, Engineering and Mathematics Ethical Review Committee at the University of Birmingham in April 2015 (Proposal number: ERN_15-0073). This acted as a form of procedural ethics, which could be considered to be the first of the ‘ethically important moments’ (Guillemin and Gillam, 2004; p.262) that were encountered during the research. Institutional review board committees aim to ensure procedures that deal with issues such as the management of risk, confidentiality, rights to privacy, protection of research participants from harm and informed consent (Guillemin and Gillam, 2004; Palmer, 2016).

Generally, good conduct in research ethics places emphasis on the importance of obtaining voluntary informed consent from participants, where possible (Mellick and Fleming, 2010). Guillemin and Gillam (2004; p.272) explained this process is, at its heart, an interpersonal process between the researcher and participant, ‘where the prospective participant comes to an understanding of what the research project is about and what participation would involve and makes his or her own free decision about whether, and on what terms, to participate.’ In this sense, therefore, it is an ethically important moment that constitutes more than the mere signing of a consent

¹According to Palmer (2016), the chain metaphor underscores the importance of four interlinking and iterative phases: (i) procedural ethics; (ii) ethical positions; (iii) ethics in practice; and (iv) writing about the field. The metaphor also alludes to the ways in which links can be lengthened or shortened, or indeed broken (and, it might be added, in some cases, repaired).

form. Accordingly, as noted previously, prior to participating in the research, the aims/objectives and nature of the research were explained to participants and any questions were answered. It was also made clear to the participants that they would be able to withdraw without having to provide a reason for doing so. Furthermore, it was explained that pseudonyms would be used in all publications in order to assist with anonymity.

One issue with regard to the processes of informed consent, however, was that some of the participants discussed other individuals, such as managers, friends, family and clients from whom it was considered impractical and, in some cases, undesirable to obtain consent. This is a common issue in forms of qualitative case study, narrative and autobiographical research (Erben, 1993; Mellick and Fleming, 2010; Thomas, 2016a). Concurrently, in the case studies, other people were considered to play important roles in the written construction of the case study reports. Various strategies were, therefore, used within the reporting of the data in order to conceal the identities of other people. For example, information was modified for those clients of fitness professionals who were discussed, but who did not give informed consent. This has been advocated as a viable strategy, as it is accepted that there are occasions where there are bona fide reasons for not obtaining informed consent (Felzmann, 2009; Fleming, 2013; Mellick and Fleming, 2010).

4.10.2. Ethical positions

While achieving institutional ethical approval - and following the 'rules' set out by the ethical committees – play a key role in the research process, the kinds of social interaction involved in conducting qualitative research mean that pre-planned

approaches to ethical approvals do not always work in practice (Ellis, 2007; Palmer, 2016; Thomas, 2016a). The decisions and choices made during the course of a research process might, therefore, be informed by the ethical position(s) of a researcher. As Palmer (2016) reflected, ethical positions challenge qualitative researchers to reflect on their own values, beliefs, ideological positions, and ways in which these might interact with how ethics are negotiated in practice. Accordingly, during the current research, various ethical positions were adopted, including those of relational and situational ethical positions.

4.10.3. Ethics in practice (situational ethics)

Ethics in practice – or what is also referred to as situational ethics - is the kind that pertains to the day-to-day issues that arise during the processes involved in doing research (Guillemin and Gillam, 2004). This deals with ‘the unpredictable, often subtle, yet ethically important moments that come up in the field’ (Ellis, 2007; p.4). For example, situational ethical challenges were negotiated during the fieldwork at instances in semi-structured interviews where participants discussed issues related to their bodies, financial situations, personal lives and occupational pressures. Moreover, as the research involved conducting interviews with multiple connected participants, care was taken to avoid ‘letting something slip’ in terms of the information that had previously been disclosed in confidence during the research process.

Adopting a situational ethic assumes that each circumstance has its own unique variations and that researchers should repeatedly reflect on, critique, and question their ethical decisions (Tracy, 2010). Following the advice of Guillemin and Gillam

(2004), the use of the various reflexivity strategies provided useful resources for facilitating ethical research practice. Notably, the electronic log provided opportunities for the researcher to reflect upon ethical decisions and choices made within the research settings. This involved considering how certain processes acted to shape the co-construction of the research data. One example of this process was documented in a reflective note on the role and nature of vulnerability, as the following extract illustrates:

... The issue was initially identified during Jane's case study, where Jane explained that clients often felt vulnerable in gyms. Moreover, Jane explained that she also felt vulnerable herself, as she... sometimes lacked confidence... [As] a researcher I often felt vulnerable in the research settings as well... I believe that, at times, showing my own vulnerability... [helped] the participants to open up and speak more freely... At times... the process involved reflecting back elements of the participants' own stories, so that the experiences, in some ways, become shared... [However] I remained aware that my role was to act as a researcher... [meaning] that the use of such stories and experiences needed to be managed carefully... (Electronic log, 23rd November, 2016)

Palmer (2016; p.325) noted that it is the reflexive capacity of social research to ask questions, 'not only of the world around us, but also of ourselves, and our place in that social world that makes qualitative research a contentious, challenging, rewarding, and revealing enterprise'. Moreover, Guillemin and Gillam (2004) explained that being reflexive in an ethical sense means acknowledging and being sensitive to the micro-ethical dimensions of research practice. In so doing, it means being alert to and prepared for ways of dealing with ethical tensions that arise.

A key ethical tension that was encountered during the research process concerned the need to manage the on-going relationships with research participants. By definition, doing case study research encourages researchers to get 'close' to real-life situations

in order to understand and provide detailed examinations of the issues, cases and phenomena they are studying (Flyvbjerg, 2011). Yet, managing the nature and extent of proximity in relation to the cases being studied clearly provides challenges. During the case study fieldwork, for example, there was a need to negotiate and manage a variety of different roles. Such a notion is consistent with the views of Stake (1995), who explained that conducting case study research can involve undertaking the connected roles of: participant observer, interpreter, interviewer, reader, storyteller, advocate, teacher, artist, counsellor, therapist, evaluator, consultant, and more. In other words, like both the bricoleur (Lévi-Strauss, 1966; Lincoln, 2001) and fitness professionals in general (Reiff, 1996; De Lyon *et al.*, 2017), the case study researcher might be viewed as a kind of Jack/Jill-of-all-trades, negotiating each of their roles in order to meet the demands of the situations they encounter. As the research progressed, the process of undertaking multiple roles became increasingly challenging in somewhat unexpected ways. The following excerpt from a self-reflective piece that was produced as part of the author's doctoral study programme provides a representation of how this process was experienced:

... I have found that conducting the fieldwork within a wide variety of practice settings has been difficult for me to negotiate... The contexts for the research have varied dramatically. Moreover, as the research has involved interviewing a diverse range of stakeholders, I have needed to negotiate my role as a researcher in relation to each of these research participants... I have found [this] process has made me increasingly self-conscious about the image... that I was conveying as both a researcher and a representative of the university. (Self-reflective assignment, September 2016).

In his classic text, *'The Presentation of the Self in Everyday Life'*, Goffman (1959) explained how individuals are required to present particular aspects of themselves in order to fulfil the duties of their roles and to meet the expectations of others. Goffman

argued that people are required to carefully control a variety of communicative sources in order to convince others of the appropriateness of their behaviour and its compatibility with the role that is assumed (Chesterfield, Potrac and Jones, 2010; Goffman, 1959). Drawing upon this work, the reflective piece continued:

I have felt an on-going need to carefully control and manage the impression that I have been conveying to others... Over time... this process... became fatiguing. It has also led me to continually question my own identity... Simply put, as the research contexts changed, I changed. And, as the research contexts were very different, the way I acted and presented myself in them certainly felt very different... I believe this continual process of negotiating the image I was presenting led to a prevailing sense of insecurity, at times: not only in myself, and about how I was being perceived... but also in relation to how I was conducting the research itself. This, in turn, led me to question factors such as why I was finding the research process so difficult... I felt as though I should have been feeling more confident and adept at coping with the situations I was encountering than I, in fact, was feeling during the fieldwork. (Self-reflective assignment, September 2016).

The processes involved in conducting case study research are remarkably hard, even though case studies have traditionally been considered to be 'soft' research (Yin, 1984). Paradoxically, for Yin (1984; p.26), 'the softer a research technique, the harder it is to do.' Concurrently, as the fieldwork progressed, the relationship between the researcher and the researched appeared to become increasingly inseparable, thus posing increasingly multi-dimensional ethical challenges. The following analytical memo illustrates the point:

Throughout the project, I have remained aware of multiple levels of 'insiderness'... meaning that I cannot – and possibly should not (if it were even possible) - leave the multiple 'fields' in which I have become increasingly located... fitness and academia represent both my work and areas of activity about which I am passionate. I am a 'gym goer', I go to fitness industry events, I attend regular group exercise classes; I have published, and continue to publish, written material on fitness professionals, which is accessible online. I have formed personal and professional relationships with people in the industry in ways that I had not done prior to conducting the research... I have become a (very small) part of the complex 'web' of stakeholders and relationships about which I am writing... my ethical conduct

is not bound to the specific locations and sites where formal research activities... take place. Rather, these webs of relationships have become part of who I am and, indeed, continue to be. (Electronic log, 16th January 2018)

In her discussion of the role of qualitative research in neoliberal times, Cheek (2017) asserted that researchers are unable to stand apart from the social milieus, problems, relationships, and messes in which they are located. In this context, she explained that it is important for qualitative researchers to recognise the messes they are in, and see them for what they are: a series of connected problems, messes and issues, which ‘connect and reconnect with each other in many different permutations’ (Cheek, 2017; p.31). Clearly, this resonates with some of the ethical challenges that are present within the conduct of the current research.

In terms of this research, a relational ethical position was adopted as a position to navigate the webs of relationships in which the researcher was located. This ethical perspective involves an ethical self-consciousness in which researchers are mindful of their character, actions and consequences on others (Ellis, 2007; Tracy, 2010). From this perspective, there are no set rules to follow. Instead, the researcher does as best they can, at any given time, to think through, write and rewrite, improvise, anticipate and feel the potential consequences of their actions (Ellis, 2007). The aim, ultimately, is to lead to positive change and make the world a better place, to leave the communities, the participants, and the researchers better off at the end of the process (Ellis, 2007).

4.9.4. *Writing about the field*

There were considerable ethical challenges involved in writing-up the research fieldwork. Perhaps, the most significant issue in this regard concerned balancing the disguise of participants' personal information while maintaining the value and integrity of the research data (Caddick, 2014; Wiles *et al.*, 2008). As with the presentation of the participants' information for the key stakeholder/policymaker interviews, the writing-up of the research findings required careful monitoring in order to manage deductive disclosure (Kaiser, 2009). In other words, while confidentiality was sought as part of the on-going informed consent, there is a possibility that individuals within the fitness industry or close to the case study research participants might be able to identify those individuals who took part (or their employing organisations). Accordingly, various strategies were employed in order to further manage deductive disclosure in addition to those that have already been noted. For example, there are places in which data are omitted in order to protect confidentiality. In addition, including individual case study fitness professionals in the writing-up process gave them an opportunity to comment on any information they wished to be changed in the case study reports, including information that might identify them. Furthermore, chains of relationships within case studies and among key stakeholders were considered within the writing process. The combination of these processes required considerable time: to think, read, write, re-write, research, analyse, edit, and collaborate. But, as Kincheloe (2001) reflected, the processes involved in conducting high quality research inevitably require such investments.

4.11. Research quality

Research quality has been described as a ‘thorny issue’ in qualitative research (Braun *et al.*, 2016; p.202). In line with the ontological and epistemological assumptions informing the research, a relativist approach to conceptualising research quality was adopted (Sparkes and Smith, 2014). This approach does not mean that ‘anything goes’ (Sparkes and Smith, 2009). Rather, it means that criteria for judging the quality of qualitative research are drawn from an on-going list of characterising traits as opposed to being applied in a universal manner to all qualitative research.

Accordingly, the list of traits – or criteria - provided in Smith and Caddick (2012) is one framework of concepts that might be used to assess the quality of the work.

Drawing upon this framework, a reader (or examiner) could assess the research based upon its: substantive contribution; impact; width; coherence; catalytic and tactical authenticity; personal narrative and storytelling; resonance; credibility; and transparency. Consistent with the relativist approach, these criteria are not intended to be ‘set in stone’ as the only way of judging the quality of the work (Smith and Caddick, 2012; p.71). Instead, the items contained within this list may be challenged, changed and modified in their application (Smith and Deemer, 2000).

4.12. Chapter summary

In this chapter, the approach to conducting the research has been set out. This included providing a detailed overview and information on the research design, underlying ontological and epistemological assumptions, and data collection methods. Information on the research participants was also provided, along with the frameworks that were employed to analyse the research data. Here, it was noted that the collection and analysis of data were iterative operations, meaning that the

researcher went backwards and forwards to refine data and construct findings. Particular attention was given to conceptualising ways in which the findings of the research might be generalisable. In this context, it was acknowledged that both the researcher and consumers of the research share a responsibility when it comes to assessing the value of the findings beyond the immediate context and particulars of the original research. Given the centrality of the researcher in the research process, however, the reflexive relationship between researcher and researched was highlighted as being an integral factor in the nature and presentation of the findings. The chapter ended by exploring some ethical consideration for the research, and later, by suggesting some ways in which the quality of the work might be assessed. In the next chapter, the findings of the research are presented.

CHAPTER 5: FINDINGS

5.1. Overview

This chapter reports findings of each of the five case studies before presenting findings of key stakeholder/policymaker interviews. The findings of each case study and the key stakeholder/policymaker interviews are organised, and are presented, around a series of key themes.

5.2. Sarah

5.2.1. *The participant*

Sarah is a white-British, female, personal trainer in her 30s, who has been working in the fitness industry for a little over a year.¹ Sarah was based in a major city, where she worked from a range of fitness studios. In terms of her clients, Sarah usually delivered between twenty and thirty hours of fitness sessions per week, including both personal training sessions and a small number of group exercise classes. In terms of her education, Sarah holds a university degree in a subject that is outside the field of sport and exercise science and a REPs accredited Level 3 personal trainer qualification. Having originally developed a career in a business environment outside of personal training, Sarah had only recently made the transition into working in the fitness industry. The data from this case study show how Sarah's journey as a personal trainer has been marked by feelings of excitement, confusion, challenge, disruption, liberation and reflection.

¹The term 'personal trainer' has been selected to refer to Sarah's job role because this is the term that Sarah uses herself. The term 'fitness professional' is also used in this case study report in order to refer to aspects of the role that extend beyond those of a personal trainer. This strategy is also used for the other case studies.

5.2.2. Theme 1: Becoming a personal trainer: a journey into the fitness industry

Fitness has played an increasingly important role in Sarah's life. As a teenager, she considered herself to be "really, really overweight". Over time, however, Sarah found that she was able to make considerable changes to her body:

... one day... I just did. I went [to the gym] probably four or five days a week, pounded out on the cross-trainer, and started losing weight... just worked really hard. Changed my eating, never felt like I was on a diet... I went from overeating and overeating the wrong things, to just eating sensibly... there was no yo-yoing and I progressively lost weight. (Interview 5)

While Sarah has maintained an enthusiasm for exercise throughout much of her adult life, until she qualified as a personal trainer, this interest had remained largely separate from her professional work. Prior to becoming a personal trainer, Sarah was successful in her business career, where she rose up the ranks of her organisation at a fast pace and reached promotion to a senior managerial level. But, as time progressed, Sarah became deeply unhappy in her work:

I deeply care about people... I want to have a really positive influence on people's lives... [But] in the corporate world... you have to be a bit nasty to people at times. I had to be really nasty to people in my old job, unfortunately, because that was the expectation... My boss was really hard on me and I was expected to be really hard on my staff. It made me feel like shit. (Interview 2)

For Sarah, participating in fitness and exercise activities became a way of escaping from the stresses of her work:

I used to find training quite therapeutic... I think that going to the gym was my way of letting go and getting through... (Interview 1)

As Sarah's passion for fitness grew, pursuing a career in the area was something that she began to seriously consider. Reflecting, Sarah explained that while she was

interested in pursuing a career as a fitness professional, she felt scared about “taking the leap” into a new area of work:

I was scared. I just didn't know what to do. I didn't have the confidence to think that I could do anything else. I just genuinely didn't know what I'd be able to do...” (Interview 1)

... I was thinking, oh my God I can't imagine not doing what I am doing now... But, then, I was thinking oh my God if I stay here much longer in this job, I don't think I will survive. I was thinking, all my friends are doing stuff that's really exciting now and you're not. I was thinking, look you are in your 30s now – it is time that you literally re-evaluate this... And the health and fitness industry was one that I was really interested in. (Interview 1)

After saving enough money to leave her job, Sarah enrolled on a training course to become a qualified personal trainer. This was an experience that she found rewarding. For example, Sarah particularly enjoyed the practical, intense and immersive nature of the course, where she felt well supported by her tutors and the resources that were provided as part of the taught programme:

I absolutely loved it... it was like being back at school, and I loved studying... I was like, “This is amazing.” (Interview 1)

I enjoyed the fact that the course took place in a working gym... I enjoyed being there on a full-time basis... because you're fully immersed... doing it every day it becomes your life... (Interview 1)

Yet, in spite of these positive experiences, Sarah found that beginning her career as a fitness professional was challenging. Here, she reported experiencing a stark contrast between the level of comfort and support that she received during her initial training course, and the challenges she faced while seeking to develop a career as a fitness professional:

... I genuinely thought to myself... at the time, “You're learning lots.”... I think because you're in this little bubble of security... Whereas the minute that we were let out into the wide world I was like, “Oh God.” (Interview 9)

During her early experiences of the fitness industry, Sarah was struck by the level of competition and bravado that existed among its many stakeholders. In this context, Sarah recalled how she had noticed a contrast between her prior experiences of fitness activities (which she had always found to be positive), and the ways in which these activities were being enacted and embodied by people working within the fitness industry itself. In particular, Sarah recalled her experiences of attending a major industry event shortly after graduating from her initial training course. This event seemed to have a profound effect on her:

[It] is something that I didn't anticipate. I didn't even realise that there were that many people like that, who would all gather in one place... Because to me the health and fitness industry was people who go spinning and people who do a bit of yoga and people who train in the gym... I didn't know about these [bodybuilding and fitness] competitions that people do. Like, it was a world I didn't know about and, to be honest... it's not a world that I wanted to be a part... going there was like that first intro into it and that's the side of the industry that I don't like at all... It is not me at all. (Interview 7)

I was horrified by a lot of it... I mean the ridiculousness of a lot of it... it's that massive over-emphasis on protein... all of that supplementation stuff... men walking around with their tops off... all these girls on stage, and in pictures... walking around, all tanned up... I think that's my main issue with it: this perception of, "... look how lean you are, look how big your muscles are," but look at the cost. Look at the damage you've probably done to your body in the long run... That's not health and fitness. Health and fitness is getting your body into a good place, getting your mind into a good place, and sustaining it. (Interview 3)

The data suggested that Sarah's early experiences of working as a fitness professional were characterised by a sense of feeling overwhelmed by the array of information and views that were being expressed by people working in the industry. This was, perhaps, most clearly evident in the context of the information that Sarah was accessing via social media. For example, Sarah reported that she was particularly

wary about the quality and nature of the information she has accessed via this medium, explaining that social media had been both helpful and problematic in terms of her professional learning:

I have learnt a lot on social media. So from an educational perspective, it has taught me absolutely masses, however... you really have to sift through the bullshit. (Interview 5)

I'm certainly a bit sceptical when it comes to health and fitness and social media... (Interview 7)

Furthermore, Sarah reported finding it difficult to effectively discern and translate the information that she has accessed via social media into the context of her practice with clients. In her words:

There are so many egos and opinions... There's lots of conflicting information... I spent a long time feeling confused about who to follow and who to listen to... because you get conflicting advice... "Lift really heavy for three to five reps," or "go for hypertrophy" or "do some strength and cardio." Then you've got people saying, "Don't do any cardio..." Then I was confused about food, carb-loading, nutrient timing, macro splits. It was completely new to me. I had absolutely no knowledge of this... Then I was like, "So if you've got a client, what should you do with a client?"... It was just an absolute minefield... Training was one side of it. Then there was the nutrition side. (Interview 1)

It's so hard because there's a different attitude on how to do everything... and you're just like "Who do you believe?" And it's only through things like trial and error that you find out. But then it's difficult when you're talking about trial and error... Like, I don't want to "Error" on it because you are fundamentally you know, working on someone's body. (Interview 4)

5.2.3. Theme 2: Changing bodies, minds and relationships

An aspect of Sarah's work that she particularly enjoys is being able to have a positive impact on her clients' bodies (and minds). Specifically, Sarah reported that her role was to help clients achieve their fitness goals by targeting outcomes such as weight

loss, increased general fitness and increased muscle definition and strength. It is the achievement of these goals that Sarah referred to as “getting results”.

In order to help her clients achieve results, Sarah adopted a variety of roles during her practice. For her, these roles were dependent upon the nature and characteristics of each individual client and/or clients. In fact, something that Sarah had noticed while working as a personal trainer was that clients varied significantly in their level of complexity, that is, in terms of their physical capabilities, psychological state, needs and expectations. On the one hand, Sarah noted that the needs and expectations of her clients could be relatively straightforward:

Some of my clients just want me to work them out. They don't want or need to make massive changes. They're already eating well. They're already sleeping well. They're already not going out every weekend and drinking. They're doing all the right stuff. They just want someone to give them the workout that they wouldn't do on their own. (Interview 2)

On the other hand, Sarah reported working with clients whom she felt had relatively complex needs. For example, this included clients who were experiencing problems in their personal lives as well as on-going issues with their food and nutrition.

Sarah explained that one of the most prevalent issues she had observed since becoming a personal trainer was the complex nature of the relationship that many people have with food and nutrition:

It's so complicated. I do feel like everybody needs a bit of time with a psychiatrist when it comes to food, it's mental... most of the other people that I can think of, PT's and non-PTs... clients of mine, non-clients of mine, have got an issue or something with food, it's crazy... I didn't realise that, at all. You really just see how many people struggle with that; their weight... that whole issue has just been a complete eye-opener to me... it's so prevalent. So that's a big change I guess in my awareness. (Interview 5)

Sarah's increased sensitivity to the nature of the relationship between her clients and their food and nutritional behaviours has meant that she has needed to negotiate her role as a personal trainer in relation to those behaviours. Fundamentally, Sarah explained that as clients employ her to help them to make significant changes to their bodies, by implication, this meant that they are likely to need to make changes to their diet and nutrition. Yet, at the same time, she explained that she was uncertain about the role that she should be playing in this regard.

While Sarah was mindful that she was neither a dietician nor a nutritionist, she also felt the weight of an expectation that she would be able to help her personal training clients achieve their fitness goals. For her, the pressure for her clients to achieve their goals was being heightened by the limited amount of contact time she was spending with each of them on a regular basis:

Obviously my clients achieving things is a major pressure. Now, the issue I have with that is a lot of them I only see once a week. So there's a limited amount of difference realistically you can make to someone. (Interview 2)

When you've only got someone for an hour a week, you know, it's all of the time outside of the sessions they need to worry about, not the time they spend with you. (Interview 2)

Furthermore, Sarah reported what she described as a "frustrating juxtaposition" concerning the nexus of responsibility for the achievement of her clients' fitness-related goals:

I have a juxtaposition... I totally recognise that personal training and people's health and fitness journeys are sometimes such a tiny proportion of their life that I don't want to wade in and try and start encouraging them to make huge changes because that's their life. Ultimately they will live how they want to live. And it frustrates me because people want to make these changes but they're not willing to make enough of a sacrifice... I'm not talking about people that just want to work out twice a week... it's the people that want to

make more considerable changes but yet they're not willing to make the trade-off... (Interview 5)

Sarah has felt empowered by the fact that she has been able to successfully lose weight herself, but she was also frustrated by clients who have been unable to make similar changes to their bodies; for example, by adapting their nutrition, exercise and lifestyle habits. In this context, Sarah recalled how she had given some thought to the nature, extent and boundaries of her role:

That's definitely something I've thought about while I've been learning this year, is role boundaries and where your role starts and finishes as a PT... you see some people that really try and be like the all-seeing all-knowing trainer who really has a massive impact on their clients' lives, and other people who see their client, train them, you know, they're there if they need them but they kind of step back other than that. So it's finding where you want to sit, I guess... (Interview 2)

The nature and extent of Sarah's role regarding her clients' bodies has been influenced by the promotional images and marketing that she has seen from other fitness professionals. As Sarah put it: "when you look at the marketing of trainers, it's always the transformation pictures that you see, you know, the before and after pictures." This was particularly the case with images that Sarah was encountering via social media, where she noted how other fitness professionals were regularly posting pictures of clients who had made dramatic changes to their bodies:

... you do get these real hard-core trainers that clearly have a massive impact or influence on their clients' lives... Whereas I don't necessarily have clients... who I'm in that position with... (Interview 5)

Going further, Sarah explained that at times she had experienced feelings of inadequacy, as she has felt that some of her clients should have been making more

substantial changes as a result of employing her services as a personal trainer. Yet, at the same time, an important aspect of her professional philosophy was that “life happens” outside her training sessions; and that this would ultimately influence whether (or not) her clients achieve their fitness goals.

It was Sarah’s view that, as a personal trainer, she should have a good understanding of her clients and their lives, so that she would be able to respond and adapt her services accordingly. Moreover, Sarah explained that as a personal trainer she felt it was important to have well-developed listening, empathy and inter-personal skills, as she was positioned in a role where clients would often talk to her in depth about personal issues they were experiencing. For example, Sarah stated:

I mean a lot of my clients have got shit going on... I've got a couple that are definitely going through some relationship issues, and you know, quite serious relationship issues. (Interview 9)

In these cases, Sarah has found it easier to define the nature of her role as a personal trainer, in principle, compared to how her role should be enacted appropriately, in practice. In principle, Sarah outlined how she views the boundaries of her role:

... I’m not a psychologist. I don't pretend to be... I’m not a counsellor... That’s not what I’m there for. I try and teach clients about exercise, get them working hard, get them fitter, get them stronger, talk to them about good nutritional habits. Talk to them about why drinking [alcohol] lots isn’t necessarily going to work hand-in-hand with them losing weight. (Interview 2)

In practice, however, Sarah has found that negotiating her role in relation to clients’ personal issues could be challenging. To illustrate this point, she described an incident with one of her female personal training clients, who was a former drug addict and who had experienced the death of a close family member. In one instance, this client

turned up for a personal training session by explaining at the start of the session that she was on the verge of relapsing. Sarah recalled the incident and her reflections on it:

Basically she had been clean for two years, but then she had come across something that triggered her addiction... I saw her the day after and she said, "Oh, I went to order some drugs last night." I was like, "Okay"... I mean what do I say when that's the beginning of our session?... I'm not a drugs counsellor... I don't know how to respond to that. I do know how to respond to that, because I'm sensible, and there are lots of things I did say, but nevertheless I'm not really qualified for that... I felt like that conversation was outside of my remit... but there's no support on that. (Interview 9)

The topic of the professional training and support for fitness professionals' roles was discussed with Sarah in some depth. Here, Sarah explained her view that the fitness industry lacked appropriate education and support structures that would enable fitness professionals - especially personal trainers - to cope effectively with some of the clients and situations they were encountering. Speaking poignantly, Sarah asserted that there were fundamental differences between the complexity of the issues that she has faced when working with clients as a personal trainer and the formal training that she received in preparation for the role:

I've had to have some fairly tricky conversations with people at times, and there's absolutely no training given on that. That's just purely the ability to respond and talk that gets you through those things... there have been several sessions that I've just abandoned... [because] that client has got absolutely zero interest in personal training. They have shown up because they have paid for it, or because they want to see you... They just want to talk. That ability to be flexible, and manage those kinds of scenarios... They don't teach you that on Level 3. They teach you how to adapt an exercise, but they don't teach you how to adapt the session if the client comes in on the verge of tears... (Interview 9)

You don't bloody learn that on your training course. How to deal with a client that comes into their session and they're on the verge of walking away from their family... How do I deal with that? You know, "How do I teach someone to shoulder press? Great. Teach me how to manage that conversation." Because, trust me, that's harder... And you're not given any support on that... that's tough, for sure. (Interview 9)

5.2.4. Theme 3: The professional is personal

As Sarah's career in the fitness industry has progressed she felt that her life as a personal trainer has become deeply intertwined with her personal life outside her work. When asked how she views the relationship between her personal and professional identities, Sarah reflected:

... I am in personal trainer mode most of the time now... So separating that - genuinely, I don't think there's much of a split... 100% it's a lifestyle choice... because all of your actions impact you, your body, your training... I'm always conscious about how I'm looking after myself: am I drinking enough water? Have I taken my supplements? What am I going to eat in my next meal? What training am I going to do today? Literally, it's constantly on-going... I think from the day I started... I just understood that that was going to need to be the case... (Interview 3)

As the quotation above illustrates, the data suggest that being a personal trainer required a substantial investment for Sarah in terms of her own exercise, nutrition and lifestyle. One of the things that connects each of these factors is the performance and appearance of her body. For example, Sarah expressed that in order to be effective as a personal trainer, she believed it was important to meet the industry expectation to "look the part as a PT", or as she put it: "the number of times that I've heard the words, "look the part." It is massive."

Sarah felt that the pressure she was putting on herself to improve the appearance of her body was being influenced by the nature of her everyday working environments, where she felt her body was constantly on display:

... from a female point of view, as a trainer you spend all your time in bloody gym wear, which isn't the most feminine... You're in gyms and studios all the time where there are mirrors, so you're constantly seeing yourself all the time,

and you're critical. I'm really critical of myself... You feel like you need to look like a trainer, however that might be... (Interview 2)

The issues that Sarah was experiencing in terms of her physical appearance were, perhaps, most clearly evident during a critical moment in the case study fieldwork. That is, when Sarah was asked to participate in a promotional photo-shoot for an advertising campaign:

...this photo-shoot came up and one of the people who wanted some photos; with a trainer I'm working with... She was like, "You need to have some done in a sports bra".... for a little period of time... I was thinking, 'You're going to have to have your picture taken, in a sports bra, you know, everything that you consume between now and then needs to be in line with the fact that you've got to have pictures basically not wearing very much.' Which I've never really been comfortable with, no matter how comfortable I am with my own body... it's a big deal... Like it's quite a sensitive area... I was so conscious about what I was eating... for a few days I put myself in that position and I can see how easily that cycle starts... So it's completely supporting my ideas already that I wouldn't ever promote too much of an extreme lifestyle for anyone, because it's not sustainable and it's not healthy. (Interview 3)

While Sarah pointed out that she would not advocate a strict approach to nutrition, exercise and lifestyle for her personal training clients, she noted significant changes to her own fitness regime since becoming a personal trainer:

... I used to put much less pressure on the aesthetics before I became a PT... Whereas then I became a trainer and I was like, "Oh, you could be so much better, you could look so much leaner or you could have so much muscle"... and all of a sudden it completely challenged the way that I thought how happy I was in my own skin. (Interview 5)

Sarah believed the pressure that she felt to continually improve her appearance had been influenced by the prevailing culture of the fitness industry. For example, she noted: "it is partly down to social media and just having pictures emblazoned across your phone all the time of women looking deliberately beautiful." Moreover, Sarah

explained that she felt a need to continually reconcile an on-going tension between the confidence she had with her own body, and the images that are presented by other people working in the industry:

[I've] had really big body confidence issues... Because you're suddenly immersed in an industry where, you know, looks are everything... before I went into being a PT, I was like, pretty happy with myself and then I moved into being a PT and I was suddenly like: "Fucking hell. Look at these people". And then being like "Okay, but other women will still be quite happy if they had what you had, so don't forget that and don't lose sight of that". And also, the argument, you know, the toss-up between living your life and being completely slave to this industry... (Interview 4)

Another change Sarah noticed since becoming a personal trainer was how her closer immersion within the industry influenced the ways she viewed the health-related behaviours of other people. For example, she reported becoming increasingly critical and aware of what she refers to as the "self-destructive behaviour" of others:

I'm noticing much more about people's bad habits than I used to... I kind of find myself walking round the shops and looking at what people put in their shopping baskets and thinking, "Oh God, why have you bought that?" And things like that... I want to remove myself from this at times. But that's where I guess you choose it as a lifestyle, it's not just a job... healthy living and a healthy lifestyle is ingrained in your psyche... (Interview 5)

This heightened sense of awareness of the health-related behaviour of others appeared to affect the relationships that Sarah had with her friends, partner and other family members. Significantly, Sarah reported feeling concerned about the nutritional and lifestyle habits of some of her close family, which she felt relatively powerless to influence:

I'd love to be in control of what my loved ones put inside them to be honest, but I mean obviously you can't do that. And it's difficult because when you've got a client you're in a position where you can give them the advice... But I can't when it's not my client... (Interview 5)

Since she has been working in the fitness industry Sarah has felt that her friends and family have not been able to understand the reality of her life as a personal trainer:

It's hard because people don't understand the context a lot of the time. So, you can try and explain the scenario, but, really, without understanding the context, it's very difficult... (Interview 8)

Consequently, throughout much of her time working as a personal trainer, Sarah reported feeling isolated, dealing with issues such as a lack of confidence in her own body, and a perceived (in)ability to elicit significant changes to the bodies of others.

The perceived lack of understanding and support from others appeared to change somewhat during the latter stages of the fieldwork. Sarah became a close part of a small group of female personal trainers, whom she believed had helped her to cope with the challenges she was encountering whilst working in the industry. The group, whom Sarah referred to affectionately as her "Girl Gang", consisted of a small number of likeminded fitness professionals who met at a fitness studio where she was working. The data highlight ways in which the "Girl Gang" became an important source of support for her. In her words:

It's been a real, real, like, lifeline for me. [Because] before I met these girls, I didn't really have any female PTs that I was in touch with, really. And I was hanging out with loads of guys, and that was cool... but I didn't feel like they were experiencing the same issues as me at all... Then, all of a sudden, these girls and I connected... They've just really enhanced my whole experience... (Interview 8)

Sarah explained that being part of the "Girl Gang" helped to alleviate some of the feelings of isolation, insecurity and anxiety that she had encountered while working as a fitness professional:

Being a freelance personal trainer can be isolating. As much as you have people at different places that you're friendly with, ultimately, you're doing

this on your own... That's fine. I bloody wanted that... Nevertheless, having people in your circle who know exactly what you're going through is so important. They totally get it... They get when you've been on your feet all day and you're knackered... They get when clients are difficult. They just get everything. They get all the body confidence issues... and it's really helpful to have that... and, hopefully, we'll be side by side for a long time. (Interview 8)

It gives me so much reassurance. I think that has made me feel more confident because I know that other people have been going through exactly what I've been through... it's been a real turning point for me, I think. (Interview 8)

Going forward, Sarah reported being confident about embarking upon her future as a fitness professional. She was particularly positive about the comparison that she was able to make to life in her former job:

I spent almost ten years in a job that I just detested... It was horrible. The idea now that I can move around all day, meet different people and spend time with different people, is really liberating... that's what I wanted. I needed that freedom. (Interview 8)

Sarah was also positive about working in a role where she felt able to have a positive influence on peoples' lives. When asked directly about how she considers her role in a broader public health and wellbeing context, however, it was Sarah's view that, as a personal trainer, she was only having what she considered to be a peripheral role in this context:

I do feel like it's a massive luxury to have a PT... we're already working with people that are motivated to want to keep fit... A lot of people that I work with are on high-level salaries... They're not really the people that have got the big issues. So I am definitely influencing people to a certain extent, but probably not really the people that really need the education... They have got more money to spend on organic produce... They have got nannies who can look after their kids... All of that stuff. It's a world away from probably the vast majority who actually need the real intervention. It's still important... but I'm just aware that the issues of public health, and particularly obesity and nutrition, are huge. To have any part to play in improving it is really great, really important, but I'm not sure that personal trainers are necessarily... at the forefront of it... because we are a luxury service, ultimately... (Interview 2)

In the future, Sarah would like to be able to play a more central role in improving public health and wellbeing, but, at the time of the research, she was focussing on ensuring the stability, profitability and development of her personal training business.

5.2.5. Case summary

This case report has provided insights into the views and experiences of an experienced businessperson, but recently qualified personal trainer. The findings highlight aspects of Sarah's journey, including a stark contrast between her prior conceptions of fitness activities, and the ways in which she learned these activities were being enacted, represented and embodied within the fitness industry. The data suggested that an important factor underlying the effectiveness of her practice was the achievement of observable fitness results in her clients. For Sarah, this has meant that she was required to negotiate her role in relation to a broad range of exercise, psychology, nutrition and lifestyle factors. In this context, the study highlighted fundamental differences in the level, depth and complexity of the learning that took place during Sarah's initial training course, and complexity of the issues that she encountered while working as a fitness professional. In Sarah's case, this meant that she relied strongly on the learning from her previous life experiences, as well as her personal intuition, as she has attempted to meet the diverse health and fitness needs of her clients.

A core dimension of this study concerned the close relationship between Sarah's personal and professional lives. In particular, the findings illustrate multiple meanings and value that Sarah attributed to her own body, including the nature and implications of the pressure that she puts on herself to 'look the part' as a personal trainer.

Furthermore, the study provided insights into Sarah's experiences of professional isolation, insecurity and anxiety. While Sarah was able to mitigate against these feelings to a noticeable extent through the development and support of her "Girl Gang", these aspects of the data appear to raise questions about the nature of - and extent to which - these issues are experienced by other fitness professionals. Importantly, the findings suggest that Sarah could have benefited from a greater level of professional support not only to help to ensure her own health, but also to optimise the nature of the health and wellbeing services she was providing for clients.

While Sarah was optimistic about her future working as a fitness professional, she was realistic about the nature of her role within a broader public health and wellbeing context. This can be seen clearly in her view that as a personal trainer she was responsible for providing what she considered to be a luxury service, located at the 'peripheral edge' of health in contemporary society. At the same time, she was positive about the impact she was able to have on the health and fitness of her clients.

5.3. The case of personal trainers at Capital Health Club

5.3.1. Context

This case report is on the role of a personal trainer working in a commercial health club in a city in the Midlands. Capital Health Club (a pseudonym) boasts a wide range of fitness, exercise and leisure facilities. These include a fitness area, exercise studio, spinning room and swimming pool. In addition, the club also houses a range of other facilities including a spa, café, lounge area and sports facilities. The combination of these facilities means that the club is able to cater for a variety of target users, which usually comprise of affluent demographic groups.

Like many other companies within the sector, the fitness facilities are a central feature of the health club. Operating within these facilities are an array of personal trainers who deliver fitness sessions for clients. The terms of the conditions of employment for these personal trainers are similar to those operating in many other companies within the sector; i.e., personal trainers have a pay structure that is characterised by the absence of a basic wage and a prevalence of zero hours contracts. The company pays personal trainers to receive a percentage of the fee paid by clients for each personal training session they deliver. The key participants in this case are presented in Table 5.

Table 5 Participant details and information for the case of personal trainers at Capital Health Club

| Participant pseudonym | Role and details |
|------------------------------|---|
| George | Personal Trainer and Group Exercise Instructor at Capital Health Club |
| Mark | Personal Trainer at Capital Health Club |
| Kristy | Personal Trainer at Capital Health Club |
| Pascal | Experienced Personal Trainer and former Fitness Manager at Capital Health Club |
| Denise | Experienced Personal Trainer and Fitness Manager at Capital Health Club |
| John | Senior-level Manager at Capital Health Club |
| Matthew | Senior-level Manager at Capital Health Club |
| Jessica | Former Personal Trainer at Capital Health Club |
| James | Former Personal Trainer and internationally recognised expert in health and fitness, who was involved in delivering training courses for personal trainers at Capital Health Club |

5.3.2. Findings

5.3.3. Theme 1: The indeterminate and service-driven nature of the role

All the participants were in agreement that the role of a personal trainer at Capital Health Club is to provide an individually-tailored service designed to meet the health and fitness needs of clients. For the participants, this involved developing an informed understanding of the client's current life circumstances and goals, so that an effective fitness service could be delivered. Indeed, the participants continually emphasised the service-driven nature of the work. For example, Mark explained:

Taking care of my clients I think is my main point... If you know what a person needs you are going to be able to provide the best service ever. (Mark)

Furthermore, Matthew explained his view that the role of a personal trainer should be about improving the lives of health club members:

I think with our personal trainers... the vision and what it should be about is enriching members' lives through helping them get active. And, helping them have healthy behaviours to achieve long-term success... in their health and wellbeing goals, whatever that might be. Weight loss, weight gain, rehabilitation, but it's ultimately you're the specialist to put them on the correct path and support them on that health and fitness journey... (Matthew)

The data show that, in order to do this, the personal trainers provided an important source of fitness motivation, education, advice, guidance and support for their clients. This involved taking into consideration, and seeking to influence, factors such as clients' exercise, nutrition and lifestyle behaviours. In these ways, personal trainers at the club are responsible for providing important health and fitness services for those clients who were willing and able to pay for them. Moreover, as a Senior-level Manager at the club, John noted the health club context was associated with positive health effects for members:

You can actually see, from when they first walk in to halfway through their routines, that they're starting to disengage from the pressures of, sometimes, work and personal life and are starting to get the benefits out of working out. (John)

In terms of the personal trainers, specifically, the participants were in agreement that their effectiveness was linked to their ability to build relationships. For example, the participants consistently noted the importance of developing effective communication and interpersonal skills for the personal trainer role. As Matthew put it:

People skills is a huge one. You can have all the knowledge in the world, but if you can't interact with people you're going nowhere... (Matthew)

The data highlight how personal trainers at the club had encountered a broad range of situations while interacting with clients, which they had not anticipated prior to working in their roles. Notably, the participants' accounts revealed how clients would tend to present and discuss all manner of health-related issues and concerns with their personal trainers, leaving the trainers to grapple with a lack of clarity about appropriate boundaries. In fact, one of the most striking findings of this case study was how loosely demarcated and open-ended the role of a personal trainer is in the context of this commercial health club. In George's words:

I think it completely depends on the person [client]... There's not a set rule of this is what a personal trainer is... You have to be so adaptable... (George)

Moreover, Kristy explained that from her experience of working as a personal trainer she has needed to learn how to manage the "wearing of many hats" in order to be successful. In her words:

You're everything. You're a life coach. You're all that lot. Even though you're not trained to be any of that, you become that... I think this is when people become successful or not. If you can wear the many hats of a trainer and say, "Right, okay, now I'm your trainer," "Now, I'm your psychologist," "Now, I'm your friend," or, "Now, I'm your adviser," that's when you can be

successful... That's why I feel that my client retention has been so good.
(Kristy)

In contrast, Pascal explained that he adopted a different strategy for managing the multiple expectations of his role. Specifically, Pascal reported that his approach was to attempt to reduce and/or delimit the boundaries of his work with clients. In this context, Pascal noted that although he was responsible for working in a role formally termed a "Personal Trainer", he preferred to view himself as an "Exercise Physiologist" due to his qualifications and educational background. In fact, Pascal was reluctant to align the services that he was providing with those of a personal trainer because he considered this role to be indicative of a kind of "Jack of all trades" – and what he described as being "a bit cowboy-ish". In his words:

Exercise physiology would underpin all my kind of training philosophies... most personal trainers kind of know a bit about training, and that's it... which is why I barely refer to myself as a personal trainer... [Exercise physiology] has much more professionalism associated to it. (Pascal)

The data illustrate that that although the role of personal trainer is flexible and open-ended at the case study club, there was far more clarity about the nature of the incentivised rewards the company provides for the trainers' performance. The data highlight that if a personal trainer was going to be effective in this context, they needed to be effective at selling their services. As John put it:

... it's very financially motivated for the staff: a "Work hard: big reward. Work small: small reward" kind of thing... [X Personal Trainer], for example, has got 20 hours a week. He's bringing X amount of money into the business. "Well done, here's your money." (John)

This mode of employment and the behaviours it drives raised questions about the quality of the work that personal trainers undertake and the training and development processes that prepare them to do it.

5.3.4. Theme 2: Training and development issues

A consistent theme in the data was that participants were critical of the quality and nature of the initial formal training and education provision for personal trainers and the low threshold for individuals to take up client-facing personal trainer roles. In particular, the participants were critical about the following aspects of training:

- The prior experience and educational credentials of individuals who were seeking to become qualified personal trainers, as the initial training courses were considered to be open to anyone who was able to pay for them;
- The length of time it takes to complete the initial training qualification to become a qualified personal trainer, which participants considered to be too short;
- The quality and rigour of the examination process for personal trainers, as the examinations were regarded as being too simple and easy to pass;
- The quality and experience of some tutors on the initial training courses, whom a few of the participants considered to lack sufficient knowledge and practical experience of working in the fitness industry;
- The overly narrow, low-level and limited curriculum for the programmes, which participants considered to be failing to match the realities of the work; and
- A lack of practical experience that personal trainers were required to undertake with clients, before working in the industry.

As a result, the findings suggest that personal trainers were not adequately prepared for the challenges they would face in the club.

Jessica, for example, highlighted some of the challenges that she encountered as a newly qualified personal trainer, after completing her initial training through a fast track route. In her words:

Basically, when you finish your PT qualification, and then you're happy that you're a Level 3 qualified personal trainer, you're ready to go to work... Getting the job is easy, getting the qualification is easy... And then when you're there, then you realise, this is actually not so easy. Because then to get the clients, to make an actual living from it, is very, very difficult... And then you realise, "I am not qualified." Because they've taken you to the point where you're in there. Now you're on the gym floor, now what do you do? You have no training on how to approach people. You have no training on sales. You have no training on complexities of injuries. No training on if someone wants a particular sports-based routine. You know nothing. So you're there, you've got your qualification, you've been given the job, but you can't make money because you don't know how to do these essential skills. And that was a big problem. (Jessica)

Jessica's experiences as a newly qualified personal trainer were evident elsewhere in the data. Denise discussed the issues that she had encountered while working in the industry in both personal training and managerial roles. Notably, Denise explained that she was concerned about the sales pressures that were being placed on newly qualified personal trainers at the company, as well as the inability of these individuals to provide a high quality service for clients. In her words:

They come out from doing their qualifications, so fresh and so inexperienced, and so unknowledgeable. And they jump straight into a personal training position... and [Fitness Managers] are managed so much on their budgets and their money, that all they care about is that they are pushing these trainers just to sell. And then the problem is that you've got all these junior trainers coming into the industry desperately thinking: "I need to get clients"... And that's all it comes to be about... And then they just get to a point where they just get disheartened, and it is usually a downward spiral... So you then get to this

point where PT's stop worrying about how well their client is progressing and start worrying about how long you are going to keep them for. (Denise)

As the quotation illustrates, the data suggest that personal trainers who were new to this commercial health context often struggled to earn enough money to continue to work in the role. This issue was evident in the interview with George, who highlighted some of the challenges he had encountered as a new entrant to the field of personal training:

The starting out bit is tough, really hard... because when you first start out living in a city and working, I mean it's impossible. You can't live, literally... I mean I'm lucky in that I'm with someone who can help me and support me for a little while. If I didn't have that, I wouldn't be here now. I wouldn't be able to do it, no way, because I wouldn't be able to afford rent or I wouldn't be able to afford to eat, which is sad because... people don't last. The dropout rate in the first year of being in the fitness industry or being a personal trainer is... massive. (George)

George's experiences seemed to reflect wider, national-level problems faced by newly qualified personal trainers. Matthew explained:

I can tell you the attrition problem in the industry is pretty horrific. The amount of people that come into the industry and are probably out within five months... is pretty staggering... I know all of our stats, they're pretty staggering (Matthew)

The related problems of personal trainer dropout and poor professional preparation of newly qualified personal trainers, were also found to be linked to the large number of individuals who were seeking to work in the role:

Obviously, it is a big commercial business now and online... Everyone wants to be a trainer. People are willing to fork out £3,000 and do a six weeks' course... (Matthew)

Let's be realistic, everyone's a personal trainer... there are too many people who are PTs, with no idea how to even PT properly. It's led to this situation. When you can sack someone and have ten people waiting to take his or her place, on the zero-hour contracts that they're on - not even a contract, just zero

hours... Of course they're going to take it. You have no power as a personal trainer. (Jessica)

Another factor that was associated with the large number of qualified personal trainers, and their lack of organisational power and control, was the overselling and glamorisation of the role and the training by private training providers. Denise was particularly critical of the ways in which she believed these providers were misrepresenting what their courses were able to deliver:

I think the education providers need to start taking... a hell of a lot of more responsibility... they almost sell a dream to people... they sell it as, "oh, you know, with our course we'll help you get clients here and get you jobs, we've got connections here, there and everywhere." And they promote everything to you... it's not all down to the companies they start working for... It goes back to the people that are delivering the education... right back to the people who certify the courses to be accredited. (Denise)

Yet, despite their many criticisms of the initial training and development provision, the participants were also positive about some of the professional education courses that they had undertaken. At the time of the fieldwork, for instance, Denise and Pascal were in the process of completing further education courses being provided by James' company, which they were positive about. These participants were enthusiastic about how the programme was being taught by experts in their respective subject areas, as well as how the structure of the programme provided a bridge between academic knowledge and practice. When asked about how she viewed this course in comparison to some of the other education programmes that were being delivered within the industry, Denise explained:

It's so far advanced... Because they're bringing in individuals who are well catered for in all these different aspects. Bringing them all under one roof and providing you with all that information from some of the best sources in the world. (Denise)

Generally speaking, there was a perception among the participants that there was a significant variation in the quality and value of the education and training courses that are available for personal trainers. When discussing the reasons underlying the development of his educational programmes, James emphasised that one of his guiding motivations was to create a form of education that transcended the quality of those being delivered by other training providers in the sector. Moreover, he explained that this rationale was based on his own experiences of working as a personal trainer, where he felt unable to discern the quality of the information that he was accessing:

I was definitely in a position where, I got into... all sorts of things... I didn't know that some of it was quacky stuff... I was getting certificates, to me that was qualifications, and my clients loved it, and I was very successful... I was getting good outcomes with my clients. (James)

I just think that the problem we have with our profession is we assume that the attainment of qualifications means that we are adequate to practise, which is not true. There are many things that are required to be a good practitioner... (James)

A key factor that was associated with the on-going success and career-development of personal training practitioners was the entrepreneurial abilities that individual practitioners were able to exhibit. Indeed, some participants reported that working in health clubs had provided them with a basis for up-skilling, developing their knowledge, and earning money in an area of work about which they were passionate. Pascal's experiences serve to illustrate this point.

Although Pascal had initially begun working in the industry as a low-level fitness instructor, he was in the process of studying for a postgraduate qualification,

following his attainment of a part-time Sport and Exercise Physiology degree. Pascal had also expanded his business into the provision of consultancy and educational services. In Pascal's case, he wanted to create a form of distinction between himself and other personal trainers:

I'm ambitious, I'm hungry... I want to kind of do financially well at this occupation, and for me, that's kind of linked to the service I can provide, and the kind of education I have, and the unique offering that I'm able to provide my clients... (Pascal)

Additionally, Pascal reflected that, as one of the older fitness professionals working at the club, his age was becoming an increasingly important source of motivation for him:

I'm getting older now... there's got to be a shelf life to being a personal trainer... a 60 year old trainer's not really going to cut it, so I'm keen to just look into other things... At some point... I need to be out of this and still earning more money than I'm earning now. (Pascal)

While Pascal appeared to be developing his knowledge in conjunction with the services that he was providing, evidence from the study suggested that this was not the case for other personal trainers working at the club. There was evidence of personal trainers providing complex health and fitness services without sufficient knowledge of - or training for - the impact or implications of those services. When considering this issue at a national level, James expressed concerns about what he viewed as a "disconnect" between personal trainers' understanding, and the health and fitness services they were delivering for clients:

The latest thing is lab testing; you've got lots of PTs doing something called functional diagnostic nutrition, so they're testing for like adrenal stress and gut disorders, food intolerance testing. This is all happening at the PT level... I think there is a complete disconnect... (James)

Furthermore, James cautioned that personal trainers should be better educated about the types of services they are providing in particular club contexts. He was particularly critical of the ways in which organisations within the industry were taking advantage of poorly educated personal trainers who were seeking to develop their careers:

You can't blame the trainers. They don't know. It's up to us, as educators, ultimately, to play a bigger role... the industry actually has a lot more to do with what's going on than the individuals. The individuals are either victims or just in the circumstances they find themselves in. (James)

For the participants, therefore, a major problem was that personal trainers were considered to be unable to meet the wide-ranging expectations of their roles.

Moreover, given the over-supply of willing new entrants, there appeared to be few incentives for clubs, such as Capital Health Club, to improve the conditions of employment for their trainers.

5.3.5. Theme 3: Lack of industry regulation, quality, accountability and standards

The issue of quality and standards within the fitness industry was discussed frequently with the participants. In particular, the participants were critical of the general standard of personal trainers working in the industry as well as those working – and who had worked - at the case study club. There was a perception that the poor quality and standards of many personal trainers undermined their potential role to be major players in a broader public health and wellbeing context:

I mean it is actually unbelievable how poor the level of trainers is in this industry. So, for example, you get osteos, physios, chiro's - they don't trust personal trainers because they see how poor the majority of trainers are. And that is just the harsh reality. (Denise)

A key factor that was associated with the poor quality and standards of personal trainers was the lack of regulation within the industry. The findings suggested there are very few – if any – forms of regulation for personal trainers working at the case study club. For example, John reported:

... there are actually no measures - or no quality controls - in place to monitor how good... PT sessions are. The only time we know is if... there is random feedback from the client, saying, "Yes, my PT is really good," or it's a negative, but we don't have things in place... (John)

Going further, Jessica recounted that while her work and professional development activities were not being monitored or regulated, she felt the amount of personal training sessions that she was selling were being closely evaluated by the health club management:

Who was regulating me? No-one. No-one even knows when I'm training someone. No-one's watching when I train someone... I could be doing anything I wanted... if someone comes in... for example, they've had meniscus surgery on their knee... You don't know what the hell you're doing, how can you possibly know that? Very few people are that trained... Who's going to regulate if I'm doing something to harm my client? No-one... They do review your sales... If you don't hit your sales target, you're going to have a meeting. But no-one's going to have a meeting saying, "Listen, what was that crap you've been doing with your clients for the last hour?... You hit your sales targets, you're fine. (Jessica)

This view was, to some extent, consistent with those of Matthew who argued that there was often a disconnect between the premium prices that some personal trainers in the industry were charging for their services, and their credentials (or justification) for charging those prices. As he put it:

... six weeks ago you could have been making burgers in McDonald's... and then you're on a gym floor six weeks later charging £70.00 an hour as a specialist, which is concerning... it's dangerous... You know, you are throwing around some weights... [or] if you don't understand the way the body moves and biomechanics, you can do some damage. (Matthew)

Similarly, Pascal was critical about the strategies that he has seen personal trainers adopt in order to convey an image of expertise for attracting clients. Specifically,

Pascal drew attention to the various names and titles that personal trainers were using to refer to their role and expertise:

People can say anything without being held to account. You know, “I’m a Strength and Conditioning Coach, and a Fat Loss Expert”... or whatever. People just put these trendy buzz-words to their name... (Pascal)

And that seems to be very symptomatic of the industry... in some cases, you know, it’s great and it’s credible. In other times it could just be recycled shit off the internet that someone’s packaged and they’re quite slick at delivering... (Pascal)

As this quotation suggests, the data indicate that the role that personal trainers play in the health and wellbeing of their clients appeared to be largely determined by the individual practitioners themselves. James explained:

... when we’re talking about personal trainers, we are talking about individuals... with different motivations and needs... most of them need to make a living, and they don’t receive a salary, they are all self-employed, for the most part. And that becomes a very difficult world to live in... it’s not like dieticians or doctors, they are not working in that type of environment, they are in the trenches, and when bullets are whizzing around, you don’t give a shit about rules and regulations, you’re just doing what needs to be done, and it boils down to your own level of ethics, your discipline. You know, what you do day in and day out is influenced by many things... (James)

The data indicate that the emphasis on individual ethics and moral responsibilities also extended into other domains of personal trainers’ practice. Notably, two of the participants discussed their personal experiences of sexual relationships occurring between personal trainers and their clients/members. Denise, for instance, recalled an experience that she had of a personal trainer who was working at one of her former health clubs:

Denise: ... one of the trainers I worked with slept with four or five of the clients or members within the space of three or four months of joining the company. And he wasn’t the greatest of trainers anyway, but he then ended up

in huge arguments with two of them in the middle of the gym floor... And automatically he just had this huge reputation then.

Interviewer (AD): He would have had to move clubs then, surely?

Denise: Nah, he's just carried on. Because obviously new members still come through the door and he would obviously try and get them before they would have the opportunity to get wind of what was going on. So he would then put the same type of charm onto them. Funnily enough, the majority of his client base was female. (Denise)

This account was, to some extent, consistent with Jessica's experiences as a personal trainer:

I know personal trainers who used to sleep with their clients... there are some [clients] who go for personal training for that reason. Not necessarily to sleep with them, but to get that kind of sexual relationship... They enjoy that... Look at the kind of stuff in the cliché of a personal trainer in movies and TV shows... the glamorous person comes in, the personal trainer, you know, they start flirting. Well, there is a lot of flirting... That is part of what you have to do... But then again, it becomes like, "So what the hell am I doing here? Am I some kind of escort? Am I a salesperson? Or am I a personal trainer?" But, at the end of the day, realistically, if you want to be successful, you have to be all of them. That's the harsh reality of it... that's when I said, "I don't want this any more." (Jessica)

Speaking bluntly, Jessica summarised her views on the role of personal trainer in the contexts where she had worked:

Listen, as a personal trainer, you're literally some person that for one hour is going to do what they can... to make someone happy. That's basically what it is... A personal trainer is not someone who's an expert in exercise science, and exercise programming, or a nutritional coach. None of that stuff. It's someone who can provide all these services that their client may require. And that's how you become successful, in terms of making money as a personal trainer... (Jessica)

Other participants in the study appeared to hold different views regarding the characteristics of success and quality for personal trainers. Mark, for example, explained that the key indicator of his performance was the changes that he was able to elicit in his clients' bodies:

Interviewer (AD): ... how do you know that you are providing a good quality service?

Mark: (Laughs) I see the results, that is how I know.

Interviewer (AD): The client shows it obviously?

Mark: Yes. So I've had quite huge results, which I am proud of and I can show to the other people... I've had people coming from 120kg to 80kg and they look in the best shape of their life...

Similarly, several other participants also expressed that clients' bodies could be representative of a personal trainer's work. Significantly, it was noted that if clients did not lose weight - or make noticeable changes to their bodies - then this was sometimes perceived negatively by members. Denise reflected:

... what you've got to remember is that everyone else in the gym is watching and they are thinking, "... hang on a second what are their goals? Because they're hugely overweight and they're not losing any weight"... You wouldn't believe how much this gets noticed by other members. (Denise)

When discussing this issue, Kristy agreed that there was indeed a perception among health club members - and personal trainers - that the body of a client could be interpreted as reflecting the effectiveness of a trainer's work. However, she was also wary about this perception. To illustrate the point, Kristy drew upon her experiences with one of her more complex clients, who had been diagnosed with diabetes:

I've got a client... He's now 30kg heavier than when he started with me. That's me fucking up, if you didn't know his story... Something happened and he fell off the bandwagon... First, his mother died. Then, someone else died. Then, his gran was in hospital, and he had stress at work. He was uncontrollably eating... our sessions were basically just trying to help his emotional state. Even though he's got even bigger, he's now sorting himself out. He's realised about the whole diabetes thing; and stuff like that. He's in a bad place, and he knows that if he doesn't change his life now, he's going to die. This is the thing. He knows that he has to make the change, but there's always been a reason before. I had a link with him, so he's always thought, "I don't want let Kristy down." I said to him... "It's not me you're letting down... I'm here to try and help you..." So, if someone actually followed my

journey with him, it might seem like I'm a terrible trainer, but if you follow my journey with someone else, then I am a good trainer... You talk to him, this man, and he will give me the most glowing review... (Kristy)

As with this case, there was a consistent view among the participants that the personal trainers in the club were responsible for playing an influential role in the health, fitness and wellbeing of their clients. The participants were also in agreement about the kinds of societal health problems they were positioned to address, including issues such as obesity, physical inactivity and unhealthy nutrition behaviours. The problem reflected in the data, however, appeared to be that the personal trainers operating within this health club felt they were being inadequately supported to play this kind of public health role. This is in line with the participants' perception of the current situation of personal trainers at a national level, as James argued:

... obesity, metabolic diseases like diabetes, are such a big problem, that are getting worse not better... a personal trainer... is one-on-one with a client and is dealing with someone who has already been let down, to a certain extent, by the public health systems. They are confused by the huge amounts of conflicts of information that is coming from the media, from the government, from one practitioner to another. And these are people who don't really know, whereas the trainer is someone who they develop a very personal relationship with... The problem is that these people, I guess the conduits in this, are in themselves inadequate for the role that they're playing. (James)

5.3.6. Case summary

This case study reports the data on the role of personal trainers working in a commercial health club. The findings indicated that Capital Health Club has the capacity and resources to provide health and fitness services for a wide range of users, and that personal trainers working in this context were responsible for providing individually-tailored services that were designed to meet the diverse needs and expectations of a broad range of clients. However, it is clear from the research data

that although the personal trainers at the club were playing important roles in the health and fitness of their clients, the effectiveness of their work was primarily determined by their ability to sell personal training sessions. Moreover, the data illustrate how the indeterminate and service-driven nature of the work was leaving personal trainers at the club to grapple with a lack of clarity about appropriate roles and boundaries. In this context, the study highlights how the personal trainers were ill equipped and/or supported to meet the complex challenges of their roles.

Crucially, the findings from this case study highlight a series of inter-related issues with the training, development, regulation, quality and work-practices of personal trainers in this particular health club context. Based on the participants' accounts, it is evident that one impact of the existing training provision was that it was providing a stream of ill-prepared practitioners who were seeking to work in commercial health clubs, such as the case study club. At Capital Health Club, the large number of these individuals was making personal trainers largely dispensable to the organisation, leaving the management with relatively little incentive to improve their conditions of employment. As a result, it seemed that the nature of the working environment was conducive to the practices of commercially enterprising individuals who varied considerably in their ability to meet the health and fitness needs of members and/or clients. Despite their apparent potential, therefore, the data suggest that the poor quality and standards of many personal trainers were influential factors serving to undermine the role of these practitioners as 'players' within a broader public health arena.

5.4. Jane

5.4.1. The Case

4.4.1.1. The participant

Jane is a white, British, female fitness professional in her mid-20s who had been working in the fitness industry for approximately five years at the time of the research. Jane's main contracted role was as a fitness instructor at Heritage Leisure Centre (a pseudonym). The main responsibilities of this role included conducting fitness appointments, educating members in the use of the fitness facilities, cleaning and maintaining fitness equipment and motivating and supporting members to exercise. In addition, her role involved taking a range of group exercise classes, which enabled Jane to earn additional income alongside her fitness instructor work.¹

Jane's work as a fitness professional has been guided by her passion for fitness and her desire to help other people to improve their fitness and health. The combination of these factors provided a core part of her philosophy. As Edward, her manager, put it: "she genuinely cares for people and wants to help them". Similarly, Charlotte, her friend and a member at Heritage Leisure Centre explained:

To me, it feels like she has your best interests at heart. I can always ask her for help. She is never too busy to help you and she will always have time for you.
(Charlotte)

For Jane, her capacity to help people is tied to her professional learning and development. As a fitness professional, Jane has demonstrated a commitment to

¹The fitness instructors at Heritage Leisure Centre were employed on minimum wage contracts and were responsible for working allocated shifts at irregular hours. The group exercise classes were considered to be important aspects of the work, as they enabled fitness instructors to supplement their basic wages.

continually improving her practice by investing in her personal development. Since working in the fitness industry, for example, she has invested over £15,000 on continuing professional development (CPD) courses, workshops and seminars. For example, this had involved completing qualifications in exercise referral, group exercise classes, and training courses focussed on specific population groups. Jane reported that engaging in professional learning activities had helped to provide her with a sense of confidence in her role:

Knowledge, for me... [is] very important... my confidence levels are quite naturally low, but knowledge brings me confidence. (Jane Interview 1)

5.4.1.2. Work context

Heritage Leisure Centre is based in a medium-sized town in the West of England. The town has undergone a series of social and economic problems since the decline of its main industries. It has since experienced problems with unemployment and other forms of social deprivation, and, despite several attempts to revive the town through investments in its buildings and infrastructures, the problems have endured.

Among the participants in this research, there was a consensus that Heritage Leisure Centre is an important feature of the town, providing a site for sport, leisure and recreational activities. Like many other leisure centres in the UK, the site housed a range of facilities, including a sports hall, gym, free-weights area, spinning area and studio. This meant that the centre was able to provide a selection of public health initiatives for population groups, such as families and people with specific health conditions. In fact, a characteristic feature of the centre was its wide variety of users.

When commenting on her practice as a fitness professional, for example, Jane explained:

There are so many different types of people that you are going to come across... especially in the gym. (Jane Interview 2)

At the time of the fieldwork, however, the centre was experiencing problems arising from increasing competition for fitness and leisure services. Of particular note was that its facilities and membership options appeared to have become out-dated in comparison to its competitors,¹ as Jane explained:

We have a lot of gyms in this area... There is a huge range... from commercial gyms to charity gyms... And it is kind of a case that there are so many options for them to choose from why would they choose you? (Jane Interview 2)

We're very quiet compared to what we used to be... Heritage Leisure Centre was the busiest site at one point... but the building hasn't kept up... (Jane Interview 4)

As a member who had been using the centre for over ten years, Debra also noted a decline in the quality and use of the facilities:

I've seen it change a lot... There used to be a lot more classes on here than there are now. So it is changing, I have to say not for the best in my view at the moment. (Debra)

This case study provides some clear illustrations of the interconnectedness of Jane's practice, her role as a 'player' in public health, and a series of broader challenges facing the centre. For the purposes of this report, these issues are presented under three main themes.

¹The cost of a full membership at Heritage Leisure Centre was £30-£45 per month for the use of all the fitness facilities and group exercise classes. At the time of the research, there was no gym-only membership option available.

5.4.2. Theme 1: Becoming a fitness professional at Heritage Leisure Centre: a journey

Sport, fitness and exercise have played an important role in Jane's life from an early age. She first began her main passion, gymnastics, when she was four years old.

Moreover, Jane was enthused by a variety of other sports. Her first direct experience of gyms came during her teenage years at a traditional bodybuilding gym:

My dad was always in the gym... he was like struggling to find someone to look after me when he went... So he'd take me along... And I would just sit and watch. And they'd let me go on the punch bag or they'd let me use the mats and I'd do my gymnastics in the corner of this real heavy weights gym. (Jane Interview 1)

So I grew up knowing that type of training, idealising it, and then just being really interested in it. And that was my way of training. (Jane Interview 1)

While Jane had positive recollections of this environment and her relationships with each of her parents, her teenage years were comprised of unhappy experiences at school. In Jane's words:

I was doing really well at the beginning of school, but then I started getting bullied quite a lot, physically and mentally. So I ended up pulling myself out of school and hiding at home... I was so scared and timid that I skipped school... so I stopped going... and failed my GCSEs. (Jane Interview 2)

Reflecting back, Jane reported that these experiences helped to develop her ability to empathise with people, a skill that had subsequently proven to be useful during her work as a fitness professional:

It made me develop more empathetically, I think, as a person as well... when people are having the sort of troubles mentally, whether they're like scared or intimidated, I'm always trying to make them feel comfortable, make them feel like they're not alone. And almost slightly look after them in a way, because I just don't like the idea that... anyone's feeling... they can't do something. (Jane Interview 2)

After being persuaded to return to education to complete high school and college courses, it was Jane's father who proposed the idea of working in fitness as a possible career option:

He was like, "You'll love it in the gym. You know what you're doing." ... And I just jumped at it.... decided, yes... And then started doing my courses when I was eighteen. (Jane Interview 1)

Jane initially qualified as a personal trainer by completing a course delivered by a private training provider. This was an experience that she found stimulating and enjoyable. Jane was particularly positive about the distance learning structure of the programme, which enabled her to digest the learning content, as well as the knowledge and experience of the tutors on the course. Yet, despite these positive experiences of the programme, Jane found that upon graduating as a Level 3 qualified personal trainer, she was unable to secure a full-time job working in the fitness industry. This initially led her to seek alternative sources of employment, before later working in a commercial health club, where she was responsible for paying a monthly rental fee of £300-500.

Jane recalled that because of her outgoing rental fees she was eager to work as many hours as possible in order to fund her living costs, meaning that she would spend a lot of time in the club:

I was there seven days a week. I didn't have a day off the whole time I was there, because I didn't want to have a day off in case I missed out on the opportunity to get a new client. (Jane Interview 1)

Furthermore, Jane recalled that while working in this club she struggled with an on-going tension between her commercial sales objectives and her role in improving peoples' fitness and health:

You were going to try to talk to people because... hopefully the end product is a personal training session... And I really hated that, because I am not a sales person. That is never what I wanted to do. (Jane Interview 1)

Jane also found the working environment at the health club to be competitive. She recalled a moment when the management of the club took a decision to increase the number of personal trainers working there:

... I was at the point where I was making money, but not anything more than minimum wage would be, but I was doing a hell of a lot more hours... And they started bringing in new trainers... [The manager] kept bringing them in. And he bought in two more while I was there and they were really competitive and quite cut-throat... So they'd bad-mouth everyone's clients to each other... (Jane Interview 1)

Another factor Jane noticed during her time working at this club was the absence of any other female personal trainers:

Even though they were bringing in other instructors, they wouldn't allow more than one female there at the time... [The manager] believed that, in his words, "it is a competitive industry as it is... but for a woman it is even more so"... he believed that having one woman is good, but... there is not that need for another woman... I asked him why I was the only female... and he said, "it is my opinion but... if you have more than one female in there it just doesn't work. There is just not that demand..." (Jane Interview 3)

The combination of these factors, ultimately, led Jane to seek alternative work, initially as a freelance personal trainer, and later as a fitness instructor at Heritage Leisure Centre. Jane was especially drawn to the community-orientated values of the organisation as well as the stability of having a regular income.

5.4.3. Theme 2: Working at Heritage Leisure Centre: Nature of the role

The data demonstrate that for Jane the human bonds and relationships that she developed with members and clients are central to her practice. This perception of the

role was also consistent with the views expressed by the other fitness staff at the centre. Edward, for example, explained:

It is a very close job. I mean, you are trying to help someone change their lifestyle... it's a big thing... It can impact on someone for the rest of their life... (Edward)

Similarly, as a newly qualified fitness instructor working in his first job in the industry, Chris added:

You build up a relationship with them [members] and you want them to succeed... (Chris)

Furthermore, as a member and client at the centre, Hannah explained her perception of Jane's role specifically:

It's a very personal thing. It's something you've got to let someone in to do... I think Jane's got that ability in her personality to establish that connection with people, and then be able to become that influence in their lives. (Hannah)

As the data excerpts above indicate, an important part of Jane's practice was the psychological and individually tailored support that she was providing. A key factor that was identified in this regard was the initial consultations, including the physical space in which consultations took place. Specifically, the gym office was identified as an important space for developing rapport and trust with members, as well as developing an informed understanding about their health and fitness needs; for example, pertaining to factors such as members' fitness training history, medical status and exercise preferences. In this context, the participants were positive about the private nature of the space. In Jane's words:

To me, you've got vulnerable people that are going into a gym... Even the ones that come across as being confident, there is something that they want to build there... It is important for them to know that a certain amount of our consultation is private... (Jane Interview 1)

This view was consistent with those expressed by the other fitness instructors.

Edward, for example, reflected:

A lot of people don't feel comfortable in a gym. They feel awkward... That's one of the biggest barriers really. And to me, one of the best ways of breaking that down is having that one-to-one time where you can start... addressing some of those fears and worries that they may have... (Edward)

Given the close nature of the role, at times, Jane's work as a fitness professional had led her to become engaged with a broad range of psychological issues. Here, Jane explained that clients and members would often open-up and tell her about the issues they were experiencing. She described how she would often play the role of a 'kind of agony aunt' to people:

It kind of feels like you are in a counselling session almost – or you are a therapist – because people just tell you everything... (Jane Interview 1)

... you have got people who tell you about their relationship problems and they tell you about their family troubles. Other people just tell you about their stresses at work and then other people it is a case of everything is a bit more direct. You get to know people's lives... (Jane Interview 1)

For Jane, the roles she adopted could sometimes be challenging to negotiate; as the client example below illustrates:

I had a man not so long ago that suffered from post-traumatic stress disorder... he was also dealing with guilt and all these other things. And he was on medication for anxiety, but it doesn't stop the process. So although his body is not reacting the same, he would still unwind and talk to me about it... I am not equipped to help him technically, but sometimes just listening is really important... and you allow them to vent to you almost... and you just sit there and take it in... you can show some kind of compassion and understanding. (Jane Interview 4)

As this data extract indicates, the study highlighted complex interplays between Jane's psychological, exercise and other health-related roles. Significantly, it was

found that Jane was regarded as an accessible, empathetic and trusted source of health and fitness advice. She explained:

It is medical things as well. You get people asking you like you are a doctor, all the time. "I have got a pain here, what do you think this could be?"... People seem to trust you more than I think we should be trusted... They assume you know more, which is understandable in a way because you are working with the body all the time. And you work with such a big spectrum of people that there is going to be stuff you will come across time and time again. But realistically if you had just started you wouldn't have a clue what it means... (Jane Interview 2)

The interview with the client Hannah, for instance, highlighted the trust she placed in Jane's advice as a fitness professional. For example, Hannah recalled an incident where she valued Jane's advice over that of her doctor:

I injured myself a couple of weeks ago, and I went to the doctor, and I wouldn't believe what the doctor told me until Jane had confirmed it. I sent Jane a message saying, "... I've injured my groin, and it's now turned into sciatica."... "This is what they said at the doctor's. What would you think?"... But they told me I had to take two weeks off solidly, and I was like, "No." Because sciatica, sometimes you feel better walking. (Hannah)

In this case, Hannah was sceptical about the knowledge and ability of her doctor to provide exercise advice, as she felt that his credibility on this matter was undermined by his physical appearance:

It's just because doctors, some of them, without sounding awful to them - I've got an obese doctor... I don't take exercise advice off them very well, because it's like, "Well, you're not doing it."... If my doctor said to me, "Oh, Hannah, I ran a 10K two months ago, and I'm still training," I'd take what they said more than a doctor that sits there and is clinically obese. Because they're not taking their own advice, at the end of the day... It's not credible, is it? (Hannah)

Another factor that seemed to enhance Jane's credibility and effectiveness, at times, was her gender. Before she began working at Heritage Leisure Centre the entire fitness team were male. Consequently, the data suggest that some members were positive about the decision to appoint a female member of staff:

I've had so many people that have said, "Oh thank God, there's a woman working here now."... I've noticed that it does make a difference having a female... there is going to be people that are going to feel a little bit less intimidated by a woman. (Jane Interview 1)

Unsurprisingly perhaps, Hannah explained that Jane's gender would also help her to have a better understanding of physiological issues related to fitness training; for example, issues concerning weight loss and hormonal interactions in women. As Hannah put it: "If I have any female issues, so anything to do with my periods or anything like that... I'd rather go to a female... she'll understand more."

In this case study, the issue of gender was, perhaps, most conspicuous in relation to the weight training area. This space was identified as being intimidating for female gym users; as Edward put it: "It's become very off-putting to try and get women into the resistance area because it's deemed a men's only area..." Concurrently, Charlotte and Hannah reflected:

When I first started I hated doing weights and I wouldn't even step into the weights section... (Charlotte)

The free weights area was really quite intimidating to me as a female... at first, walking in there was terrifying with all these big, burly men, and I'm like a podgy, little thing... I just thought, "What if they all look at me and judge me..." But I think that attaches with a lot of girls... (Hannah)

There was a perception among the participants that being female helped Jane to act as a bridge between some members and the free weights area. Moreover, her ability to provide this kind of link was partly helped by her experience of training in bodybuilding gyms. In this respect, Jane explained that she had felt the need to earn the respect of some of the male users, and particularly young adult males:

... that age group is really, really difficult for me as a female to go up and advise. I have to be... so much more careful about how I advise and what

language I'm using, where I stand when I'm talking to them, when I approach them... and how I do it. (Jane Interview 1)

In Jane's case, then, gender was identified as both an asset and a potential barrier to the effectiveness as a health-related practitioner.

5.4.4. Theme 3: Links and relations to public health institutions

A key feature of Heritage Leisure Centre is the variety of physical activity, fitness and health initiatives that it provides. The publically funded exercise referral scheme was recognised by the participants as being particularly important in this regard. This scheme provided a means for general practitioners and other health professionals (e.g., physiotherapists, dieticians etc.) to refer patients to the centre for exercise. Although the fitness instructors were responsible for delivering appointments, the scheme was managed by a separate team of staff, who were responsible for assessing, prescribing and delivering exercise interventions for the people that were referred.¹

A striking feature of the exercise referral scheme is the wide variety of health conditions that it was accommodating. As a participant who was responsible for working on the scheme, John, put it:

We have a bit of a running joke between all the referral team... We don't know what's going to come through the door next, basically... we have all different ranges of clients. (John)

When asked about the reasons for referral onto the scheme, John noted:

Inactivity is one... then, it could just be one other referral reason. The referral reasons we have are hypertension, high cholesterol, diabetes, family history of CHD [coronary heart disease], a TIA [transient ischaemic attack], mini-stroke, any mental health conditions, angina, any other cardiac issues, depression,

¹The exercise referral team comprised of a small number of staff with relevant degree qualifications, who had attained accredited exercise referral qualifications and who had previously worked as fitness instructors.

anxiety, asthma, smoker. So there's a vast array of referral reasons: mobility problems, and we've just launched a cancer scheme as well. (John)

A positive aspect of the scheme as reported by participants was the portfolio of activities that were available both inside and outside the centre. This included activities such as visiting the gym, group exercise classes, gardening and country walks. Moreover, as the scheme had been running over a sustained period of time, this had given staff an opportunity to improve the services they were delivering. As a result of her time working on the scheme, Jane explained:

The referral scheme was not as successful as it is now... They didn't have as many things going on... and they didn't have as many people who were as highly trained... They have made some huge improvements... the doctors... will refer you [patients] onto the scheme... [They] are saying, "... you need to go with them [the specific scheme]." Rather than, "Yes, you just go to the gym." (Jane Interview 3)

Another member of the exercise referral team, Mary, reported how the schemes could have a positive impact on people who were being referred:

You get people coming in who are quite unconditioned and with very low confidence and not much motivation. They don't think they're going to be able to do much. Then, you get them started, show them what they can do... By the end of the 12 weeks, most of them are like a completely different person... For some people, it's a life-changing experience... (Mary)

Yet, despite the many positive aspects of the scheme, three key issues were identified during the research. These centred on: the number and nature of the referrals; the training and development of fitness instructors; and costs associated with the continuation of exercise.

First, several participants explained that the sheer number of people being referred was resulting in a challenge given the limited resources and funding for the scheme.

In the participants' words:

I think the biggest challenge at the moment is the volume of clients we have through the door... we're commissioned for something like 500 every year, and we're getting around 2,000. Your calendar is constantly booked up, so you can't give that client the help that they need. (John)

We have got a very small team for the amount of referrals that we are getting. Because the doctors must love it so much that they just put anyone on it (Laughter)... (Jane Interview 4)

Generally, the participants were pleased that the health professionals were 'buying in' to the programme, but they were also cautious about the large number of referrals:

It was getting to the point where we couldn't cope with the amount of referrals coming in. The waiting list was six weeks... for an initial appointment... six weeks down the line, you might think... "I've gone off the idea." (Mary)

Moreover, these problems were associated with limited numbers of staff working on the exercise referral team:

We haven't got enough staff... that leads to us not having much interaction with the client... I normally find we lose them [clients] half way through, mainly because there's not that much interaction. Well, not as much as there should be. (John)

One factor that was considered to be compounding these issues was the inappropriate nature of some referrals. On the one hand, this had included patients who lacked the necessary conditions to be referred. As John put it:

I think it's down to the GPs and health professionals referring people that basically don't need to be referred... I find a lot of people are just after a cheap gym membership. (John)

On the other hand, Jane recalled a time when she was responsible for delivering sessions for the scheme and there was a disconnect in the speed of referrals, meaning that clients were coming in with health concerns that exceeded the scope of the team's expertise:

[Health practitioners] were assigning people to us who had a lot of mixed medications that would affect their energy levels. That would affect everything... It is a case of we took the people on because we wanted to help, but realistically they needed a greater amount of support, and the doctors were

referring people... who had severe anxiety and severe depression rather than mild anxiety and mild depression. So although exercise is good for them as well... they need to be with a psychologist, counsellor or whatever before they come to us. Sometimes they start our scheme and then they wouldn't see someone for counselling or cognitive behavioural therapy until six months down the line... (Jane Interview 2)

The data show that Jane was unusual as a fitness instructor who was working in this organisation, as she had acquired the training and qualifications to deliver exercise referral sessions. Indeed, the second issue that was identified with the scheme was the relatively few fitness instructors who had obtained an accredited exercise referral qualification. Chris, for example, expressed concerns about his ability to work with the higher risk population groups that he was delivering appointments for as part of the scheme. In his case, Chris was concerned that although he was being briefed by the exercise referral team, at times, he felt that he lacked the appropriate training in, and knowledge about, how to deliver sessions for their clients. In his words:

For someone like myself, who's just recently qualified, I'd like a lot more information on that side of it. It's not really there at the minute... we see them [exercise referral clients] in the gym all the time. I know Jane and Edward have that sort of experience and have done those qualifications, but they only really touch on it very, very, very slightly in the modules and qualification that I've done... (Chris)

Furthermore, Chris added:

And that's going back to getting you ready for the working role... when you've passed the qualification... you are under the impression that they're giving you the knowledge to go straight into the role... But you don't; they're there [exercise referral clients] and you get given them (laughs)... That's what you do.... You just get on with it... it was learn-as-you-go, sort of thing. (Chris)

While Chris's experiences appeared to be symptomatic of some issues concerning the training and development of fitness instructors working across the organisation, it also demonstrated how Jane's experience and qualifications in delivering exercise referral

were valuable. These experiences meant, for example, that Jane would be capable of relieving some of the pressure placed on the exercise referral team. In the words of the participants:

In an ideal world they [fitness instructors] should all be GP referral qualified... Jane... she's referral qualified... [But] we have a lot of staff... that are newly qualified... they're all very keen and very eager, and they might do something with the client that they shouldn't do, which I have had recently. (John)

Jane is really highly skilled. She's got loads of qualifications and she can teach quite a wide range of classes... Really, Jane is as important to that person's journey as we are, and in terms of people sustaining the physical activity and their health, long term, it's probably more likely to be someone like Jane than myself that plays a key role in that, really. (Mary)

A significant tension concerning the allocation of responsibility for exercise referral appointments was the differences that were identified between the wages and conditions of employment between occupational roles. Mary and Jane explained:

Because we're funded by the NHS, our referral staff get paid a higher rate of pay than the gym instructors. So sometimes the gym instructors will say, "Well, why am I dealing with this patient when they've got all these health problems and I'm not getting paid the same amount as the GP referral team?" (Mary)

[The referral team] are on a salary, they are on a lot more money... I don't mind doing it... [But] I find it an issue because I will try and get people booked in for appointments... I am like, "Hold on a second, why do I have three exercise referral scheme inductions when they are paid more specifically for that and they have got the training for that?" Yes, I have got the training; but they didn't know that... they are just fortunate that it has fallen on my shift. (Jane Interview 4)

Mary summarised the crux of the problem:

It would benefit us, as a referral scheme, if the gym staff had a bit more knowledge... [But] you'd have to make it almost like a different job role or you'd have to increase the pay of that instructor... (Mary)

The third issue with the exercise referral scheme was also due to financial barriers; and concerned the cost of centre memberships beyond the completion of the scheme.

In John's words:

A lot of clients come through for the 12 weeks and they're paying £2 to use the gym, which is relatively cheap. When it comes to the end of the scheme, then they've got a dilemma. If they want to continue exercising, they've got to take a membership out... [There is] a reduction on the full membership... [But] a lot of people struggle to afford that, especially in this area. (John)

It was found that the exercise referral scheme had become one of the most important ways for Heritage Leisure Centre to attract new members:

It is very profitable for the centres, our scheme... because each client is paying... (John)

At Heritage Leisure Centre most of our members are ex-GP referral... That has worked in our favour in a way, but at the same time they are still a vulnerable population and they still need that extra care. (Jane Interview 4)

Crucially, the findings suggest that the combination of the relative success of the exercise referral scheme at creating a pathway for new members and the competition from other fitness providers meant there was becoming less need for the traditional gym instructor role. Chris, for example, explained that he was becoming disheartened by the small number of appointments he was delivering:

That's one of the main things about this centre at the minute... over the last four shifts... I've had one appointment... Something has gone wrong somewhere... we could utilise that time in such a better way. Just nothing seems to be going on. (Chris)

For Jane, in contrast, her range of qualifications and experience meant that she was being used in an increasingly flexible way. As Edward put it: "those of us, like Jane, fulfil multiple roles... Jane gets torn". Concurrently, Jane reported experiencing

conflicts about the expanding nature of her role, especially with regard to increasing sales-oriented pressures:

There's more pressure than there used to be... I've said it time and time again... I'm not a good sales person. I don't feel comfortable doing sales. I'm quite happy to show the value in something that we've got, but to offer it for a price that I find a little bit questionable, it's quite difficult. (Jane Interview 4)

The cost of gym memberships was causing a particular value conflict for Jane with regard to the overriding objectives of the leisure centre, that is, between its commercial and health/community-orientated agendas:

It makes us look less like a charity, less like a non-profit organisation. People forget the work that we're doing, and start to see us as a business because of the price rise... (Jane Interview 4)

Furthermore, Jane expressed her view that the organisation had focussed its attention on developing the exercise referral scheme and other specialised health initiatives at the expense of other members of the public:

With [the scheme] being so successful and growing so rapidly... is that almost the general public that are going for exercise... the original people that you would put in a gym environment... they have taken a hit almost. (Jane Interview 4)

Similarly, Edward pointed out that the membership prices were acting as a major barrier for people in the local community:

They're based in an area that has a really high population of people on benefits, or unemployed, or low paying jobs... to me the company seems to go against what it actually stands for. It seems to actually just dismiss the community that it's supposed to be there supporting... They're making it actually less and less available to everyone, and they're giving them less and less options... (Edward)

Going forward, Jane reflected that, although she had enjoyed her time working at Heritage Leisure Centre, at the time of the fieldwork, she was in the process of finding a way to leave the leisure sector in order to pursue an alternative career. In this context, Jane expressed frustration with her current situation at the leisure centre,

given issues such as the lack of career development opportunities and conditions of employment:

I hate it because I am not money orientated... it is just a bit embarrassing that I have paid all of this money out on courses and yet I am struggling. That is why I am doing all of the extra classes to make sure I don't struggle. Then the price I pay is I am knackered... I am at the point now where I want to do more with my job role, but I know that me doing more is not going to get me any extra recognition. There is no way for me to progress... It is the incentive thing. (Jane Interview 4)

5.4.5. Case summary

This case study report offers insights into the career, aspirations and challenges of a well-qualified fitness professional working in a leisure centre context. The data highlight ways in which Heritage Leisure Centre has struggled to reinvent itself within a competitive fitness market, and the impacts upon Jane, as a fitness professional. Financial challenges are ever present in this case, and they have a demonstrable impact on the ways in which Jane and the other fitness staff embodied their roles. Specific challenges included the out-dated nature of the fitness facilities, antiquated membership structures/prices, and lack of investment in the appropriate training and development for fitness instructors. As an individual member of staff who had invested considerably in her own training and development, it could be argued that Jane was a valuable asset to this leisure centre, but this did not appear to be the reality.

From the research data, it is clear that Jane was expected to play an important, though, often, undervalued role in peoples' health, fitness and wellbeing. In particular, the data reveal how the trusting relationships Jane developed with members and clients meant she was responsible for fulfilling a broad range of health-related roles.

Crucially, in this context, the findings highlighted a stark contrast between Jane’s knowledge, skills and capacity as an experienced and widely qualified fitness instructor in comparison to the majority of fitness instructors working within the organisation. A key problem for Jane, however, was that her conditions of employment and lack of career-development opportunities were providing her with limited incentives to stay on and progress within her role. Consequently, the data suggested that, for Jane, an effective career development trajectory seemed to involve taking her beyond her time working as a fitness professional at this leisure centre.

5.5. Dominic

5.5.1. The Case

5.5.1.1. The participants

Dominic is a white, British, male in his early-30s who has been working in the fitness industry for over six years. Dominic’s main contracted role is as a Fitness Manager at Diversity Leisure Centre (a pseudonym). The main responsibilities of this role include overseeing the running of the fitness facilities, managing a team of fitness staff and helping to market the centre to people based in the local area. Moreover, as a formal expectation of this role, Dominic works as a fitness instructor, personal trainer, group exercise instructor and exercise referral instructor. In addition, he runs regular boxing classes as a supplementary activity. Table 6 provides information on the participants that were included in this case study.

Table 6 Participant details and information for Dominic’s case

| Participant pseudonym | Role and details |
|------------------------------|---|
| Robert | General Manager at Diversity Leisure Centre |
| Sally | Fitness Instructor, Personal Trainer and Exercise |

| | |
|----------|--|
| | Referral Instructor at Diversity Leisure Centre |
| Luke | Fitness Instructor, Personal Trainer and Exercise Referral Instructor at Diversity Leisure Centre |
| Deidre | Former exercise referral client and member of Diversity Leisure Centre |
| John | Personal training client and member of Diversity Leisure Centre |
| Andre | Director of a local physical activity organisation, former exercise referral client and member of Diversity Leisure Centre |
| Dr Smith | Director of a local weight management service and practising GP |

5.5.1.2. Work context

Diversity Leisure Centre is a contract-managed local authority leisure centre in the South of England. The centre has a membership of approximately 1,500, including both gym-only and all-inclusive members.¹ A key feature of the centre was its gym/fitness suite, which in Dominic's view was the heart of the facility. In his words:

The busiest, most important area in our leisure centre is, without a doubt, the gym, because we've constantly got people in that vicinity... (Dominic Interview 5)

The centre also has a range of other facilities; including two sports halls, a fitness studio, swimming pool, crèche, meeting room and sports pitches. These facilities have enabled the centre to develop links with local sports clubs and organisations.

Alongside this, the centre has established links with local public health and medical practices. Notably, the centre was part of an exercise referral scheme, which enabled patients with a broad range of health conditions to be referred for physical activity

¹There are significant differences in the price of these memberships, with the gym-only packages costing £14.99 per month and all-inclusive membership packages available at £39.99 per month. Cheaper membership options are available for some population groups, such as students, pensioners and families.

services and support.¹ At a centre level, Dominic was responsible for managing this programme and for communicating with medical practices referring patients onto the scheme.

5.5.2. Philosophy

The data suggested that Dominic's professional philosophy was based on a desire for personal growth and helping other people to achieve their fitness, health and performance-related goals. Dominic reported adopting a client-centred approach to his work:

At the end of the day, your priority is your client. If you don't give your clients what they want, they won't keep coming back (Dominic Interview 2)

This approach was described in more detail by one of his exercise referral clients, Deidre, who was initially referred to Dominic in order to help manage her diabetes:

... he likes to empower you... He tries to get the best from you, for you... It is not for him, it's for you and he sort of comes across that way... (Deidre)

For Dominic, there was a strong connection between his personal life and his work as a fitness professional. In his view it is important that in order to be effective as a fitness professional: "you've got to practise what you preach" (Dominic Interview 5).

He explained:

I love training anyway, so that really helps... And it's also going to make me effective in my job role, because I'm constantly using the tools that I use in my work. (Dominic Interview 5)

Similarly, one of his personal training clients, John, described the close connections between Dominic's personal and professional lives:

¹Patients referred to the scheme are given 10 one-to-one sessions with an instructor at a cost of £3 per session.

I always knew from day one really that it was obvious that it was more than just a job for him; this is not just a career, it's his passion, it's him, he's all about the fitness. (John)

The following sections provide information on the inter-relationships between Dominic's passions for fitness, his career development, roles and practice as a fitness professional. The findings are presented under three main themes.

5.5.3. Theme 1: Starting out and developing a career in fitness

Dominic's passion for fitness, exercise and sport have been present from an early age. It was during his college years that Dominic first developed an interest in gym-based activities, where he found that working out in a gym was something he "thoroughly enjoyed". This provided a source of motivation for him to pursue a degree in Sport and Exercise Science. He also qualified as a REPs-accredited Level 3 Personal Trainer alongside this programme. Dominic reported that his main motivation for completing his initial personal trainer qualification was to gain employment in the industry. As he put it: "It was just a little means to an end, really..." (Dominic Interview 1)

Dominic's first experience of working in the fitness industry came as a fitness instructor in a role he performed while studying for his degree and fitness training qualifications. He found that the combination of theoretical and practical learning experiences were both useful and enjoyable:

I just found [the gym] so interesting and I figured, "Well, why not try and tie it in, step by step..." It goes hand in hand... (Dominic Interview 1)

After working in this instructor role for a couple of years, Dominic took up a position working as Duty Manager at a private fitness facility. He considered this role to be beneficial to his learning as a fitness professional:

That was a really good experience for me... as Duty Manager, you're also involved in a lot of fitness instruction as well. That was really, really good fun. We did a lot of classes, fitness instruction and personal training. Everything like... so you learnt a lot on the job there. (Dominic Interview 1)

Over time, however, Dominic became frustrated with the cultural dynamic at the facility, which he described as “cliquey”, as well as with the relatively low pay and lack of opportunities for career progression:

You wouldn't get anything extra for doing any more work... I was really, really busy all the time. I would take back-to-back classes and back-to-back personal training, and I looked at some of the other instructors and although I was on a little bit more money because I was Duty Manager, it was nowhere near what I was worth... I felt that I was... unappreciated. (Dominic Interview 1)

Consequently, Dominic chose to become a self-employed fitness professional. Yet, this was not a line of work to which he felt well suited. One of the main issues Dominic found with being self-employed was that he needed to spend a lot of time travelling between different places in order to be effective:

I think just the fact that you're using so many different areas as opposed to one hub doesn't quite work. You start being so over-flexible... [which] takes the aims or the focus off what you're trying to do with your client... Whereas, if you've got a central hub, it works really well because you can bound from one thing into another into another a lot more effectively and easily... (Dominic Interview 1)

Dominic considered Diversity Leisure Centre to be a kind of “Health Hub” because, in his view: “... everyone is in there, and in some form or shape they are improving

their health...” (Dominic Interview 3). Going further, he explained that within his current role he is able to practise with a diverse range of population groups:

I deal with people as young as eight-years-old. Down at the centre, we have people in here as young as three-years-old for gymnastics and football. I deal with people who are in their 80s with health conditions. There is just such a broad array of clients that I deal with. Sometimes, in my classes, I get young people and old people. I get people with some form of disability. Some people are fully-abled. Some people have health conditions. It’s just so diverse... It’s brilliant because everyone is just so unique and you don’t know what sort of client you’re going to come up with next. It’s brilliant. (Dominic Interview 1)

An important factor that has enabled Dominic to practise with these different population groups has been the high level of organisational support for his on-going training and development. This has included the provision of on-going financial support to attend regular CPD courses and events. For example, since he has been working for the organisation, Dominic has completed Les Mills Group Exercise courses, an Exercise Referral qualification and REPs-accredited Level 4 specialist qualifications. The data suggested that the completion of these courses acted to not only expand the nature of his role as a fitness professional, but it also helped to increase the range of services that the centre was providing.

5.5.4. Theme 2: “I’m sort of like a multi-disciplinarian”: Managing multiple roles and expectations

The data reveal how Dominic was expected to fulfil multiple roles and expectations through his practice. As noted previously, for Dominic, one of the key expectations of his work was that he would help members and clients to achieve their goals. While working as a fitness professional at the centre, for example, he had encountered a broad range of goals:

A lot of people are there to lose weight. Some people are there to get fitter whether it's an event they want to do, like a 5k or a 10k [run]. Some people are there for aesthetic reasons, like to put on muscle or tone up areas of their body. Some people are just there for health reasons... There's a big broad spectrum of people that use the gym for various reasons really. (Dominic Interview 1)

In order to help people to achieve their goals, Dominic explained that his aim was to encourage and support each individual to use the fitness facilities, and ideally to become gym members. In fact, a feature of his work was the educational support that he was providing. Dominic explained that although his practice was primarily grounded in an exercise context, his educational roles spanned a wide variety of areas:

I'm not just here to help people exercise, I'm here to advise them on their nutrition, I'm here to advise them on their posture, how to prevent injuries, all these other things. I'm sort of like a multi-disciplinarian. (Dominic Interview 5)

The nature of Dominic's educational role was clearly dependent upon the occupational role (or roles) that he was performing at any given time. In his role as a fitness instructor, for example, Dominic was responsible for providing one-off gym inductions for members. During these inductions, instructors are expected to provide a large amount of information in a relatively short period of time. The observational field notes illustrate the kinds of pedagogical processes involved in the inductions:

The conversations between Dominic and the new member appeared to be very limited and usually involved a relatively one-dimensional 'stream' of information being passed on... It seemed that the major goal for Dominic as an instructor was to ensure a simple affirmative response - ideally just a "yes" - from the new member to ensure that he understood and would later apply what had been covered... The conversation undertook something of a ritual feel, whereby both parties appeared to be simply going through the motions... Dominic used a lot of technical language... relating to the types of exercises and muscle groups the member was working. As a former fitness professional, I understood what Dominic was saying; however, I wonder to what extent the new member did... (Observational field notes May 2015)

During his interviews, Dominic expressed frustration at the induction processes for new members, especially group inductions, which he described as his own personal “pet hate”:

... you can have up to six people sometimes, which is just a nightmare. Six people and half an hour to induct them into a gym is just too much. (Dominic Interview 5)

In contrast, Dominic was enthusiastic about working in his role as a personal trainer, because he felt this structure enabled him to provide individually tailored support to clients in an on-going, progressive and sustained way:

I thoroughly love doing personal training. I just like that interaction with the individual. I like putting them through their new challenges and seeing what they can do and I’m just thinking, “I really hope this person succeeds with their aims and goals.” (Dominic Interview 4)

Yet, it was noted that personal training required significant additional financial investment for members. This meant that, in reality, even though the fitness team was exceeding their personal training targets, only 2-3% of the gym members were receiving this type of fitness and educational support.

This personal training structure appeared to form part of an upselling model the centre was operating; where the aim was to initially attract members to the facility before encouraging them to invest in additional services such as group exercise classes, court bookings and sports massage appointments. For the participants, personal training was regarded as being particularly important; as the General Manager, Robert, emphasised: “... it’s a big earner for them [the fitness staff], and it’s a big earner for us [the centre] as well”.

An obvious benefit of the upselling model was that it was enabling the leisure centre to minimise the cost of its basic gym memberships, thus enabling a wide range of people to use the facilities. Based on his experience of working at the centre over a sustained period of time, Robert explained:

The company had the foresight to bring in the low-cost gym membership... That has transformed the Centre meaning that it has enabled many more sectors of the community to come and take part in exercise. We are now getting in young lads who are interested in bodybuilding. We weren't getting those in the past. The cost, I think, has opened it up to every sector of the community rather than just a few. (Robert)

At the same time, it was clear that the business model relied on having a significant proportion of its members not using the facility. As Robert put it:

Yes, let's not get away from it, in the 1,500 members, there are probably 500 or 600 inactive members, I would have thought... (Robert)

Elaborating further, he explained there was something of a conflict regarding whether or not to contact those members who were not using the facility:

We could do motivational calls and stuff. This is going to sound really bad... we have to ask the question, do we awaken those members by making them realise that they're not coming, and making them really think, do they need to be paying their direct debit still? I know it's awful to say... But we have that choice to make. (Robert)

This problem was indicative of a central issue the management at the leisure centre were facing, that is, between managing the business needs of the centre/organisation with the fitness and leisure services that it was providing for members of the community. For Dominic, his role as fitness professional was mainly focussed on fitness and exercise support to those people who were already attending the facility; i.e., those people who would be likely to already be regularly engaging in exercise.

An important feature of his work was the motivational support that he was providing. Specifically, the data highlight how Dominic's practice involved undertaking the connected work of being simultaneously a motivator and a performer. As a regular participant in his group exercise classes, Deidre emphasised:

There's many strings to his bow and you can tell that in the Les Mills classes because he will go from one move to another with ease, particularly with his boxing moves... He obviously incorporates something that is part of his own history there by the way that he does it... And I find that very inspirational.
(Deidre)

As the quotation above indicates, there was an expectation that as an instructor he would get into character by adopting a certain persona and approach that matched the nature of the class. When asked about his experiences of delivering Les Mills classes Dominic noted that he would become immersed in the experience of delivering them:

... you just sort of just drop everything that's been going on throughout the day, throughout your life, and just stay focussed on the class... Just let the fun moments take you away into it really... like nothing else really matters...
(Dominic Interview 5)

Similarly, Deidre explained:

I think in those Les Mills classes because of what you are doing it helps you get out your aggression... channelling how you are feeling that morning
(Deidre)

She added:

You can express yourself in whatever way. In that classroom... well it doesn't matter does it...? Arms all over the place... it is an expression and letting go if you like, letting go of any frustrations and just having a good old thump!
(Deidre)

Generally, these experiences appeared to be having something of a cathartic effect for her:

... I always feel good when I leave that class... I like the kicks, I like the punches, the whole lot. The twists, it moves the whole body, yeah, it's good.
(Deidre)

The connected experiences of performance, enjoyment, expression and motivation were also evident elsewhere in the data. In terms of Dominic's personal training role it was noted that there was something of an intriguing client-trainer dynamic taking place between Dominic and his clients. Specifically, during his training sessions with John, it was observed that Dominic appeared to be assuming the role of something of a 'disciplining drill sergeant' whilst John, in turn, would respond by playing the role of 'reluctant but willing submissive'. When asked about this, John explained:

...because it literally is like beasting, it's boot camp... It keeps a bit of camaraderie. (John)

Going further, John emphasised that although he had initially become a member of the leisure centre because he wanted to achieve his fitness goals, the connection he developed with Dominic became a driving factor that acted as a kind of "glue" that encouraged him to stick to his fitness regime. Indeed, for the participants, the social relationships Dominic developed during his work were vital to his effectiveness.

For Dominic, walking the gym floor ("floor walking") was particularly important for developing such relationships. For him, this activity provided a critical link to members, which was helping maintain levels of customer satisfaction whilst also serving to improve members' fitness experiences. Dominic also noted that his floor walking provided a further opportunity to practise his educational and supportive roles:

A lot of the time during my floor walking, I almost feel like a little boy scout sometimes with little areas of knowledge where I can just pass it on to people. (Dominic Interview 2)

... you let them know that you're there and you just generally talk about anything to them, really... (Dominic Interview 1)

In his case, Dominic was aware that the close relationships that he had developed with some members and clients meant that he was required to negotiate dual roles. As he put it: “as an instructor, you are not just an instructor, you are also a bit like a friend” (Dominic Interview 5). From a client perspective, John described the value he attributed to the friend-trainer dynamic that had developed between them:

... he’s my PT but he’s also a friend really. We’ve built a good relationship, we get on really well with each other, we always have a laugh... I think if you asked him, “Is John a client of yours?” He would probably say, “He’s not really just a client, he’s a friend as well...” So that helps a lot... (John)

5.5.5. Theme 3: ‘A movement towards health’: Public health links and relationships

The findings suggest that as a fitness professional, Dominic was, in some ways, uniquely positioned in relation to his clients and members. This was evident, for example, in the kinds of physical activity and counselling roles that fitness instructors at the centre were providing. This aspect of their work appeared to be particularly important for exercise referral clients, as one of the other instructors working at the centre, Sally, explained:

I think a lot of people that come on feel absolutely helpless, that they can't change anything... it's like “I've got this, what can I do, there is nothing I can do that can make it better”... some people do have that mind-set... I think we give them a lot, a lot of support. (Sally)

For Dominic, personally, he believed that it was his responsibility to help these kinds of clients by identifying barriers that may be preventing them from exercising, so that the barriers could be broken down and overcome:

With someone on the exercise referral scheme, our biggest aim is to get them as independent in the gym as possible with their condition. If we’ve got someone who has a knee or hip replacement... obviously, they’ve got quite a lot of anxiety towards exercise... (Dominic Interview 1)

Similarly, Andre, who was a participant on the exercise referral scheme and the Director of a local community physical activity organisation, highlighted that when it comes to exercise participation:

... a lot of it is about confidence... [For] people who don't feel confident about going to the gym, it's quite a big barrier for them to actually cross the threshold, but once they get through the door and they've done it once or twice, then, it's much easier. (Andre)

One issue that was identified with regard to the kinds of psychological and supportive roles that fitness professionals at the centre were providing was the physical environment in which fitness consultations took place. It was noted that there was no private consultation area at the facility, as the consultation room had been removed during a refurbishment of the gym. Deidre highlighted the importance of having the area available as a private space during her exercise referral appointments (which were conducted prior to the refurbishment). In her words:

... you are being asked all sorts of questions that you don't want to be standing in the middle of a gym talking about. It is nice to sit down and have an informal chat about what you'd like, how you might achieve that. (Deidre)

Andre reflected that a lack of analysis was something that he had noticed when undertaking the scheme:

When I think about it, all the analytical stuff seems to happen very quickly and doesn't seem very deep. The discussion with the GP was quick and the discussion with the personal trainer was quite brief, so there wasn't a lot of discussion..." (Andre)

Elaborating, Andre reasoned:

Maybe that's a good thing. Maybe we didn't want to discuss too much, but that all seemed not very deep, really. (Andre)

As a fitness instructor who was working on the scheme, Luke expressed that his role benefitted from obtaining health-related information from clients. Specifically, he expressed concerns that the lack of a private consultation space was restricting his capacity to obtain such information:

We need a consultation room. Where would we do the health check? The only stuff that we do at the moment takes place in the gym doorway where the scales are, or on one of the tables out in the foyer area... I always offer, if people want somewhere more private, I would offer the meeting room, even a studio room, in the hall, in the corridor, wherever it is, to make them feel a bit more comfortable. But I think we need an area. (Luke)

Issues concerning the lack of an adequate consultation space appear to be somewhat symptomatic of broader tensions concerning the health-related roles fitness instructors at the centre were performing. Indeed, Dominic reflected that one of the most significant changes he had observed in the industry had been a general movement towards a kind of “health orientation”. In his words:

I think there’s been a big realisation that the fitness industry is probably one of the biggest key players in people’s health and wellbeing, so they’re starting to think, “Right, okay, your fitness and health is a great preventer of comorbidities of certain conditions...” There’s a lot more education being involved in there, so they’re now starting to develop courses, such as cardiac rehab, weight loss and obesity, diabetes management, pulmonary disorders, cancer rehab. I think they’re starting to look at how the fitness industry can really help people’s health... (Dominic Interview 3)

Similarly, Robert also described how a movement of the industry towards health had impacted upon his managerial role:

... in the past we were judged on how clean your centre is, how good is the service that you provide? But the industry is now going towards, what good have you done in the community? ... because a lot of the facilities like this are public facilities, a lot of them still council-managed and council run, and we’re justifying the existence of our services... Leisure is a discretionary service; it’s not like collecting the recycling. We’re looking at ways how we can say, “Look, we’re as important as anyone else. This is the good we’re doing. This is the money we can save the council in health costs.” (Robert)

Furthermore, Robert reported that an area where the centre had struggled was in its ability to develop evidence on its health-related impacts:

... the main challenge, for us, is... we know that exercise is really, really beneficial, but what we're getting asked to prove more and more now is, what good is it doing? Who's improved their health? Yes, they've done the GP referral scheme, but what's happened to them now? Are they members? Are they still alive? I can easily measure my profit and loss, I can easily manage my customer satisfaction, but we're getting challenged by more and more people to actually prove what we're doing... (Robert)

The participants' accounts indicated that one area for possible improvement could have been to develop a better alignment of incentives between the work of the fitness professionals and existing public health targets. From these accounts, it was apparent that members of the fitness team were poorly incentivised to deliver exercise referral sessions. As Sally put it:

I'm not in the job for financial gain... but there is no financial incentive to help these people on the [exercise referral] scheme... essentially you are taking an hour out of somebody's time in the gym where you could do personal training and getting extra cash for it. (Sally)

Similarly, Dominic expressed concerns about the need to manage the amount of time he was spending on the scheme, as he considered that other activities were being given greater priority by his organisational management. In this context, he explained that as the Fitness Manager he was set specific targets for areas such as member appointments, personal training sessions and customer satisfaction; however, he did not have any clear public health targets:

At present, we don't generally have any health and wellbeing targets. Our centre and NHS haven't set us a target to get referrals through. I think it's because it's something that we can't really control... we can't forcibly go to doctors surgeries and say, "We need you to refer at least one person a week..." ... We are monitoring on an annual basis how many people we've had go through the GP referral process, how many people complete their 10 sessions and then how many people join the gym afterwards... Currently we don't have a target for our GP referral scheme. (Dominic Interview 2)

A compounding factor appeared to be that the scheme was designed to promote a specific form of physical activity; i.e., by attempting to encourage people to become members of the gym and, therefore, exercise in that particular context. As Luke put it:

Everything we do is about, “You should come to the gym three times a week if you can,” and then if that fails, it’s a case of: oh physical activity in your life. (Luke)

This chimed with Dominic’s view that people:

... might like to do any other activity... It could be the fact that, “I want to get active but I want to do it by playing a low intensity sport.” (Dominic Interview 2)

The data suggest, in fact, that if fitness instructors working at the centre were effective at encouraging patients who were referred on the exercise referral scheme to become physically active during their everyday lives (i.e., outside of the leisure centre), then the evidence collected to evaluate their effectiveness could indicate that the instructors had been ineffective. At a centre level, this was because the only performance measures for the fitness instructors were directly linked to the leisure centre targets with no follow-up evaluations.

Andre pointed out a further issue he had encountered with the structure of the scheme:

One of the weaknesses of the gym referral scheme is that I’m paying £3 a session and if I wanted to continue with that same arrangement, it would then go up to £30 a session. Now, most people are not going to be able to afford that... I think the options could be more geared towards the individual... the gym is ideal for some people. It’s very good for me because I like the gym. (Andre)

The Director of a Weight Management service at a local medical practice, Dr Smith, had a similar attitude towards the exercise referral process:

... although I think exercise on referral is useful, actually, it wouldn't come top of my exercise interventions at all. I would much rather do things that are

getting people physically active within the context of their jobs and getting them to do things that they enjoy. Gym based stuff is a very, very tiny, tiny part, and not suitable for many people. It's great for those people who love it, but I don't think that's the main solution myself. (Dr Smith)

This attitude towards the exercise referral process was, in some ways, reflected in the limited types of communications that took place between Dominic's fitness team and members of staff at local surgeries. The issue was discussed in some detail by Dr Smith, whose medical practice was identified as being responsible for the majority of referrals onto the scheme at the centre:

... if we refer someone, we don't normally know if they even turn up. We don't get any feedback at all from the gym. I'm not necessarily saying that the gyms should be giving us feedback... We get a lot of information as doctors... So I don't think we necessarily need a report or to make it more bureaucratic than is necessary... General Practice is under enormous pressure at the moment. Doctors are terribly busy. Most surgeries are understaffed... So it's actually very unrealistic to think that you're going to get much extra work done by GPs at the moment, except for a few real enthusiasts. (Dr Smith)

Dr Smith added:

... in fairness to them, I haven't got the time to be having, say, a quarterly meeting with them or whatever. If they've got any problems, I would like them to feel free to raise them with me... but we must not get this idea that exercise is a medical thing, because actually, it's a natural thing. It's good for promoting health, but not a medical thing. (Dr Smith)

These comments appeared to resonate with Dominic's view that the types of preventive healthcare services the leisure sector provide were being undervalued by key stakeholders in public health and wellbeing. In his words: "... I'd say our relationship with the NHS and the health service is very overlooked without a doubt"

(Dominic Interview 2). He added:

I'm very sceptical in this area... the NHS get paid so much money by drug companies to prescribe pain-relieving drugs... they don't look at the big picture that one of the best forms of curing pain is to actually exercise... Instead they'd be more happy to do the quick fix, prescribe them drugs that are

going to kill the pain, but not cure the symptoms or cure the problem.
(Dominic Interview 2)

In Dominic's case, his ability to play a health-related role for clients was helped by his training, education and practical experiences in the sector. Going forward, however, Dominic reasoned that progressing his career would be likely to take him away from working as a fitness professional. He described himself as being in something of a "catch-22" situation:

... it's almost like I'm stuck... because there is nowhere else where I can really progress to... If I want to try and take my career to the next step up or to try and make myself some more annual income, my next step, unfortunately, would be generally away from a gym floor, which I, personally, would dislike. As everyone knows, the fitness industry is not one of the best-paid industries... It's that catch-22, because you really get into your job role, you want to go to that next step, and there is no next step unless you're taking yourself away from what you're currently loving doing. (Dominic Interview 5)

5.5.6. Case summary

This case report offers insights into the career, work, challenges and aspirations of a well-qualified fitness professional working in a diverse leisure centre context. The findings highlighted how Dominic was expected to fulfil multiple roles and expectations through his practice. This involved meeting the expectation that he would be able to work effectively as an educator, trainer, business/sales person, motivator, performer, manager, fitness counsellor, social facilitator and health worker.

The study highlighted enduring tensions between community/health objectives and commercially orientated agendas in this case. In particular, the data suggest that the form of upselling model being implemented at the centre was effective at reducing the cost of basic gym memberships, which, in turn, was associated with a significant

increase in the number of people attending the facility. However, it was apparent that the implementation of this model was restricting the types of fitness and educational support that Dominic and other fitness professionals at the centre were providing.

As a fitness professional, Dominic appeared to be somewhat uniquely positioned in relation to his clients and members of the centre. Yet, the multifarious nature of his health and fitness-related roles provided challenges for him. Notably, this included significant tensions regarding the links and relationships developed between fitness professionals at the centre and key stakeholders in public health and medicine. In Dominic's case, his ability to offer value to the public health system was helped by his diverse training, education and practical experiences as a fitness professional. Going forward, however, it was noted that an obvious career development trajectory would be likely to take him away from working in the gym environment about which he was passionate. It is this catch-22 situation that provides an important reflective feature of this case.

5.6. Paul

5.6.1. The Case

Paul is a white-British, male, personal trainer in his mid-thirties, who has been working in the fitness industry for over ten years. Paul is responsible for running his own personal training studio that was based in a major city location in the North West of England. His role involves providing fitness and health-related services to a variety of clients, including professional sports players/clubs, corporate companies and charities. Although Paul has worked with these different client groups, he described the majority of his clients as “what you might call average people” who were seeking

to improve their fitness and health. This is the group that he had actively sought to target with his media services and marketing. For example, as part of his role, Paul regularly produces content, such as magazine articles, for various media outlets. Moreover, as a sign of his proficiency, Paul was awarded a prestigious national prize for his personal training work. Based at the top end of the market, Paul charges premium rates for his services.

A central aspect of Paul's work is his passion for fitness and for continuing to learn and develop professionally. Since becoming a qualified fitness professional, for example, he has completed a broad range of professional development courses qualifying him to a REPs Level 4 level. Indeed, Paul explained that one of the things he enjoyed most about being a personal trainer was that it enabled him to continually "learn new things" and "progress forward". Similarly, Adrian, a university lecturer in sport and exercise who knows Paul in both a personal and professional capacity reiterated that: "He never stands still. He's always developing his knowledge and his skill set".

Paul's passion for fitness was also evident in the décor and design of his personal training studio. Unlike some commercial gyms and leisure centres, the equipment in this studio was designed to be versatile so that it could be used in adaptable ways in order to meet the needs of a variety of client groups. In Paul's words: "I like to think of it as a fun place where we can explore movement in safe surroundings, with good guidance" (Paul Interview 2). In the field notes from the study, the studio was described in the following way:

On the walls are a range of sporting memorabilia [from clients Paul has trained]... There are also copies of Paul's fitness industry and First Aid certificates... as well as a collection of books on shelves above his computer... these books are based on a variety of topics, including fitness, nutrition, strength and conditioning, human anatomy, business and psychology. Overall, the space felt like it... conveyed a certain warmth – or passion – that reflected Paul's approach as both a personal trainer and a person. (Observational field notes, November 2015)

5.6.2. *Philosophy*

As the excerpt above indicates, there are clear overlaps between Paul's personal and professional identities. When discussing his personal training business, for instance, he explained:

It's my business and it comes under my name... you inject a bit of yourself and your personality into that, your own sense of humour, your own take on things... I see the business almost just as an extension of me. I don't necessarily see it as a separate entity... (Paul Interview 3)

At the same time, Paul has been mindful of maintaining a balance between his personal and work commitments. Significantly, throughout his time working as a fitness professional, he has been responsible for providing the only source of income for his family, including a wife and young children. In Paul's words: "It's just me earning income for our mortgage, food and everything, and it has been that way for ten years". This has meant that he has needed to balance his different commitments:

I made a commitment very early on to make sure that I spent time with my kids when they were growing up and to help out with my wife, whilst at the same time being able to earn a reasonable living... I wanted to... be there for them. (Paul Interview 2)

Paul added:

As a personal trainer, you often see clients who've spent a lot of hours building up their businesses... They love their jobs, they're addicted to their jobs... but, as a consequence, they don't really see their kids. They often say similar things like, "My kids will understand one day that I did it for them," and I think they're trying to reassure themselves, really. I don't think kids will see it that way. I think the kids just really want a dad who is going to play football with them or spend time with them. (Paul Interview 2)

5.6.3. Theme 1: Journey into current role

Although Paul has held a long-standing interest in fitness, being a personal trainer was not his first career choice. In fact, Paul initially trained and worked in the armed forces. This was an experience that significantly changed his perspective on life. Having once been proud of his military service, and having worked hard during his years of service, Paul experienced a changing attitude to the military, to the point where he resented much of what it stood for. Moreover, he found it hard adjusting to life after his period spent at war. It was during this time that he decided to qualify as a personal trainer by completing a qualification delivered by a private training provider. Reflecting, Paul explained:

I didn't actually know that I wanted to be in the military; I just found myself in a situation where I wasn't really happy with the job that I was in. I had a yearning to travel, and I had a few mates who were in the armed forces... every weekend they came back with these great stories about all the fun they were having... I was still a teenager and I thought, "I'd like to do that." I really enjoyed fitness. I was into rugby... So I went into that just whilst I needed time to figure out what I wanted to do. And then it was in the services that... I guess, had my calling... that I'd really love to be a personal trainer. (Paul Interview 2)

Paul explained that he would have “loved to have gone to university” (Interview 2); but he felt unable to do this due to his work and family commitments. He believed his experiences within the military provided a key foundation for his career as a fitness professional:

I came into it quite late, because I'd done other things first. Those things became my qualifications in a sense. The military in a sense, served as a qualification in life experience that new clients were, in a way, impressed by. (Paul Interview 2)

Paul reflected that entering into education late had given him an additional motivation to learn, as he became absorbed by the knowledge that he was developing:

I became obsessed with learning. I went on all these courses, and I felt really proud that I knew all these anatomical terms. (Paul Interview 2)

In terms of employment, one of Paul's first roles in the fitness industry was as a personal trainer in a commercial health club. This was an environment that he found to be "very sales-led":

It was heavily influenced by sales, so they had targets each month... personal trainers there... were competing with other trainers to try and get business... (Paul Interview 2)

It was after working in this environment for several years that Paul, ultimately, decided to start his own personal training studio. In particular, he recalled wanting the freedom of running his own business. The data suggest that the combined experiences of running this business and being responsible for his family meant that Paul changed significantly. Crucially, this involved becoming increasingly health-orientated at a personal level, including a broader understanding of what it means to be healthy:

For a long time for me, fitness was all about how many press ups can you do? How fast can you run? I took it to that extreme... I was really, really fit and that was fine, but I couldn't do that anymore. (Paul Interview 3)

I began to have a bigger emphasis on health, and that's where I saw the relationship with things like spending time with your kids, having a positive upbringing, feeling confident within yourself, and all these things which could almost be separate from fitness. There are some very fit people who aren't necessarily very healthy. (Paul Interview 2)

The data suggest that the changes for Paul at a personal level also had positive effects on his personal training business. Adrian, for example, explained:

I think health sells doesn't it at the moment? Health is a big problem for the general population, and consequently if you want a good business model it needs to be based on promotion of health, but I think he's got a genuine passion for that... (Adrian)

5.6.4. Theme 2: Roles, relationships and responsibilities

The data reveal how Paul's work as a personal trainer involved providing a holistic form of health and fitness support to his clients. This included taking into account aspects of their lives such as their physical activity, exercise, psychology, nutrition and lifestyle (e.g., including sleep, alcohol intake, rest), so that an effective fitness service could be delivered. In this context, Paul explained that although his work as a personal trainer was primarily based on delivering exercise sessions, the nature of his role meant that he was responsible for "looking at the bigger picture" in terms of clients' fitness and health. When discussing his role as a personal trainer in relation to bodyweight, for example, Paul commented:

We're working everyday with people who are overweight... and we're seeing the problems that they're facing... because in spite of growing gym memberships, in spite of more uptake in things like personal trainers and boot camps, the obesity problem is not going away. It's becoming more and more of a problem... I think the answers to why that is are quite obvious. It is to do with our society as it is, a really easy abundance of food... cheap food, lack of activity, great stuff on the television, and we see that all the time as personal trainers... (Paul Interview 3)

In terms of his work, specifically, Paul explained that his role as a practitioner was to help his clients to deal with these challenges:

You're trying to say to people, "Look, you can still enjoy life. You can go and have a few drinks, you can order takeaways, you can do all the rest of it. I'm here to help you balance that out a bit so that you don't suffer for it too much with your health. And I'm here to plan ahead for you to help you later on in life, so the work you do now leaves you in better shape in 20, 30, 40 years' time..." (Paul Interview 3)

In this context, Paul reported that, for many of his clients, his role as a personal trainer was based on helping them to develop a positive relationship with their bodies. This involved supporting them to feel confident, happy and comfortable in their own skin. For example, Paul described the mind-set of some of his clients who were seeking weight-loss goals:

Sometimes when you find out why people are overweight, when you go into their backgrounds and they tell you things it becomes more understandable. Some people have some really harsh things that they have been through... Food has become that sort of surrogate source of comfort for them... because they feel every person in society they see is judging them... And when they look in the mirror they are judging themselves. They have got low self-confidence and esteem... they come to you for help. (Paul Interview 4)

Paul noted that an issue he has often encountered is that clients come to him and present issues they were interpreting as personal failures that, in his view, could be more accurately attributed to problems in the advice and/or guidance they were accessing. This was particularly the case for some of his clients who were seeking weight-loss goals:

A lot of weight gain and weight loss is psychological and it is tied into feelings of self-worth. When a person does give up, they'll blame it on themselves rather than on the advice or diet they were following. They'll say they had no discipline and they were weak-willed. But really, they weren't being properly assessed to see if that was something suitable, if that fitted in with their lifestyle, or if that was appropriate for them... usually, it's not them that's failed. It's the system. The diet has failed them rather than them failing the diet. (Paul Interview 1)

This point was illustrated by the experiences of one of his clients, Ryan, who worked in a senior professional job and had been employing Paul as a personal trainer on a long-term basis. Ryan explained that before he had employed Paul he had negative experiences of attempting to lose weight:

I was in a situation where I had been on numerous diets... [At one time] I lost an awful lot of weight but then as soon as I reintroduced carbohydrates, as

soon as I was in a relationship, again all the weight piled back on... So I basically did a very quick crash type diet... and it actually made me quite ill. I lost a lot of weight very quickly and I was very slim... I was very fatigued, quite exhausted. (Ryan)

Ryan found that paying for Paul's services had been the most effective approach to managing his weight in a healthy and sustainable way. He reflected:

I had got to a stage where I thought I can't do this on my own basically. I needed somebody to help me. So what my expectations of Paul were, at the start, you know, what can you do to help me? (Ryan)

Ryan explained that, over time:

He's given me an understanding of maintaining a physique whilst still maintaining a lifestyle of enjoyment... I'm lifting things now that I never thought I would ever lift... It feels great and it feels like something that I've achieved that I thought I never would... he seems to be the only thing which has worked on a sustained basis. (Ryan)

The data reveal how a key feature of Paul's work is his ability to develop and sustain effective working relationships with clients. Moreover, the study provided insights into some of the ways in which he had been able to sustain these relationships in order to achieve positive fitness and health outcomes. Specifically, two key factors were identified: (1) Paul's approach to managing *joint* processes of responsibility with clients; and (2) the multiple ways in which he has sought to structure his pedagogical approaches.

In terms of the first point, the data suggest that Paul's approach as a personal trainer involved managing a shared process of investment between himself and his clients.

From a client's perspective, this required the investment of: *financial resources/money* (e.g., involved in the cost of personal training sessions); *energy*

(e.g., involved in the physical exertion during exercise); *time* (e.g., devoted to attending sessions); and *lifestyle* (e.g., such as clients adapting their eating/nutritional behaviours). Ryan, for example, described how the *combination* of these factors came together for him in what he described as a kind of “accountability circle”:

[Paul] is committed to you provided you’re committed to him... you don’t want to let him down and he creates that sort of relationship with you... But, then, ultimately, you don’t want to let yourself down. Because of the investment of, one, time and, two, money, you don’t want to let other people down, such as your wife, your family, etc... The accountability stems all the way down. Well, it’s kind of circular, isn’t it? ... It comes back to yourself, eventually, but there are lots of people in that circle... (Ryan)

For Paul, himself, there could sometimes be a tension between clients’ financial investment in his services, and the health and fitness outcomes they were expecting as a result of that investment. He, therefore, believed that he had a professional responsibility to manage his clients’ expectations. As Paul put it:

Sometimes, clients might expect you to be responsible for their results, and that’s a reasonable assumption, “I’m going to give you 400 quid and I want to lose a stone.” And "I can help you lose a stone if I think you need to lose a stone... But in order for you to do that, I need you to eat better and I need you to move more. I’m only going to probably see you a couple of times a week, so what you do outside of those sessions with me is probably more important than what happens inside those sessions.” (Paul Interview 1)

This points towards aspects of Paul’s approach, which was based on developing a sense of ownership and empowerment for his clients. As he reiterated: “I can’t be with them all the time. They need to ultimately become empowered to take responsibility for their own health.” (Paul Interview 1). He added that a significant challenge for him was when clients were not willing to make changes and take responsibility:

Part of their expectations is that I'm going to do it for them - they've heard from my website or from other people that I'm some sort of magical personal trainer who can help anyone get result and that's not the case. Lots of people have paid me lots of money and not got anything like we would consider a good result... That's because they've not been at a stage where they've been willing to take it upon themselves to own it. (Paul Interview 1)

This formed part of the second key factor that was associated with Paul's ability to develop effective relationships with clients: that is, the pedagogical approach that he adopted to structuring the delivery of his services. Specifically, the data indicate that the breadth and depth of Paul's professional knowledge were important factors that enabled him to "periodise" the focus of his training sessions. The combination of these factors meant that Paul could structure the application of the knowledge he had developed in different areas - e.g., fitness training, psychology, nutrition – in order to keep clients progressing, motivated and engaged. Adrian explained:

You're always getting something new in effect... He's always going to be light years ahead in terms of his knowledge base, which means that he can keep the training experience fresh, exciting or they always feel like they're getting something extra. (Adrian)

From a commercial perspective, this was considered to be important, as it meant that Paul was able to continue to provide value to his clients. Indeed, Paul emphasised the expectation he placed upon himself to go noticeably beyond those services being offered by other providers, due partly to his premium rates:

I want to make sure they [clients] get good value for that money, because they could easily spend it somewhere else... I mean, someone's paying me £70 a session, they could get a membership at [a health club] for half that amount, or they could go to cheaper trainers... But they're spending that money with me and I want to make sure that they feel justified in that investment. (Paul Interview 3)

One of the hardest challenges Paul reported encountering in his role as a personal trainer has been when clients have not achieved the desired health and fitness results, particularly with regard to weight-loss:

Sometimes the hardest part is when they have actually done everything right... and the weight loss just isn't coming. And you believe that they are being honest with you... and sometimes that happens. And I don't know why that is... but I do suggest that, after a certain stage... you need to go to your doctor or another health professional to find out why you are struggling... (Paul Interview 1)

In fact, Paul reflected that as his career working in the fitness industry had progressed, he had developed a clearer sense of the limits and/or boundaries of his role. In his words: "Over the years, with my experience, I have learnt where I am not effective".

For example, in the context of the psychological aspects of the work of personal trainers, Paul explained:

Some of the clients who come to personal trainers, they are looking for a solution to a psychological problem, which the trainer can't provide. (Paul Interview 1)

I've had a number of clients over the years... what they really should have done... is go to see a counsellor and seek some professional help... Because another diet is not going to solve it, another training programme is not going to solve it. I am well aware of my limits... (Paul Interview 1)

Consequently, there were a few clients whom Paul had felt the need to refer for alternative forms of support, as he no longer wanted to be responsible for them. To illustrate the point, he cited a recent client example:

I had a [client] last year...she would train hard in the gym, but I was really concerned about her weight. I was thinking, well any week now she is going to get a diagnosis for diabetes... as the weeks went by, she would train... but her weight just wouldn't budge. In fact, sometimes her weight would go up. And she was honest... she would say, "yeh I was working too late and I just ate a McDonald's." And I just got a bit impatient after a couple of months... and just said, "look, you need to do something, if you don't do something,

then I don't want to carry on training you anymore, because I'm worried you might have a heart attack during one of our sessions." (Paul Interview 1)

Paul reasoned that the process of letting clients go could be difficult, especially for those clients who were providing him with a regular source of income:

It's hard, sometimes. You want to earn your money. You want people to carry on coming to see you, but then you've got to be upfront and honest... when you've got someone who is failing in what they're paying you to do... that it's not actually your fault, but you feel like it is partly because you're trying your best but they're not meeting you halfway... you feel like you've just wasted your time... Even though, really, you're being paid... (Paul Interview 1)

5.6.5. Theme 3: Place, polarisation; professional development and progression in the fitness industry

The findings suggest that, in order to be effective, Paul has needed to maintain a specific place for himself as a self-employed personal trainer within the fitness market. In this context, he reflected that there was a link between the financial effectiveness of his business and the results that his clients were achieving. In his words:

The client's success is my success. Not in a 'hippy' kind of way. I mean, financially, too. If they're happy with me, then I get good 'word of mouth' referrals. They'll keep coming back to me. The best business for a personal trainer is clients who keep coming back, because then you're not having to spend any money or effort... on trying to get new business. (Paul Interview 2)

Paul added that fluctuations in income have been a challenge he has needed to overcome as a self-employed personal trainer:

One month, you're earning loads... then the next month, suddenly, there's a drop. Four or five clients have all got different reasons why they can't train with you... It can be quite a few thousand [pounds] that you're down that month... (Paul Interview 2)

This view was consistent with those expressed by Adrian, who argued that as a self-employed personal trainer: “you need the long-termers... who are consistent payers... you’ve got to have that bedrock to base your business model on.”

For Paul, the commercially driven nature of the fitness industry was a pivotal factor that was serving to complicate the place of personal trainers within a public health context. This was a topic on which he held mixed views; for example, Paul reflected:

I’m not sure where personal trainers fit in yet, or even if they do with public health, because we’re not doing anything for the public unless it’s for our own benefit, unless we’re being paid, because we’ve got to earn a living. (Paul Interview 3)

In terms of his own work, specifically, Paul noted that even the seemingly altruistic projects in which he had been involved were designed with the intention of promoting his own business interests. When discussing his work with various charities, for instance, he explained that there was a mutually beneficial relationship:

There’s a reciprocal relationship... the charity benefits... but the trainer, also, will get some business out of it, hopefully, through marketing... It’s obviously good to do something for a good cause... but, ultimately, it is about business. It’s about raising your profile and doing something that gets media attention or gets some recognition. (Paul Interview 2)

Another area of his work that is associated with having a public health-related role was the media content that Paul was producing. Weighing up the motives underpinning the production of his magazine articles, he commented:

When I am writing an article for people... I want it to be good, but ultimately I am thinking, I hope someone will read it and think “oh yeah I might like to train with Paul...” So there is that agenda to it. But that is not to say that I didn’t want to put out good information that people can use. (Paul Interview 3)

Paul raised concerns about the role that some personal trainers were playing in this regard:

There are trainers out there... who are giving bad information which is making the situation worse in terms of a public health perspective. (Paul Interview 3)

In drawing a comparison with established stakeholders in public health, for instance, he observed:

At least with doctors... any information out there will be heavily scrutinised, but... the average member of the public... they're trusting that you're the expert... A lot of the public... don't realise that we're not a regulated industry. They take on face value what is said, and that's not always a good thing. (Paul Interview 3)

Paul was both critical of and empathetic with the role being played by regulatory bodies within the industry. He explained that he was not a member of REPs because he believed the organisation failed to offer sufficient value to his business. As he put it:

I don't think I really got much out of being a REPs member... I certainly didn't get new clients... There was no financial need for me to stay invested in REPs. (Paul Interview 1)

Moreover, he argued:

... if you want a good builder, you go to the Builders' Guild and look up their reputation and who's credible.... You don't have that with personal trainers, really... "Oh, I saw this personal trainer and they did a terrible job. I'm still fat... 'good' and 'bad' within the profession are hard to regulate... (Paul Interview 2)

It was Paul's view that, within this regulatory context, the fitness industry had become "very disjointed" in the sense that it was comprised of a multifaceted array of individuals, groups and communities:

[It] is so diverse and you are seeing all these different communities of personal trainers, fitness instructors, strength and conditioning coaches calling

themselves different names, taking on different approaches... (Paul Interview 2)

Moreover, he explained that the industry had become highly polarised:

What you have within the fitness industry, you could almost describe it as different factions or, even to some extent, cults. (Paul Interview 1)

For Paul, the embedded divisions within the industry meant that fitness professionals were “not unified in any sense”. He explained that: “If anything, there's a kind of race to the top, “My way is the only way,” ideology, more than anything.” As he put it:

You wouldn't see a personal trainer strike happening any time soon, because there is not a union of personal trainers... It's not a profession in that sense... It's almost like [people] have all gone off on lots of different tangents of religion. They all have an end purpose, which is to improve health and wellbeing, but they've all gone about it in a, “Well, this is the way... We must follow the messiah of this fitness brand and do what they say.” (Paul Interview 2)

The point was related to the professional development courses that were being provided in the industry. From his experience, Paul believed the professional development provision could be categorised broadly into two “camps”:

... you have the academic qualifications provided by the more mainstream government-backed organisations... like REPs... And then you've got the more extreme side... the people who perform the magic tricks of the industry, so they bullshit the trainers into thinking that, you know, you can get someone to touch their toes by helping them to stand on a ball, touching their jaws, or pulling their ears, or any of this other crap that they tell you... (Paul Interview 1)

Reflecting on his experience of both types of provision, he explained that despite the greater level of credibility that he attributed to the “government-backed” courses, there were substantial issues with those courses:

They are good, but sometimes they are quite far behind. So it is not very progressive. They can be very basic too. I think they are just trying to get

people through the qualifications, so they want it to be simple and straightforward... but in the process of doing that it means that you are not giving an honest representation of the latest research, and you are not giving them a thought process that allows them to question their methods. (Paul Interview 1)

Conversely, Paul explained that the non-government-backed courses located at the “more extreme end” were variable in quality. Here, he raised concerns about the techniques and approaches that some training providers were advocating, as he felt these were beyond the professional capabilities of course participants. For example, Paul recalled undertaking a training course where fitness professionals were being trained in endocrinology:

[An industry leader] had invented a course which was based around being able to read people’s hormonal profiles through their fat folds. It was complete bollocks. He’d made it all up... but he’s still got this huge faction of people who... still pay thousands of pounds to go and do that with him... And people left that course thinking they were an amateur endocrinologist and going out there, getting a client, and then saying, “Okay, yes, you need to lose weight and these are the supplements.” (Paul Interview 1)

In reflecting on the many learning activities that he had engaged with throughout his career, Paul drew upon a metaphor of the “universe” to describe his learning journey within the industry:

It's kind of like the universe... Big bang, big creation, and then it all implodes, and then they repeat it again... things come round in circles, and you go back to where you were at the start, but you're there with maybe a bit more experience and knowledge. (Paul Interview 2)

Going forward, Paul reported that his ambition was to develop his business beyond the stages where he was providing individual fitness sessions for clients. In his words:

I’m limited by the fact that I’m only one person; there are only so many people I can see one-to-one, so I don’t want to only be doing this in 10 years’

time... because it does carry risks... it's all dependent on me, so if I'm ill, or injured and not able to work for a few weeks, then our income takes a serious hit. So I am looking at other means of earning income. (Paul Interview 2)

One of the ways that he was seeking to do this was through the sale and promotion of fitness products online. Yet, despite his relative success in the industry, Paul explained that he was finding this a difficult area to be effective:

Everybody is trying to get a good online presence, and a lot of people are lying to get there, and a lot of people are just very good at marketing. It's a tough competitive market... it's much tougher than obviously it is locally as a personal trainer... even with all that I've achieved and all that I've done, it's an uphill challenge on top of trying to run a business and spend time with family... But yes, ultimately, I think that's probably the way to earn more money, for me. (Paul interview 2)

5.6.6. Case Summary

This case study report offers insights into the career, life, views and practices of an experienced fitness professional responsible for running his own personal training business. The data highlighted multiple connections between Paul's personal and professional lives, including a transition from a military career into his role as a self-employed personal trainer. In this context, the data illustrated ways in which Paul's role as a personal trainer has been enacted and negotiated with his clients. In particular, it was found that the effectiveness of Paul's work was based on his ability to help his clients to achieve health and fitness goals, factors which, in turn, required multiple forms of investment. This included a series of complex interplays between personal and financial investments that have been an omnipresent feature of his personal trainer-client relationships.

Importantly, the findings suggest that some of Paul's most significant learning experiences were based on developing a greater sense of clarity regarding the

limitations and/or boundaries of his role. This involved negotiating complex relationships that existed between his commercial and health-related roles, including nuanced relationships between his personal business interests and the seemingly altruistic aspects of his work. While Paul is passionate about fitness, and committed to helping others, it is clear that his work needed to be sufficiently profitable in order to provide a living for himself and his family. Thus, despite his relative effectiveness in providing a service that was located at the high end of the fitness market, the drive to develop his business into new areas was, perhaps, the most substantial and enduring challenge for him.

5.7. Key stakeholder/policymaker interviews

This section reports findings of the key stakeholder/policymaker interviews. These findings have been organised and presented around three main themes.

5.7.1. Theme 1: The proliferation, training and development of fitness professionals

All the participants were in agreement that the fitness industry had grown considerably and expanded into many new areas. For the participants, this expansion had been accompanied by a growth in the expectations for fitness professionals.

Ashley explained:

One of the biggest shifts is... the expectation of the consumer about what the fitness professional's role is and what they are going to do for them. (Ashley)

In the context of the role of a personal trainer, specifically, Sam noted:

[It] has evolved massively... to the point where... people don't really appreciate what personal trainers now do. The term Lifestyle Manager is perhaps a more appropriate definition of what PTs do. (Sam)

Several of the participants explained that the expansion of the industry and fitness professionals provided challenges for policymakers when deciding upon appropriate terminology to refer to and/or define their roles. In Riley's words:

There was a big question mark when we redid the qualifications as to: is it a fitness instructor, exercise instructor, fitness coach, motivator, mentor? Is it personal trainer? Is it health and wellbeing coach? Is it health? Is it fitness? Is it wellbeing? Is it exercise? Is it movement?... It's hard. (Riley)

The issue of terminology was related to the open-ended roles and unclear boundaries of practice for fitness professionals. Indeed, a consistent finding was that the scope of practice for fitness professionals was considered to be a "very grey area", particularly with regard to clients' nutrition, psychology and lifestyle. In terms of nutrition, Pat, a senior figure at a commercial health club operator explained:

We do find that some PTs will go off and educate themselves in all kinds of topics around hormonal interactions with nutritional choices and they'll start thinking about different micronutrient breakdowns and they'll start talking about taking certain food groups out, eliminating foods. They hear something on social media that gluten is bad and suddenly everybody's on a gluten-free diet, which is... nonsense. I think those boundaries are not necessarily understood. (Pat)

Similarly, there was recognition that, although the psychological and counselling support that fitness professionals provided was an important feature of their work, the participants expressed uncertainty regarding appropriate boundaries in this respect. It was noted that as fitness professionals were operating within occupational spaces where people would be seeking some form of self-improvement – e.g., physical and/or affective - this meant there were likely to be underlying reasons - or driving-factors - that had led them to seek support. Olivia's experiences with her first client as a fitness professional illustrate the point:

I was... 22. I sat down with a woman and started to have a conversation with her about losing weight... got to the bottom of the story. Her fiancé had basically had an affair... broken off the engagement and said to her, “Well, you’ve let yourself go. You’ve kind of got fat and I don’t want to be around you anymore.” And subsequently left... as soon as she... got that off her chest, she just bawling her eyes out. So appreciate the fact that I’m 22 years old... thinking: “Okay, I have no idea what I’m going to say now... So when a professional comes into the industry and they have loads of experience like that, I think it’s almost unrealistic to expect them to be a good coach... (Olivia)

Going further, Olivia reflected:

It’s almost like you need... another branch of fitness professional, which... has a certain ability to deal with scenarios like that. But realistically, that is the majority of people... I think that we've got a society now... with regards to... people being overweight and things, and also those other guys [sic] who have got extreme eating disorders, coming into the industry, because they just want rippling abs all the time and that is the space that they go to... I think the industry is a million miles away from being ready to be able to deal with that. Yes, it’s started to become prevalent, but the actual ability... to deliver that, and the need for it to be delivered are totally mismatched. (Olivia)

The perception of a mismatch between the nature of the expectations for fitness professionals and the training and development they received for their roles was also highlighted by most of the other participants. Ashley, for example, explained:

I think there is a real gap between what fitness professionals do learn and the standards they are at, especially personal trainers perhaps... I think a lot of the public hiring a personal trainer have ridiculously high expectations of what this person is going to know... because that is the expectation of the customer. They have this one-stop shop where the personal trainer is going to be able to tell them everything they need to know to improve their lifestyle, for example. (Ashley)

The quality and nature of the initial training qualifications for fitness professionals were identified as being particularly problematic. One of the most consistent findings was that participants were critical of these qualifications. For example, Bailey, a key public health stakeholder who had completed the initial training for gym instructors, reported: “I was rather shocked that the training that I went through to be a gym

instructor was rather poor”. Similarly, James lamented: “the education is woefully inadequate”.

The participants’ accounts highlighted numerous issues with the initial training provision, which centred on the curriculum content, delivery methods, and a lack of ‘real world’ practical experience being incorporated into the training. The most common criticisms of the qualifications were that they were too short and easy to pass:

I think it's almost become a bit of a joke in the industry that you can become a PT overnight. Not quite, but you can very much become a personal trainer very quickly. (Pat)

Some training chains will promise you zero to PT in five weeks... but to do it well we need a real good underpinning knowledge of lots of things: nutrition, behaviour change, anatomy, physiology, bio-chemistry, exercise science, and coaching skills, business management, and things like that. And I don't think I can give someone that in four to five weeks' worth of training. So I think we set them up to fail... you bombard them with information, they're straight through an exam, and then they're out the other side. (Riley)

The participants provided insights into the reasons *why* the initial training courses had become so short and inadequate. Fundamentally, the low quality training provision was attributed to awarding bodies and training providers in the sector needing to manage their ‘bottom line’ in order to generate profit. Moreover, as the initial training courses were found to be the most profitable, the business model for training providers seemed to be based on having “a steady input of trainers, however low the quality” (Sam). Two participants described how the approach had resulted in what they referred to as a kind of “bums on seats culture”:

Some awarding bodies are charities and some are private – but all operate commercially... My view is that at the delivery end there is a bit of a bums on seats culture, get people qualified as quickly as possible, sell courses, make

profit – and this has resulted in some things that I didn't think were possible in the regulatory framework, and it could be said a “race to the bottom” (Tyler – written document)

Bums on seats... that's exactly what it is... I worked for [a training provider], it was always about churn, churn, bums on seats, get through it as quick as possible and on to the next course... get them through as quick as possible and get the churn going... Scary, isn't it? (Martina)

The data suggest that an implication of this business model was that it was aiming to provide a low cost training option - and easy pathway to entry - in order to make the courses appealing to aspiring fitness professionals. As Martina put it: “Can you sign a cheque? That's the prerequisite for entry really”. Moreover, several other participants reported that competition among awarding organisations and training providers was driving down the quality of those courses, as competition within the market seemed to be based primarily on price. This was identified as a major barrier to those organisations wanting to deliver high quality training:

The ones who want to deliver the higher quality training, can't afford to... to deliver quality training you want to do it over a decent period of time, and support the learners and the various other stuff that goes with it. But that all takes time and money. If you can just sweep them in and out then it is cheaper, so organisations make more money. (Charlie)

Crucially, it was pointed out that improving the quality and reliability of the initial training to match the expectations that fitness professionals faced in practice would, in all likelihood, destroy the market for training providers:

So training providers would, essentially, destroy themselves by changing to that model... We run like we do because we're for profit organisations and we know how to make a profit. Whereas, what's needed by the world isn't the structure that we provide at the moment, but if we tried to change it wholesale, some of them would go bust and some of them would really struggle... We have ourselves in a position. As much as we criticise this, [fitness professionals] are going out now with some training in helping people... and they're doing the best they can do with the skills they've got. (Riley)

The data indicated that the constant flow of newly qualified fitness professionals from the initial training qualifications was playing an important role in the way that commercial operators in the sector were operating. In particular, the readily available supply of qualified personal trainers appeared to be eliminating a perceived need for employers to invest in their wages and/or on-going development of staff, as individuals operating within these roles were considered to be relatively disposable. Jordan explained that the practices of large commercial operators in the sector were associated with a significant tension in his political and economic philosophy:

I am a capitalist. I believe in capitalism, I'm right-wing, economically, but I look at commercial gyms and the way they run their businesses, and I think it's horrific, because they're not about providing any value... All that they care about, it really is just... money... They don't care about quality, they don't vet... All that they care about is do you pay your rent... it's pile them high, right, pile it high, keep it cheap. (Jordan)

As the quotation above indicates, the data highlight significant concerns regarding the on-going career progression and development for fitness professionals. In leisure centres, for example, it was noted that the basic wages for fitness instructors seemed to be incongruent with the complexity of the health-related challenges of the work:

The salary for gym instructors is disgusting. There is no retention because of that. So, anyone I would say who is actually really good at the role, they have to leave to earn a salary, and then you are left with probably newcomers... (Charlie)

Charlie added:

The thing is... you can go through all of the courses... and yet actually there is a ceiling. There is no progression route there to grow into and do other things. I think because of that the industry can attract low-skilled people. (Charlie)

Similarly, Sam explained:

Because of the education pathways that are available you can up-skill and up-skill and up-skill... but that doesn't necessarily map across to a job role...

there is no career progression through that apart from within individual companies... (Sam)

As a result, the participants' accounts suggested that the majority of fitness professionals working in the UK were trying to develop a career on a self-employed basis, as this gave them an opportunity to earn more money and develop professionally. Jordan reflected:

They burn out because they've got nowhere to go... and the only way for them to get past that ceiling is to set up businesses of their own. Setting up a business of your own and employing staff is very hard, and takes a particular talent. A particular skill, and a particular drive, and you'll never, ever improve the industry if it has to rely on self-employed people in that way. (Jordan)

5.7.2. Theme 2: Lack of regulation, quality and standards

The participants' accounts suggest that the large array of individuals and businesses operating within the sector were providing considerable challenges for monitoring, regulating, evaluating and improving the quality of fitness professionals' work. There was a common view among participants that although Skills Active/REPs had played an important role in improving standards in the sector, there was also a consensus that quality and standards within the UK fitness industry had significantly declined:¹ As Dale put it: "We've lost a lot of professionalism in our industry... [It] has gone off the boil a bit.

An important factor that was associated with a decline in quality and standards was the deteriorating role of Skills Active/REPs due, in part, to a cessation of government backing:

¹It should be noted that the interviews for this research were conducted prior to the acquisition of REPs by Sports Coach UK in January 2017.

There's been a double pronged attack from the current government. Take away the funding from Sector Skills Councils, take away their influence in regulating qualifications, so that's why Sector Skills Councils are a bit all at sea at the moment... it's taking a lot of power away, effectively. You might argue it's made Sector Skills Councils redundant... unless there's a sudden and massive change in government... I think most of them will fail... There's a lot of knock-on effect... collateral damage I believe they describe it as in the military. (Martina)

As the data excerpt above indicates, the participants accounts suggested that key stakeholders in the fitness industry had lost confidence in Skills Active/REPs. Sam argued:

I think they have struggled... to the point where they are not fulfilling [their] role as effectively as they should be... Because even when you accredit something with REPs points... It just means that it has met a very low standard... (Sam)

Moreover, as a leading entrepreneur in the fitness industry, Dennis explained his view that the methods and approaches being advocated on REPs-accredited courses were “a little bit archaic” in relation to the latest developments within the industry:

I think a lot of people lost trust in the information that was pooled by governing bodies... like REPs. Because it kept following, you know, the government food plate, and the industry felt that the government food plate wasn't accurate and correct now for people. So people started to go elsewhere... and people started to have greater success outside of what was being recommended... a lot of the power went to influencers that seemed to be speaking more rational sense... (Dennis)

Crucially, some of the participants suggested that REPs seemed to hold little value for fitness professionals working in the industry. In Pat's words:

In fairness, our employees are still REPs members. But if we suddenly just switched that off tomorrow, it wouldn't make any difference. We have our public liability insurance to something completely separate... Our members wouldn't notice any difference whatsoever. So you have to question why are we doing it? (Laughs) (Pat)

Similarly, Olivia asserted:

You could ask 100 gym members, “Do you know what REPs is, and do you think your personal trainer should be part of REPs?” They won’t have a bloody clue... unless you were lucky and you came across a member who happens to be in the industry... The vagueness would be there and also there’d be a huge majority of people who just wouldn’t have heard of it... (Olivia)

The participants explained that problems with Skills Active and REPs had provided a key impetus for the development and expansion of CIMSPA, and their decision to establish a rival register. Tyler reflected:

There's this little tussle at the moment between CIMSPA and Skills Active on who is owning and responsible for industry standards, including the fitness industry. (Tyler)

For the participants, there was a perception that the power to develop standards and qualifications for fitness professionals would be likely to shift to CIMSPA.¹

Moreover, the expansion of CIMSPA’s role was considered to be acting as a form of industry response to an increasingly market-driven, de-regulated approach by the government with regard to the delivery of sector qualifications:

So that's where the new RQF which is going to replace the QCF, that's the philosophy behind it... Now that might not happen 100% because of the work of CIMSPA - where they are now getting the awarding bodies together in the room and saying, "Hey, if you've got 10 awarding bodies all developing different personal trainer qualifications... it's going to be chaos..." So CIMSPA are trying to bring some regulation to that to say, "Let's agree on some parameters so that nobody's too far away from a common core of criteria," so that kind of thing doesn't happen... (Tyler)

Yet, despite some optimism about the role of CIMSPA in improving the standard of fitness professionals, there was also scepticism expressed about the employer-led

¹This was due, in part, to backing from the Department for Culture, Media and Sport, Sport England, UKActive, employers and training providers. CIMSPA also benefitted from attaining chartered status by the Privy Council.

approach they were adopting. Here, it was argued that there was an inherent tension in the approach: if fitness professionals were higher educated and better skilled, it would be likely that employers in the sector would need to pay them higher wages, which could, in turn, serve to impact upon their profit margins. Martina explained:

The big gym chains... don't want exercise professionals to be too qualified or too professional because... that costs them money. They would have to pay their staff more. So there's a little bit of a... conflict of interest in that the people who are leading CIMSPA are being led by the operators - and the operators have a financial, economic motivation to keep the status of fitness professionals... lowered, because that means it's cheaper staff. Full-chartered status would mean that staff would be more expensive and the operators don't want that. (Martina)

Significantly, the participants' accounts suggested that fitness professionals themselves had no direct involvement in the development of the new occupational standards, meaning they had limited opportunity to influence the process. Morgan noted:

[Fitness professionals] didn't contribute to what the role should be because obviously they're performing it. In essence, they're the end product of the training. They're not the ones doing the employing, so the employers developed what they thought they wanted, and what they know they wanted. It was then given to the [fitness professionals], so like the individuals performing it, and they then had a look and went, "Yes, that's me," or, "Yes, that's where I want to be" ... and then it fed back in to be signed off by the employers. (Morgan)

Further criticisms were raised about this approach. For example, Martina argued that as the majority of fitness professionals working in the industry were self-employed this meant their views and needs could be overlooked:

[CIMSPA] talk a lot about the employees and this is what the industry wants. But what I think is they're missing the point slightly... a lot of people in the fitness sector are self-employed... They are not represented by the operators, the employers, who influence CIMSPA... Because it means they haven't got a voice. No one is going to stick up for them. (Martina)

Overall, the findings suggest that having two organisations vying for the responsibility of quality assurance within the sector was causing confusion and irritation. For example, as an individual who was responsible for providing training within the sector, Charlie expressed:

I don't really rate any of them. It is like the devil you know or the devil you don't. Skills Active are the devil everybody knows and they are not impressed with them. And CIMSPA have got funding... The two are not going to collaborate, so what we are going to have is a question of two sets of national occupational standards that we have to work from? ... I don't need Skills Active or CIMSPA telling me what the national occupational standards should be. I know what I should be teaching, and I know what the roles are...
(Charlie)

At a broader level, the challenge of improving the quality of the training and work of fitness professionals was considered to be complex for reasons that extended far beyond these two bodies, to encompass broader issues concerning regulation within the industry. This topic appeared to incite mixed views among participants. On the one hand, the participants were in agreement that the practice of fitness professionals was largely unregulated. In the context of the REPs Level 4 qualifications, for example, Pat commented:

We've got very few Level 4's in our sites... In reality, I think what you find is that personal trainers are working with these people, quite frankly, because who's checking? Who's out there policing this and saying, "You're not a Level 4, you can't work with this person who had a heart attack several years ago?"
(Pat)

Yet, on the other hand, there was a consensus that introducing a new system of regulation would be highly challenging – impossible even - to implement. In Ashley's words:

It is very difficult because if there was some kind of governmental intervention - and the government said what we really need to do is impose

some sort of mandatory regulation on the fitness industry. Well, that would then pose huge challenges for the fitness industry and for all of the main operators within the sector, which is why they are so keen on voluntary regulation over mandatory regulation, because that kind of imposition would drive-up costs. That would essentially make a lot of their business model unprofitable and could have a hugely damaging effect on our industry... (Ashley)

As the quotation above indicates, the data suggest that strict regulation could have negative impacts on public health, as it would be likely to increase the cost of fitness services. Moreover, the participants emphasised the extent of the challenges concerning the regulation of fitness professionals' work:

The problem is, the industry needs root and branch change... and that will never happen. (Jordan)

There are some people who would really welcome greater regulation of PTs... [But] there is a real question mark about how you develop this model or how it gets developed in a way which is sustainable and sustainable at scale... people that hold up lovely little case studies for one or two examples... but actually, in most areas it was not transferable and actually you can't say, "Well, this is how it's scaled across the whole country." (Casey)

It would be quite unwieldy... Will it ever happen? Will they ever decide anyone who works in the fitness industry should be regulated? Almost impossible. (Ellis)

5.7.3. Theme 3: Links with public health: opportunities and conflicts

While the participants were in agreement that widespread problems existed within the sector, they were also consistent in their view that both the fitness industry and fitness professionals potentially had much value to offer with regard to health and wellbeing:

The reason I stayed in it for so long is it has value... it does make a difference. I think there is a lot of potential in it. (Charlie)

The health of the nation has changed, we've got increases in the likes of obesity, type two diabetes, etc... The population is ageing as well ... I think the opportunity is absolutely massive... I think we've got a massive fitness professional workforce who are probably under-utilised, in reality. (Pat)

An obvious area where the participants believed fitness professionals could be playing a more influential role was by relieving some of the financial burden on the NHS.

Several of the participants expressed views that approaches to healthcare were changing:

I think there's a huge sea change out there about health and getting our population fitter. We can't afford it. We know that. There are so many things that are preventable... (Ellis)

In this context, an influential stakeholder from one of the Academy of Royal Medical Colleges, Logan, noted that the public health system in the UK had suffered as a result of a lack of financial investment in preventative care:

We've got into this terrible mess because we haven't educated people properly about things like obesity and so on, and we shouldn't be where we are... we don't invest enough in preventative care... we need to invest much more in that... actually, what we've got at the moment is a population who is increasingly chronically sick. (Logan)

Logan believed that a key challenge was a disconnect between the outcomes of investment and length of government cycles:

The difficulty, always, is that investing in Public Health is a long-term issue... Whereas, dealing with the fact that you've got people who are sick is a short-term issue. So governments find it much more difficult to focus their investment in preventative medicine because it is so long term... But, unless we invest in the long term, then the short term is going to increasingly be Crisis Medicine rather than any kind of treatment. (Logan)

In the context of the fitness industry, specifically, there was a belief that the potential contribution of fitness professionals had been somewhat neglected by national governments. In terms of exercise referral schemes, for example, Bailey reported:

“this has fallen to bits in the past few years, and it's become such a patchy provision.

One of the reasons is money.” Moreover, Dale reflected:

The main thing about government is that leisure is not statutory, it's not compulsory... Our industry isn't on the radar. If we raised the bar and the government took leisure more seriously... we would... become an extremely important industry. (Dale)

Crucially, the data from the study highlighted three key reasons why fitness professionals had been unable to develop an effective relationship with the UK public health system.

Firstly, the participants noted that the variability and lack of professional status for fitness professionals meant the occupational group did not have the trust of key stakeholders in public health and medicine. Bailey, for example, explained:

When I talk to a health professional such as GPs and say, “Why aren’t you doing more exercise referral?” Well, the answer is ... “I don’t trust them, I don’t think they know what to do with my client who is recovering from, say, a cardiac operation or a stroke,” or whatever... [So] they are not referring. (Bailey)

Crucially, several participants expressed that key stakeholders within the fitness industry wanted to have the status and benefits of a highly trained professional workforce, without making the sacrifices and/or investments that would be needed in order to make that happen. In Ashley’s words:

We have got some incredibly qualified and talented people within the industry, but those are not the same people that you can pay minimum wage to... I think this is sometimes what happens with the industry and people who do the talking... They want to be able to promote the industry as being able to provide a cheap workforce. At the same time they want to be recognised as having high professional standards. Clearly you can’t have both things in the same person. (Ashley)

Similarly, Logan pointed out:

The problem that you have with your exercise professionals is that they are not really professionals at the moment... There is no professional body. There

is... no professional pressure on them. They are just individuals who are each doing things in different organisations in different ways with different pay structures, etc. ... They're probably not even called by the same names. They have different qualifications. Nothing links them together, really. And therefore, they have no sense of, "I am part of this wider organisation, this wider profession... so they haven't got to the point where they're agreed that "we are all in the same thing together" (Logan)

There was a consensus among the participants that, until fitness professionals resolved the issues in their educational system and professional status, they would always be struggling to gain the respect of the health and medical professions. This problem was inherent within the second key issue that was identified: that the approach of the vocational education system appeared to be at odds with the kind of educational approach that would be needed in order for fitness professionals to work effectively in partnership with key public health/medical professionals. The use and interpretation of evidence, for example, was identified as an important barrier in this respect. In Casey's words:

I think the absolute fundamental biggest issue with PTs is the lack of understanding of what an evidence base is. And in terms of Public Health... actually that is the real risk. Because from the clinicians' point of view... they view them as a group of ad hoc, bit chaotic, bit fly-by-night, little bit kind of what is the latest fads? (Casey)

Furthermore, Casey explained:

There is a whole load of nutritional things... that PTs promote... if this was a physio promoting it, they would be in real trouble. And I think that is the reflection. If PTs want to be seen as serious professionals... then they need... to be able to stand by it and say, "This is the evidence." ... there is a hell of a lot of bad PT advice... a little bit too much on the razzle dazzle. (Casey)

From a training provider perspective, it was suggested that it would be difficult to incorporate topics such as critical analysis of evidence into their courses. Sam, for

instance, explained that this kind of approach would conflict with participants' expectations of the role of training providers:

The trainers expect the training providers... to almost have done that critical thinking for them. So they say, "Right, you're going to teach me how to be a personal trainer... I'm going to believe you because you're the authority... Your training is evidence based, it's research based, so I've got no reason to critique it..." ... Because when you go on a course, by definition what you are looking for is a condensed format of research... somebody else has done all the work of analysing all the research, put it into a nice packaged format... rather than doing it first-hand. (Sam)

A further issue reported by participants was that many people entering onto their training courses would not have the requisite skills needed for critically appraising evidence. In Martina's words:

... cast your mind back to when you did your course. Look around at the people in the room... realistically, how many of those do you think could have coped with even a lesson on critical thinking? Not very many, is it? ... They just want to lift heavy weights in the gym, so stuff like that is pretty much wasted on them, to be honest. It may sound harsh but I've taught enough of them over the years to see that. (Martina)

Importantly, some participants suggested that many fitness professionals were not actually interested in playing a public health role; rather, their decision to qualify and work in the industry was based on pursuing their own individual interests and passions. As James put it:

Very few people, if they're being honest, are saying, "I'm a personal trainer because I'm trying to reduce the levels of global obesity, and [achieve] world peace." They're like, "I'm a PT because I'm really into fitness and I train a lot... I want to make a career out of it." That's what I did... But I can tell you now, I wasn't doing it – and nor were any of my colleagues and friends at the time – out of a selfless contribution to the health of the world's population. That is not what PTs do. (James)

This was related to the third key reason for an uneasy relationship between fitness professionals and key public health and medical stakeholders; that is, the perception that the industry had been effective at developing products and services for people who were already interested and engaged in fitness, but they had been less effective at reaching out to those who were not. George reflected:

As an industry, we have all these wonderful sparkly fitness facilities with fantastic equipment in them, etc.... [But] we don't really seem to be appealing to a large cross section or reaching out to a large section of the community... it's still quite an exclusive thing. (George)

The participants' accounts reveal how organisations in the industry were trying to expand the reach of their services by targeting more challenging/inactive population groups. However, from a public health perspective, scepticism was expressed with regard to the motivations, approaches and ability of the industry in this respect:

I think when [organisations in the sector] say, 'fitness', it's still very much focused on these gym kinds of activities. They sort of imply that they get it, physical activity... but still, if you dig further, the whole idea about being active is still about going to the gym to be fit. Well, you don't really need to go to the gym to be fit... I would like to see the leisure sector promoting more other non-gym activities. (Bailey)

In this context, Riley raised concerns about how government funding for fitness qualifications was being allocated:

If you look at our industry, the government funded qualification is personal training, but... most that's in a PT course, is about working with fit, healthy people. Whereas, the exercise referral [qualification] isn't government funded... I'm pretty sure they probably don't understand that the money that they're putting in doesn't allow people to help address the problems that we have in the population. (Riley)

Riley emphasised:

The government agenda is around getting people healthier, not around making fit people fitter... In fact, you can't even work with someone with a medical condition if you're a PT... you're not insured... I don't get that, I don't see the

benefit to where we are as an industry to make exercise referral optional.
(Riley)

Overall, the findings indicated that ad hoc, disjointed and incoherent relationships between the fitness industry and public health practitioners was leaving fitness professionals in a position where they would be assuming responsibility for issues that were beyond their scope of expertise. Olivia's words illustrate the point:

Someone sits in front of me; I'm 20 years old, I'm just six months out of my [REPs] Level 3 [qualification]... [The client is] wrestling with a death in the family or has entered into eating for emotional compensation, over-eating, depression... [and/or] eating disorder... once you get into that situation... That's when you've got to refer out. Then you've got to know... who to refer to; and the process of referring. That's not there. I didn't know how to do that when I was 20 years old... So that education needs to be greater and there needs to be better links of support where you've got health professionals in order for there to be a smoother and/or competent transition of referral... there needs to be some sort of approach by both professionals who have open communication... and want to support the client. (Olivia)

Olivia added that the problem of onward referral was compounded by the existing business models, such as the gym-rent model for personal trainers, which were encouraging trainers to take on clients they were not qualified to – or capable of - practicing with:

It comes down to money... Are you going to turn them away? So if you've got three clients which come up to you saying, "I've got a bit of a problem with my food association. I need to lose weight... blah blah blah," ... That's your rent paid. You're not going to say, "No, I don't think I'm the right person, but I know someone who will be able to train you." You're going to be throwing away covering your rent. You can't, can you? You should, but you can't. Because you've got to make a living. (Olivia)

5.7.4. Summary

This study has provided insights into the training, development and practice of fitness professionals. The participants' accounts suggested that the fitness industry in the UK had developed considerably, while state-based services such as the Sector Skills

Council and exercise referral schemes were disintegrating. In this context, the data indicated that the market comprised of large numbers of inadequately trained fitness professionals, who were seeking to earn a living by expanding their services beyond the boundaries of what they were able to deliver competently. Moreover, the participants' accounts indicated that the lack of regulation within the sector meant that the effectiveness of fitness professionals seemed to be determined mainly by their own individual interests, agendas and, ultimately, their ability to earn money - either for themselves or their affiliate organisations.

Based on the perspectives of the research participants, fundamental tensions were identified between contemporary societal health and fitness-needs, and economic agendas for fitness professionals. These included: (i) a tension between the training being provided by a profit-based education system, and the wide-ranging expectations that fitness professionals faced, or sought to create, through their practice; (ii) a tension within the industry business model, whereby the existing career development systems and pay structures did not appear to be commensurate with the type and/or quality of workforce required for the health-related challenges the occupational group were facing – or aspired to be facing; and (iii) a disconnect in the professional status/credibility of fitness professionals in comparison to the health and medical professions with whom the industry were seeking to align. Together, the data illustrate how the combination of these factors mean that fitness professionals were being ill-prepared and/or supported to perform their health-related roles. Overall, the findings suggest that, despite the apparent health-enhancing potential of fitness professionals, at this moment in time, the training, development and practice systems for this occupational group were in a serious mess.

CHAPTER 6: CROSS-CASE ANALYSIS AND DISCUSSION

6.1. Overview

The findings of this research show that fitness professionals are an important, complex, undervalued and precarious health-related occupational group. In this chapter, the findings of the research are analysed and discussed around four key topics. Although each of these topics is presented and discussed separately they are, in reality, interconnected.

6.2. The nature of the fitness industry

6.2.1. *The fitness industry, competition and labour flexibility*

From the research data, it is clear the fitness industry is an appealing industry to work in with few – if any – formal occupational regulatory barriers to entry. A particularly appealing aspect of the industry for the case study fitness professionals in this research was that it enabled them to combine their personal interests with their working roles. For example, Jane, Dominic and Paul each held long-standing interests in fitness and sport, while Sarah's decision to become a personal trainer was based on her own fitness journey and passion for exercise activities. In fact, it is clear from the research findings that the passion and enthusiasm of each of the case study fitness professionals was linked to the effectiveness of their work. This included a passion for helping other people to improve their health and fitness by providing an influential source of motivation, education, support, advice and guidance.

These findings are consistent with previous research showing that working as a fitness professional grants individuals opportunities to bring their personal lives and interests

into their working roles (George, 2008; Smith Maguire, 2008b). The findings are also partly consistent with claims made about the promise of neoliberalism in the sense that the neoliberal context granted the case study fitness professionals opportunities to improve the lives of others while pursuing their own individual agendas. Indeed, for its proponents, a key strength of neoliberal forms of government is that they provide conditions, whereby individuals are granted opportunities for choice and autonomy within an institutional framework that is 'unencumbered' by state intervention and/or regulation (e.g., Friedman, 1951; 1962; 1980; Hayek, 1944; 1960; Pirie, 2017).

A striking finding of the current research concerned the nature and extent of the fitness industry growth, including ways in which this was impacting upon, and was impacted by, fitness professionals. Each of the case study fitness professionals, for example, formed part of a large network of associated products, goods and services (Andreasson and Johansson, 2014; Eichberg, 2009; Millington, 2016; Sassatelli, 2010; Smith Maguire, 2001; 2008a), meaning that their effectiveness appeared to rest on their ability to operate as productive units within a competitive (fitness) market.

From the research data, it is clear that a key feature of the fitness industry is that it is competitive, with notions of competition and competitiveness occurring on multiple levels. At an organisational level, for example, the effects of market competition were apparent in the case studies based at the two leisure centres as well as at Capital Health Club. Each of these providers adopted somewhat different approaches in response to market competition. Notably, both Capital Health Club and Diversity Leisure Centre utilised approaches that could be understood as the application of some elements of 'lean business principles' in the fitness industry context. These

approaches could be viewed as a response to the emergence of low cost/budget gyms within the sector, as they involved the process of trading off service elements for a ‘narrower’ experience – that is, by targeting aspects of the services the organisations believed customers wished to use (Algar, 2012).

The core idea underpinning a lean philosophy is that it seeks to maximise *value* for the customer by identifying and eliminating ‘waste’ (Rother and Shook, 1999; Stone, 2012; Womack and Jones, 1996). In the case of Diversity Leisure Centre, the approach can be seen in the decision to implement a gym-only membership option that was delivered as part of the organisation’s upselling model. An implication of this model was that the leisure centre was able to reduce costs for customers by eliminating the cost of additional services, such as group exercise classes and personal training sessions.

The data suggest that utilising this model was effective at raising membership numbers as it was associated with a doubling of the total number of members. As with previous research (Della Vigna and Malmendier, 2006), however, the research found that the model relied on having a solid foundation of members who were paying for but not using the gym. From a public health perspective, the drive toward selling personal training sessions was identified as a key barrier to Dominic’s motivational and educational roles. Given the low take-up of these sessions, the implementation of the model might be viewed as a missed opportunity to provide valuable forms of health and fitness support at the leisure centre. In contrast, in Jane’s case study at Heritage Leisure Centre, it was found that although fitness staff at that leisure facility were able to provide more comprehensive forms of health and fitness support for

members, their capacity to do so was restricted by the (in)ability of the organisation to adapt its price structure effectively in order to meet the changing conditions of the market. Consequently, this inability to adapt effectively to the market was an important factor that was associated with a seemingly insufficient number of members.

Together, findings from these two leisure centre-based case studies appear to reflect broader notions concerning the general ascendancy of neoliberalism, whereby social institutions are required to continually re-shape and re-model themselves towards a model of the market (MacLeavy, 2016). In contrast, the findings from the case study at Capital Health Club suggested that this commercial operator was, in some ways, more naturally suited to adapting to the changing market conditions. Like Diversity Leisure Centre, Capital Health Club's business model involved the implementation of a personal training model, which sought to optimise value for customers. But, in this case, the health club appeared to take a more ruthless approach to applying a 'lean' market-based approach. This involved focussing organisational investments on tangible aspects of the fitness and leisure facilities as opposed to the wages and/or development of its fitness staff (e.g., through the provision of a basic wage for those staff). The findings indicate that a consequence of this business model was that, like Dominic, the personal trainers at the club were a relatively accessible source of health and fitness advice for members; however, they were of limited value to those members who were either unable or unwilling to pay for personal training sessions.

A further implication of the business model being implemented at Capital Health Club concerned the adverse effects of the precarious working structures on its fitness

professionals. For example, sales-related pressures and expectations within the club were associated with high levels of dropout for personal trainers. Moreover, the findings suggest that the large number of willing entrants to the field was making the personal trainers largely dispensable to the club, thus providing limited incentive for the organisation to improve its conditions of employment. This finding is consistent with both the key stakeholder/policymaker interviews and previous research highlighting ways in which an oversupply of fitness professionals is associated with a lack of collective bargaining power, low wages and a lack of career-development opportunities (Lloyd, 2005a; Lloyd, 2005b; 2008; Lloyd and Payne, 2013; Lloyd and Payne, 2017; UKActive and RSPH, 2018). Additionally, it has been suggested that the existing modes of precarious employment within some commercial health clubs could be regarded as providing forms of exploitation for personal trainers within the current neoliberal market economy (Goodley and Topham, 2017; Harvey *et al.*, 2017). Crucially, findings of the current research suggested that a relative flood of under-skilled, newly qualified fitness professionals had become a central pillar of fitness industry business models, with organisations seeking to work flexibly around the expectations and wishes of their customers in terms of the services being provided.

As with previous research (Harvey *et al.*, 2017; Smith Maguire, 2001), the findings highlight ways in which flexibility should be regarded as an important characteristic of the work of effective fitness professionals. This is another factor that was influenced by the occupational contexts in which the practitioners worked. It was striking, in fact, that both of the fitness professionals working within leisure centres occupied a broad range of formal occupational roles (e.g., fitness instructor, personal

trainer, group exercise instructor, exercise referral instructor, outreach worker and more). In comparison, while the two independent personal trainers (Paul and Sarah) and the personal trainers at Capital Health Club worked in a smaller number of formal roles, these practitioners were clearly required to work flexibly around the needs and expectations of their clients/customers.

In her paper entitled *'Fit and flexible: the fitness industry, personal trainers and emotional service labour'*, Smith Maguire (2001) argued that personal trainers occupy a boundary-spanning position that involves the entrepreneurial cultivation of both a set of clients and the authority upon which customer service rests. As frontline workers in the fitness industry, Smith Maguire (2001) observed that personal trainers are in a position whereby they assume responsibility and risk for their clients' fitness and health. An implication of this is that, in a society where the responsibility for health and fitness is often viewed as individual practices (Ayo, 2012; Andreasson and Johansson, 2016; Smith Maguire, 2001; Wiest *et al.*, 2015), the relationships developed between a personal trainer and their clients, to some extent, enables them to become shared practices. This notion is clearly illustrated by the cases of both Paul and Sarah.

A central feature of both Paul and Sarah's cases was that these practitioners were required to negotiate a dual nexus of responsibility for fitness results with their clients. For example, a pivotal aspect of Sarah's case revolved around what she described as a 'frustrating juxtaposition' for the changes clients were able to elicit with regard to their bodies. In this case, a lack of client progress was associated with feelings of inadequacy for Sarah, as she felt that they should have been making

greater progress. This resonates with accounts presented in a previous study (Donaghue and Allen, 2016), whereby personal trainers expressed frustration about their clients' inaccurate understandings regarding weight loss, particularly concerning the amount of time and effort it would take to significantly alter their bodies. However, unlike Sarah, Paul reported being able to detach more fully from the progress (or lack of progress) his clients were making. In Paul's view, his clients needed to take responsibility for their own health and fitness goals, by taking it upon themselves to "own it".

Broadly speaking, the cases of these two independent personal trainers highlight a critical feature of the fitness industry: that is, they illustrate ways in which issues clients were experiencing with their bodies become offset, to a greater or lesser extent, to fitness professionals. In a way, this could be interpreted as reflecting one of the central tenets of neoliberalism in that it produces a culture in which social and political problems are transformed into individual problems with market solutions (Chapman, 2017; Crawford, 2006; MacLeavy, 2016). In this sense, therefore, an effective fitness professional could be considered to be one who is able to address the problems that are conveyed to them in their role as a market solution. It is shown in the next section that this necessarily involves the cultivation of multiple forms of 'body work' (Gimlin, 2002; 2007; Wolkowitz, 2002; 2006; 2012).

6.2.2. Body work in and through the fitness industry

The concept of 'body work' has commonly been used to refer to work that individuals undertake on their own bodies (Gimlin, 2002; 2007; Shilling, 1993; 2004) and to the paid work performed on the bodies of others (Gimlin, 2007; 2012; Kerfoot, 2000;

Wolkowitz, 2006). This concept has been theorised as a crucial element of how the body is experienced in industrialised Western societies, relating to consumer culture and the neoliberal values in which individuals are increasingly encouraged to improve their own appearance through a range of practices (Parviainen, 2014). In her analysis of female group fitness instructors, for instance, Parviainen (2014) described how these practitioners learnt to present their bodies during their work, and how the group exercise instructors modified aspects of their own bodies as part of the investment in the labour market.

In accordance, the case study findings also highlight ways in which fitness professionals' bodies were an important 'tool' for their work. The link between a fitness professional's body and the effectiveness of their work is consistently made within the existing research (e.g., Fernández-Balboa and González-Calvo, 2017; Hutson, 2013; Melton *et al.*, 2008; Melton *et al.*, 2010; Smith Maguire, 2008a; 2008b). However, the case study findings, arguably, build upon and develop this research by providing nuanced accounts of body work for fitness professionals. Sarah's case is particularly insightful in this regard.

A revealing aspect of Sarah's case concerned the temporal aspects of the developing relationship that she was encountering with her body. This included ways in which Sarah negotiated a perceived need to fulfil industry expectations of 'looking the part' as a personal trainer, as well as how this resulted in increasingly heightened forms of self-regulation for her. For instance, this process of negotiation appeared to manifest itself most acutely with regard to her promotional photo-shoot. However, it was also evident during everyday aspects of her work, such as the time she spent in fitness

studios and other gym environments, where she reported feeling that her body was constantly on display. For Sarah the combination of these factors was regarded as a significant pressure.

Sarah's accounts seem to resonate with Foucauldian understandings of how the body is viewed, produced and (self-)regulated within the fitness industry. From this perspective, the industry is regarded as a sphere of activity where dominant aesthetics of the healthy-looking body ensure that people 'obediently' discipline themselves to continually strive for an impossible bodily ideal (Markula and Pringle 2006; Markula and Chikinda, 2016). In this literature, it is claimed that self-surveillance acts as an extension of 'an inspecting gaze' whereby individuals internalise 'without physical force or material constraints [that] controls individuals' (Markula and Pringle 2006; pp.59–60). Moreover, the concept of self-surveillance refers to a form of 'panoptic power' where the gaze of the unseen 'other' monitors individuals' behaviour (Foucault, 1979; Markula and Chikinda, 2016). Interpreted in this way, Sarah's lived experiences as a fitness professional could be understood as a form of subordination, whereby she subjugated herself to on-going self-evaluation and self-discipline experienced within the webs of power of the industry. Yet, at the same time, it was evident that Sarah was actively involved in the creation and on-going (re-)construction of her own bodily identity. In this sense, the data captured ways in which Sarah demonstrated personal agency (Giddens, 1979; 1984) – or 'resistance' (Ball and Olmedo, 2013; Foucault, 1982) - to the prevailing industry culture; for example, by choosing to accept and/or reject aspects of the ways in which the body was being represented by others.

Andreasson and Johansson (2014) argued that there is a 'hidden curriculum' within the fitness industry and gym cultures that has a major influence on how ideas about the body, bodily ideals, and health are represented, embodied, perceived and displayed. Going further, these authors attest that, although fitness professionals work to improve the health of others, they also promote certain ideas about what constitutes a healthy body; i.e., what that body should be. In the hidden curriculum of the fitness industry and gym cultures, they explain, 'fat and fatness are inscribed as something terrible, as a threat to health and 'normality'' (Andreasson and Johansson, 2014; p.164).

In some ways, the participants' accounts highlight how aspects of the 'hidden curriculum' of the fitness industry were embodied and negotiated by fitness professionals. Notably, in Sarah's case, her close proximity to the industry was found to alter her perceptions of other people, including her friends, partner, and other family members, to a point where she became increasingly critical of them. This chimes with findings of a study of six male fitness leaders (Philips and Drummond, 2001), for instance, where it was suggested that participants' normative conceptualisations of fitness could lead to unrealistically high expectations being placed on their clients. The issue was also highlighted to some extent in the case at Capital Health Club, where it was found that the physical appearance of clients' bodies could act as an important signifier of the quality and effectiveness of fitness professionals' work.

Crucially, the findings of the current research draw attention to a potential risk: that fitness industry expectations about the body mean that fitness professionals,

especially personal trainers, may seek to utilise unhealthy strategies in order to help clients achieve fitness and health goals. Moreover, this issue is potentially compounded by the nature of the industry - as a sphere of activity where there is a high risk of unhealthy and/or disordered eating.¹ Yet, it is also clear that both the fitness industry and fitness professionals are associated with positive embodied experiences and behaviours for fitness participants.

Parviainen (2014) makes an important phenomenological distinction between the material body ('Körper') and the lived body ('Leib') that is helpful for interpreting these findings. Drawing upon the work of Husserl, the notion of Leib captures the body as it is embodied in the first person, while the notion of Körper refers to an objectified, corporal, material entity. It has already been seen how the physical aspects of the body (Körper) resonated with aspects of fitness professionals' body work. Yet, this view of the body to some extent ignores notions of the body as it is lived and experienced by participants in the culture. In other words, Parviainen's (2014) work provides a useful reminder that there is a distinction between what it is to *be* a body and what it is to *have* a body that is lived and experienced within fitness industry contexts.

¹Previous studies suggest that up to 40% of fitness professionals/group exercise instructors have symptoms of eating disorders or severe eating disorders (Bratland-Sanda and Sundgot-Borgen, 2015; Hoglund and Normen, 2002; Gargari *et al.*, 2010); while from a client perspective, they have been found to be as high as 28% among female fitness centre members (Hoglund and Normen, 2002; Gargari *et al.*, 2010). Significantly, this body of research suggests that although fitness professionals are often able to recognise the warning signs for eating disorders, they are seldom able or confident in being able to deal with them properly with their clients (Bratland-Sanda and Sundgot-Borgen, 2015; Manley *et al.*, 2008).

The case study findings provided further insights into the complex meanings that were associated with the lived bodies for fitness professionals and, to a lesser extent, their clients. Dominic's case study, in particular, illustrated ways in which the combination of his personality and performance skills formed a central feature of his work. This was evident with the group exercise classes that he was responsible for delivering, whereby the effectiveness of Dominic's work was not only associated with his ability to perform the moves for classes, but it was also linked to his ability to adopt a certain persona and movements of the body that were used to inspire class participants. Indeed, the accounts presented in this case study chime with previous academic work concerning the embodied experiences of group exercise classes. In a paper entitled '*Let the music take your mind*' (Sayers and Bradbury, 2004), for example, it is explained how group exercise classes are able to provide pleasurable, immersive and transformational experiences for participants. This resonates with aspects of the positive affective experiences of Dominic's group exercise classes as reported by his client Deidre.

A characteristic feature of capitalism is that it tends to generate working practices and forms of consumerism that excite sensation in people - or hold out the hope of sensation (Eagleton-Pierce, 2016). From the participants' accounts, this was found to occur in two key ways. First, in a basic sense, it is evident that the fitness industry is able to excite sensations in people about the possible appearance and performance of their bodies. Going further, however, a second aspect of the data was that it alluded to how sensations of the body, such as sexual desire, could be mobilised and cultivated within the industry.

Sexualised images of fitness have long been identified as a characteristic feature of the fitness industry (Mansfield, 2011; Spielvogel, 2003). Yet, notions concerning the sexual aspects of the work of fitness professionals are not commonly explored within the existing academic literature. In the current research, sexual features of the work were explicitly discussed in some instances. In the case study at Capital Health Club, for example, it was suggested that sexualised features of a personal trainer could be powerfully beneficial in terms of their effectiveness. In this case, the data provide insights into how flirting with customers could help personal trainers generate and maintain a client base. Similarly, the case study with Sarah revealed how she was expected to reveal aspects of her semi-naked body in order to promote her business.

The sexual features and dynamics of the work of fitness professionals have been documented to some extent within existing academic literature (e.g., Andreasson and Johansson, 2014; Andreasson and Johansson, 2016; Fernández-Balboa and González-Calvo, 2017). In their study of fitness professionals, for instance, Fernández-Balboa and González-Calvo (2017) also found evidence of an overt focus on semi-nakedness within the industry. Like Sarah's case, these authors reported how the participants they interviewed would uncover their body in order to show (and indeed show off) their desirable physical condition. Moreover, like the case at Capital Health Club, it was suggested that the effective display and utilisation of the body could provide a 'wellspring of income and, thus, of livelihood' for fitness professionals (Fernández-Balboa and González-Calvo, 2017; p.11).

Similarly, Andreasson and Johansson (2016) described the sexually provocative experiences of one fitness professional (Cassie) who worked on a luxury cruise ship.

From her experience, Cassie discovered there was an expectation from the management that she would lounge around on the ship during her time-off, flirting with customers and getting their attention in order to fill her fitness classes. The authors reported that the combination of these factors, added to regular inspections of her own physicality and appearance made her feel both uneasy and uncomfortable (Andreasson and Johansson, 2016). According to the authors, the overt emphasis on beauty, sexiness and likability made Cassie feel ‘more like a prostitute than instructor’ (p.160). Indeed, this account is remarkably similar to the experiences of one of the fitness professionals at Capital Health Club, who explained that working as personal trainer made her feel like a kind of escort. It is observable that in both cases these factors were associated with the fitness professional’s decision to leave the industry in order to seek alternative employment.

Crucially, the findings from this research suggest there is a difficult line for fitness professionals to walk in terms of their lived relationships with their clients and other fitness participants. As an expectation of their work, it is clear that fitness professionals are required to engage in types of body work which involve both liberating and/or suppressing aspects of their sexuality (George, 2008; Parviainen, 2014). Significantly, in her study, George (2008) noted that many of the personal trainers she interviewed experienced awkward situations where clients would seek personal, sometimes even sexual, kinds of relationship with them. In this context, it was explained that as a matter of course the personal trainers needed to come into physical contact with their clients; for example, by guiding them through exercises, spotting them with heavy weights, and stretching them. In these cases, George (2008) suggests, the physical aspects of the client-trainer relationship need to be carefully

managed. Yet, there are other studies suggesting that personal and occupational boundaries have been crossed. Research indicates, for example, that fitness professionals have engaged in unethical behaviours with clients, such as inappropriate touching or flirting, sexual comments and other forms of sexual activity (Dawson *et al.*, 2001; Melton *et al.*, 2008; Melton *et al.*, 2010). Thus, given the largely unregulated and unmonitored nature of the industry, the combination of these factors raises important questions concerning appropriate personal, role and practice boundaries for fitness professionals.

6.2.3. Interim summary

The findings of this research show that understanding the neoliberal nature of the fitness industry is important for advancing knowledge concerning the role of fitness professionals as ‘players’ in the contemporary health landscape. From the research data, it is clear that the fitness industry is an open, accessible and competitive industry with competition and competitiveness occurring in numerous ways. Crucially, the findings highlight that in order to be effective in this context, individuals, businesses and employers in the industry need to demonstrate value to customers otherwise they can easily be displaced. A key finding in this respect was that the existing fitness industry business models seemed to rely upon having a willing, flexible, passionate and readily available supply of new entrants to the field. But, for the fitness professionals themselves, these factors were associated with a series of challenges; for example, concerning their capacity to even work in the industry, and the various types of body work they are – or at least might be - expected to perform.

In short, from this research it is clear that the effectiveness of fitness professionals is dependent upon their ability to provide flexible services involving multiple forms of body work. For the case study fitness professionals, this involved meeting the needs and expectations of clients/customers regarding the proper presentation and performance of their own bodies, as well as being able to elicit positive changes and sensations in the bodies of others. Given the largely unregulated and unmonitored nature of the fitness industry, and the types of body work these practitioners are expected to perform, the research raised important issues regarding the appropriate personal, role, practice and occupational boundaries for fitness professionals. It is these issues that are subsequently taken up and addressed further in the next section.

6.3. The knowledge and expertise boundaries of fitness professionals

6.3.1. Competition, entrepreneurship and the servicing and discovery of human needs

The findings of this research show that the fitness industry is an innovative, competitive and entrepreneurial industry. Moreover, the research indicates that the entrepreneurial nature of the industry has meant that the practices of fitness professionals have expanded into many new areas to the point where they appear to have exceeded the boundaries of the legitimate claims to expertise for the occupational group.

Hayek famously argued that market competition is a discovery process in which producers are constantly searching for new ways to satisfy customers, and customers are constantly looking for new products and services they prefer (Hayek, 1968). For Hayek, the processes of competition and entrepreneurship act to stimulate the attainment of new knowledge and information that supersede those which are attained

through any other means, such as those provided by the state (Hayek, 1944; 1968). From this perspective, any form of government intervention with the structure of prices and competition would inevitably distort and/or impede the discovery process a free market provides (Hayek, 1944; 1968).

The findings of the current research partially adhere to Hayak's view on the role of markets. Notably, the data highlight how the fitness industry has engaged in a dynamic process of discovering ways of servicing a broad range of human needs and desires. Significantly, it was found that these processes were associated with considerable ambiguity concerning appropriate psychological, emotional, nutritional, exercise- and health-related role boundaries for fitness professionals. Indeed, the complexity of fitness professionals roles in relation to these factors would appear to have arisen partly as a result of the effectiveness of the industry at discovering, adapting, responding and capitalising upon the holistic human needs of individuals.

The case study participants considered the initial consultation and assessment appointments to be a particularly important aspect of the services they were providing. For example, fitness professionals reported that engaging in the consultation process was important for developing an informed understanding of a client's life circumstances, so that a safe and effective fitness programme could be delivered. This is consistent with both academic research and published guidelines for fitness professionals recommending that their roles involve identifying and meeting individuals' health and fitness requirements (ACSM, 2009; 2013; Bennie *et al.*, 2017; REPs, 2016). Consequently, the assessment appointments were considered to be critical moments, whereby fitness professionals could not only attain information

pertaining to their clients/members' exercise history, preferences, personality, lifestyle, health, fitness and medical status; but they could build rapport and trust, thus helping them to feel less intimidated by factors such as the gym.

The findings suggest that multiple meanings and values were attributed to the physical spaces where consultations and assessments took place. The nature of these spaces were regarded as being particularly important for fitness professionals practising within leisure centre environments, possibly because these practitioners are required to conduct a higher frequency of initial consultations. In the case study with Jane, for example, the gym office was regarded as a pivotal space in customers' health and fitness journeys. In this case, the participants were positive about the private nature of the space, as this was associated with helping members to feel at ease in the environment. Conversely, in Dominic's case, the data reveal how the absence of a private consultation space was regarded as being a significant barrier, given the open and exposed nature of the consultation environments. It was suggested that the open nature of these environments meant that clients/members could withhold important information.

Although the nature of the consultation spaces has rarely been discussed in the context of fitness professionals, there is literature on other occupational/professional groups that could be helpful for interpreting these findings. In the context of PE, for example, the staffroom has been explored as a site of beginning teacher induction and transition (Iisahunter *et al.*, 2011; Rossi and Iisahunter, 2013). This research draws specifically on the work of Lefebvre (1991), who conceptualised space in three ways: as physical/material, lived (representational), and conception (represented). This

conceptualisation resonates with the participants' accounts of the nature of the consultation space for fitness professionals. For example, it was found that an important feature of the *physical space* was its insulation from the other areas of the fitness sites. In this sense, the spaces were *representative* of places where relationships could be forged and important information could be acquired. Moreover, the research indicated that the consultation areas acted as an *axial site* for fitness professionals, housing connections between other spaces, places, times, relations, practices and processes.

The nature of the consultation spaces for fitness professionals seemed to reflect broader issues concerning the nature and role boundaries for the occupational group. In fact, the findings point to something of a bind for fitness professionals in terms of their effectiveness. That is: the findings indicate that if fitness professionals are effective at identifying and assessing the holistic needs of the individual clients/customers they encounter, then it is likely that, in many cases, the fitness professionals would be regularly out of their depth in terms of their knowledge and expertise boundaries. The point was illustrated by the complex client examples that were provided throughout the research. In the key stakeholder/policymaker interviews, for example, the findings reveal how one of the participants' clients had initially sought the advice of the fitness professional for a weight-loss issue, but after further elaboration it transpired that the issue was related to problems in the client's personal life. An important point in this instance was that the issues the client was experiencing emotionally with her divorce, and her body, did not appear to exceed the legitimate occupational boundaries of the fitness professional, as the client was simply seeking an exercise intervention. The problem, however, was that deeper

issues were evoked through the consultation process in a situation where the fitness professional was responsible for helping her.

The participants' accounts are consistent with previous research studies showing that the psychological and emotional aspects of fitness professionals' roles are an important yet complex feature of their work (Doğan, 2017; Donaghue and Allen, 2016; George, 2008; Hutson, 2013; Melton *et al.*, 2008; Madeson *et al.*, 2010). It can be noted, for example, that, unlike medical professionals, fitness professionals engage in a process of self-referral in which they lack clear institutional protections and support structures that would enable them to refer (George, 2008).

Problems inherent within the lack of institutional support and protection for fitness professionals are consistently illustrated by the research data. Notably, Jane's case study highlights ways in which she was considered to be a "kind of agony aunt" to people, given that clients and members would often open-up and talk to her about a wide range of issues they were experiencing in their lives. Similarly, Sarah's case also provides insights into ways in which she has been expected to help clients to cope with issues such as relationship problems, family struggles and issues with their bodies. In these ways, these two cases support previous research showing that clients believe it is important for them to feel they can open up and talk to fitness professionals both socially and on a deep personal level about their problems (Doğan, 2017; Hutson, 2016; Madeson *et al.*, 2010). Moreover, as with previous research (George, 2008), the findings indicate that female fitness professionals could be more likely to develop close personal relationships with their clients. An obvious point here

is that both Jane and Sarah could have benefited from greater levels of support in terms of their psychological and emotional roles.

While the development of close personal relationships with clients is likely to present complex challenges for fitness professionals, it is possible to suggest that some practitioners may enjoy - or feel that they benefit personally - from these kinds of relationships. This has been found in other occupational contexts. In her study on hairstylists, for instance, Gimlin (1996) noted that the respondents' claims to the status of an emotional counsellor to clients reinforced their sense of themselves as 'professional' rather than 'just a beautician'. Concurrently, it could be suggested that, in some cases, the unclear psychological and emotional boundaries for fitness professionals might serve to heighten their own feelings of self-worth, due to their personal involvement in attempting to help clients with the emotional issues that are presented to them. Indeed, adopting such roles might be viewed as a way of heightening the prestige and status for fitness professionals, while, simultaneously, serving to increase clients' dependency on them.

In light of the research evidence, it could be argued that there has been a tendency by key stakeholders in the fitness industry to overlook, misunderstand and/or ignore the complexities of fitness professionals' work, especially in terms of their psychological roles. A form of misconception is evident, for instance, in a Europe Active piece, where it was argued that the success of a personal trainer is contingent upon their ability as a psychologist (Beedie, 2016).¹ However, while important practical

¹In the words of the author: 'To be a good personal trainer, it is necessary to be a good psychologist' (Beedie, 2016; p.190).

distinctions were made between the roles of a personal trainer and those of a clinical psychologist, for example, the piece included no empirical research studies specifically on the work or practices of personal trainers themselves. This would appear to create a disjuncture between evidence on the realities of practice for fitness professionals and idealised representations of the work.

In the field of sports coaching, Cushion *et al.* (2006) highlight an important distinction between models ‘for’ practice and models ‘of’ practice. Models *of* practice are based on empirical research investigating expert and/or successful practice, whereas models *for* practice are idealistic representations that arise from the identification of a set of assumptions about the practice process (Cushion *et al.*, 2006). These authors draw particular attention to the benefits of the former approach, suggesting that models of practice provide realistic, empirically grounded representations that are better for informing future practice (Cushion *et al.*, 2006). Adopting such an approach necessarily means taking into account the contextual purposes, particularities, and subjectivities before guidelines and/or recommendations for practice can be made. Indeed, this is consistent with the views of Schön (1983; 1987), who argued that practice is often ‘swamp like’ in that it is a process that should never be viewed in isolation, but rather is ‘like shifting sands constantly shaped by competing and complementary elements’ (Rossi and Cassidy, 1999; p.195). The findings illustrate how understanding practice in this way could be useful for advancing knowledge on fitness professionals.

From the participants’ accounts, it is evident that an important aspect of practice for fitness professionals concerns the complex relationships that exist between their

psychological and nutritional roles. Significantly, the findings of this research illustrate how nutrition formed an inherent aspect of their work, especially personal trainers. These data add to previous international studies showing that a large proportion of personal trainers provide nutrition care beyond their recommended scope of practice (Anderson *et al.*, 2010; Barnes, Ball and Desbrow, 2016; 2017; Dawson *et al.*, 2001; McKean *et al.*, 2015; Warburton *et al.*, 2011; Weissman *et al.*, 2013). In one study conducted in Australia, for instance, data indicated that 88% of the registered fitness professionals were working outside their recommended scope of practice (McKean *et al.*, 2015). In this context, it is noted that the provision of nutritional advice by personal trainers has been identified as a major industry risk due to a perceived lack of competence and/or knowledge (Keyzer *et al.*, 2014).

Importantly, the two independent personal trainer case studies provided insights into reasons *why* the provision of nutritional advice could be particularly challenging for them. For both Paul and Sarah, a key issue was the limited amount of *time* they were able to spend with each of their clients. These practitioners explained that they would be practising with individual clients for just one or two sessions per week, when the clients themselves could be paying them to fulfil an expectation of making significant changes to their bodies (i.e., to “get results”).

It is shown in the next sub-section that the complex nature of the role and expertise boundaries for fitness professionals in areas such as nutrition have been compounded by a lack of regulation within the fitness industry.

6.3.2. Innovation, regulation and problematic notions of standardisation within the fitness industry

The findings of this research suggest that although fitness professionals and businesses have been effective at discovering new market opportunities, the existing regulations within the industry have been ineffective at ensuring the consistent quality of their services.¹ A key factor in this respect is that the market-driven nature of the industry means that it has exhibited an entrepreneurial process of expansion that would appear to run directly counter to notions of either restricting and/or regulating the knowledge and expertise boundaries of fitness professionals. The combination of these factors would seem to reflect broader notions of ‘creative destruction’, which are identified as a characteristic of neoliberalism (Brenner and Theodore, 2002; Harvey, 2007) – and, more broadly, to the development of capitalism itself (Schumpeter, 1936; 1950).

The research findings suggest that the multifarious forms of capitalist innovation, creative destruction and entrepreneurship within the fitness industry were associated with spiralling expectations for fitness professionals. One way in which fitness professionals have been able to innovate and expand their services has been through the use of a broad range of titles to refer to their work. In the case study at Capital Health Club, for instance, it was found that personal trainers would use a wide variety of names and titles to refer to themselves, thus helping to convey an image of expertise for attracting clients. In this case, the participants explained that personal trainers in the club were able to brand themselves however they wished without being

¹One issue in this respect is that measuring and conceptualising quality in within the fitness industry is difficult, given that quality can mean different things to different people (Lloyd, 2005; Lloyd and Payne, 2013; 2017).

held to account by anyone. This issue was also reflected in the key stakeholder/policymaker interviews, where participants reported encountering problems when seeking to categorise, restrict and/or define the occupational roles for fitness professionals, given that these roles were, by their nature, so open-ended.

A characteristic feature of entrepreneurs is that they do not seek success within a given set of institutional rules, but rather they seek to achieve their objectives through the invention of new rules and processes that others will later have to play by (Jones and Murtola, 2011; Schumpeter, 1950). Such a view is consistent with the idealised images of the entrepreneur now valorised by business gurus: of a bold path-breaking maverick seeking glamorous and exciting forms of creative innovation (Eagleton-Pierce, 2016; Harris, Sapienza and Bowie, 2009). This view is widely held, practiced and conveyed within the fitness industry. This helps to explain why fitness professionals cannot be easily categorised, because, by their nature, they move between - and extend - existing norms, practices and institutions (cf. Davies, 2014a; Stark, 2009). Moreover, the findings indicated that the role is not only ambiguous, but rather it exists within institutional and societal contexts that actively encourage creative forms of risk taking. This includes the rewards associated with practices such as boldly attempting new weight loss claims and developing novel and exciting health and fitness-related services. While standards and guidelines have emerged within the industry with the aim of restricting their practice boundaries, there appear to be few, if any, repercussions for those fitness professionals who engage in activities that fall outside their legitimate spheres of competence (Anderson *et al.*, 2010; Gavin, 1996). The combination of these factors, arguably, serves to create an occupational context

whereby practitioners are likely to feel compelled to exceed their recommended knowledge and expertise boundaries.

Clearly, the topic of regulation is a contentious issue for fitness professionals, particularly with regard to the public health-related roles of personal trainers. Fundamentally, the findings support previous research showing that there is very little, if any, formal occupational regulation to restrict the work and practices of the occupational group (Melton *et al.*, 2008; Warburton *et al.*, 2011). For example, the participants suggested that individual practitioners had the freedom to decide whether (or not) they wished to align themselves with any form of quality assurance body. Fitness professionals, therefore, had the power to accept or reject the influence of organisations like REPs and CIMSPA with there being little, if any, detrimental effects on their ability to practice by so doing. For the research participants, this loose regulatory context was associated with high variations in the quality of work.

There have been growing calls for greater regulation and (re)enforcement of clearly defined role and practice boundaries for fitness professionals (Barnes, Ball and Desbrow, 2016; 2017; Malek *et al.*, 2002; McKean *et al.*, 2015; Warburton *et al.*, 2011). It is argued in this context that the lack of regulation and quality controls within the fitness industry means that fitness professionals have the potential to cause serious injury and/or harm to clients and customers (Lloyd and Payne, 2017; Melton *et al.*, 2008; Melton *et al.*, 2010; Warburton *et al.*, 2011). It has also been suggested that concerns regarding inadequately prepared fitness professionals is supported by the volume of evidence concerning legal actions taken against practitioners, especially personal trainers (Warburton *et al.*, 2011). Here, it is noted that the main justification

for regulation within the industry would be to protect the public, particularly for those personal trainers who are responsible for working with higher risk population groups (Malek *et al.*, 2002; Melton *et al.*, 2008; Warburton *et al.*, 2011).

Yet, a key issue raised during the research was that implementing a new system of regulation for fitness professionals could potentially have damaging effects for the fitness industry. Significantly, in the key stakeholder/policymaker interviews, participants expressed that implementing a robust system of regulation at a national level could drive up the costs of fitness-related services, such as health club memberships, thus potentially ruining the existing business models. The findings of these interviews suggest that within the UK, at least, the enforcement of strict role and practice boundaries for fitness professionals at a national level did not seem feasible, given that it would be too expensive and unwieldy to implement. It can be noted that there is very little – if any - evidence to suggest that implementing a large-scale rollout of a new regulatory system for fitness professionals would result in a discernibly fitter and/or healthier population. As a result, it seems that, at this moment in time, there is a need to at least remain open to the possibility that greater regulation of fitness professionals' knowledge and expertise boundaries could negatively impact health and wellbeing at a national population level, due to the challenges it could pose to the provision of fitness-related services.

The above points notwithstanding, there is some evidence regarding possible approaches to implementing forms of occupational regulation within the industry. Evidence suggests that one approach that might be useful for improving the consistent quality of fitness professionals' work would be through a standardised licencing

system. Several benefits have been identified with this type of system. For example, an obvious benefit is that licencing can help consumers judge the quality of a product or service (Lloyd and Payne, 2017; Melton *et al.*, 2010). In their comparative research, for instance, Lloyd and Payne (2017) found that greater regulation of fitness professionals through an occupational licencing system in France was associated with higher quality work. Additionally, it was noted that in the more regulated context of France occupational licencing helped to bring some pay benefits to fitness instructors (Lloyd and Payne, 2017). However, an issue that was left relatively unaddressed in Lloyd and Payne's (2017) research was whether or not higher trained staff and greater levels of occupational regulation, ultimately, serve to increase the cost of gym memberships and other fitness services; thus making them safer but less accessible to members of the public.

Overall, the research findings highlight a critical tension between cultural and economic agendas for fitness professionals. This adds to a volume of evidence from previous research highlighting a series of organisational and sales pressures for the occupational group (Smith Maguire, 2001; 2008b; Wiest *et al.*, 2015). Smith Maguire (2008b), in particular, observed that personal trainers face an explicit challenge between exercising a professional, service-orientated ethic and the fulfilment of economic agendas. In her words:

[Personal trainers] straddle two worlds, typically considered mutually exclusive... The normative codes of professionalism direct personal trainers to acquire intellectual capital, espouse a service-oriented ethic, and regard themselves as one of a family of 'caring' professions. Occupational success, however, rests with a trainer's capacity for recruiting, motivating and maintaining clients. (Smith Maguire, 2008b; p.218)

This tension was clearly evident throughout the fieldwork, where it was negotiated in different ways by the case study fitness professionals. For example, in Paul's case it was shown that his role as the only source of income for his wife and children meant there was increased pressure on him to generate profit through his business. In his case, Paul's accounts reveal how the process of letting clients go through onward referral could be difficult, especially if those clients were providing him with regular income. Similarly, in the key stakeholder/policymaker interviews concerns were raised about the existing 'gym rent' models for personal trainers, where the pressure of covering rental fees was encouraging personal trainers to practice with clients who they were not competent to practice with effectively in order to cover the cost of the fees. For the participants this represented a moral and ethical dilemma that was also apparent in the case of personal trainers at Capital Health Club. In that case, it was found that personal trainers working in the case study club would often struggle to earn enough money to continue working in their roles.

The tension between the sales and professional service ethic has been addressed, to some extent, within existing codes of ethics. In the IDEA (2016) code of ethics, for example, it is stated that a fitness professional should only recommend products or services if they will benefit a client's health and wellbeing, and not because they will benefit the fitness professionals or employers themselves (financially or occupationally). It is also stated that a personal trainer's primary responsibility is the client's safety, health and welfare, which should never be compromised for self-

interest or personal monetary gain.¹ Yet, this would appear to conflict with the kind of (pre)dominant neoliberal ethos which champions individual self-interests and profit-seeking behaviours. Thus, in light of the research evidence from the UK, the ethical values presented in existing codes of ethics could be interpreted as being overly idealistic. Indeed, previous research reveals there are not only high levels of uncertainty surrounding appropriate ethical business practices for fitness professionals (Dawson *et al.*, 2001), but also that the organisational contexts in which they practice might be conducive to some unethical sales methods (Frew and McGillivray, 2005; Wiest *et al.*, 2015).

Within neoliberal contexts the radical withdrawal of the state increases the moral and ethical responsibilities placed upon individuals and businesses in the market (Eagleton-Pierce, 2016; Peters, 2016). Peters (2016), for example, contended that neoliberal governmental approaches necessarily involve a transfer of responsibility from the state to individuals, thus promoting a form of actuarial rationality, which encourages a political regime of ethical self-constitution for individuals as citizens. It has already been shown in this thesis that this type of approach requires individuals to take responsibility for their own health and wellbeing through managing aspects of their lives such as the choices they make about their bodies and lifestyle. However, the data also highlight ways in which the high levels of responsibility placed on individuals impacts upon the knowledge and expertise boundaries of fitness professionals.

¹In the UK context, the issue of sales conflicts is not directly addressed in the REPs (2016) code of ethics. However, it is stated that fitness professionals should adopt the highest degree of professionalism at all times when dealing with clients; thus implying that this should take precedence over personal financial interests.

Interpreted from a Foucauldian perspective, fitness professionals could be understood as being subject to multiple forms of ‘governmentality’ (Foucault, 1978-1979; 1991; Hamann, 2009). It is claimed that the central aim of neoliberal governmentality is the strategic production of social conditions that are conducive to the constitution of *homo economicus*; that is, a specific form of subjectivity with historical roots in traditional liberalism. From this perspective, neoliberal conditions serve to encourage and produce particular kinds of entrepreneurial, self-maximising citizens who are compelled to assume market-based values in all of their judgements and practices in order to amass sufficient quantities of ‘human capital’. In so doing, citizens thereby become ‘entrepreneurs of themselves’ (Foucault, 1978-1979; Hamann, 2009).

Furthermore, Hamann (2009; p.38) explained:

Neoliberal *homo economicus* is a free and autonomous ‘atom’ of self-interest who is fully responsible for navigating the social realm using rational choice and cost-benefit calculation *to express the exclusion* of all other values and interests... (emphasis in original)

Arguably, the existing social conditions for fitness professionals compel them to operate in a manner that is not too distinct from this kind of neoliberal subject. The findings suggest that the role of a personal trainer, especially, involves embedding the ethics and values of the market within their individual self-constitution and self-regulation, because, unless they do so, personal trainers risk being ineffective. In other words, the research shows that the existing conditions of self-/precarious employment within the industry mean that, ultimately, if personal trainers are ineffective as economic entrepreneurs they will almost certainly fail. But, in playing this kind of role they, themselves, form part of a complex web of agendas. These

include the multiple – and at times conflicting – agendas of clients, customers, colleagues, employers, industry bodies, national government, families, friends, and themselves. Hence, through a sociological lens, the effectiveness of fitness professionals would appear to rest upon their ability to serve these multiple agendas. And, while other fitness professionals such as fitness instructors would appear to be less reflective of a ‘pure’ kind of neoliberal subject, it is clear that *all* fitness professionals are required to engage in processes of self-regulation within and through their practice. Thus, it is argued that fitness professionals must negotiate, embody, perform and enact their knowledge and expertise boundaries within social, political and economic contexts that are characterised by greyness, subjectivity and ambiguity.

6.3.4. Interim summary

It has been shown that the fitness industry has been involved in a continual process of expansion, meaning that it has come to service an increasingly broad range of human needs and desires. In this context, the discussion highlighted how the knowledge and expertise boundaries of fitness professionals have expanded in order to meet the evolving expectations of their roles. Based on the research findings, and consistent with neoliberal theories of governance, the research found that the responsibility for the quality and safety of fitness professionals’ work was being largely offset to individual practitioners operating in the market. Consequently, it was argued that fitness professionals are left to negotiate a series of moral, ethical and practical challenges within a complex web of complementary and conflicting agendas. In the following section, it is shown that the combination of these factors has served to impact upon, and has been impacted by, the existing training, education and development processes for the occupational group.

6.4. Training, education and development for/of fitness professionals

6.4.1. Initial training, education and development processes

The findings of this research suggest that the neoliberal nature of the fitness industry was associated with an increasingly apparent mismatch between the complexity of the challenges that fitness professionals face in practice and the adequacy of the training and education they receive for their roles. These findings provide further evidence to support a growing body of international research showing there are substantial knowledge and skills ‘gaps’ for fitness professionals (Barnes, Ball and Desbow, 2017; Barnes, Desbrow and Ball, 2016; Central YMCA Qualifications, 2014; Dawson *et al.*, 2001; De Lyon and Cushion, 2013; De Lyon *et al.*, 2017; Future Fit and UKActive, 2015; 2016; McKean *et al.*, 2015; Mikeska and Alexander, 2018; UKActive and RSPH, 2018). In accordance, numerous issues with the initial training provision for fitness professionals were identified. Most notably, these included:

- The *lack of barriers* to entry into qualifications, meaning that training courses were open and available to anyone who was willing and able to pay for them;
- The *length of time* that it took to complete the qualifications, which was considered to be too short;
- The *curriculum content* for the qualifications, which was considered to be too basic and out-dated for the work fitness professionals were expected to perform in ‘real world’ practice environments;
- The *pedagogical approaches* that were used during the training programmes, which were considered to lack sufficient applied experience practicing with clients;

- The quality and rigor of the *examination methods*, as the courses were considered to be too simple and easy to pass.

From the participants' perspective, the quality and reliability of the initial training and education provision for fitness professionals was woefully inadequate.

Going beyond this, however, the findings illustrate further reasons *why* the training and educational processes for fitness professionals have become so problematic. Fundamentally, it was noted that the market for awarding organisations and training providers was largely comprised of commercial business organisations that were seeking to generate a profit at the expense of other values. As the initial training courses were considered to be the most profitable aspect of business for training providers, their businesses rely upon having a steady input of students through these qualifications. The key stakeholder/policymaker interviews, especially, suggested that this resulted in a kind of “bums on seats culture”, which, in turn, was associated with the development of a ‘race to the bottom’ in terms of quality of training provision. These findings are consistent with previous research showing that, despite considerable policy activism, and some limited successes, the UK vocational training and educational system has failed to overcome problems associated with its (neo-) liberal training regime (Fleckenstein and Lee, 2018). In terms of the occupational group of fitness professionals, specifically, a key factor undermining the consistent quality of existing provision appears to be the plethora of qualifications being targeted at aspiring fitness professionals (Lloyd and Payne, 2017).

The findings highlight important differences in the types of services provided by different training and educational providers, which were impacted by their various

institutional legacies. Previous authors have suggested that the training and qualifications for fitness professionals should include the completion of an undergraduate degree in exercise science (or health-related area), and the passing of rigorous, independent, nationally written and practical examinations (Malek *et al.*, 2002; Warburton *et al.*, 2011). However, there are significant issues regarding the role of universities in relation to the training of fitness professionals. It has been shown, for example, that the knowledge acquired during degree courses can be too disparate from that needed to perform fitness professionals' working roles (De Lyon and Cushion, 2013; Melton *et al.*, 2008). It can also be noted that an advantage of vocational training pathways is that they widen access to population groups who may not be drawn to academia (Bryan and Hayes, 2007). This might include individuals who possess the requisite skills and qualities to provide useful services as a fitness professional, but would not necessarily be well-suited to undertaking degree programmes. Nevertheless, it is possible that in the future the initial training and education for fitness professionals could benefit from becoming degree-based for some key industry roles (Mikeska and Alexander, 2018).

An important point here is that university-based education has strong roots in a Keynesian-style welfare state system that is based on different premises to those of neoliberalism. Davies and Bansel (2007), for instance, explain that when the Keynesian economic system of the 1960s and 1970s was considered to be working well, Western governments were investing more prominently in social institutions that would contribute to the improvement of 'human capital'. This involved the direct investment in services such as education and health. Informing this link between the quality of workers and productivity was a belief that much economic growth would

result from improvements in the quality of labour (Davies and Bansel, 2007).

Consequently, education was viewed as one of the central means by which the quality of capital and labour could be improved. As Davies and Bansel (2007; p.254)

contend:

The generous funding of education institutions in this period had been made on the basis of the belief that knowledge and education were valuable to the state and society... and for ensuring that all members of the society were able to participate and to contribute.

The neoliberal ideology, in contrast, is based upon a disassociation from the value of the social good (Biesta, 2017). Economic productivity is considered to come not from government investment in education and/or educational infrastructures, but from transforming education into a product that can be bought and sold like other goods (Ball, 2004; 2007; Davies and Bansel, 2007). Hence, neoliberalism entails a process of what Biesta (2009b; 2010a) refers to as a kind of ‘learnification’ of education, that is, an approach whereby the individual is prioritised over and above other factors and in which there is a shifting of responsibility for (lifelong) learning from ‘provider’ to ‘consumer’ (Biesta, 2009b).

The research findings suggest that a key feature of the training and education provision for fitness professionals was the role of aspiring fitness professionals (students) as customers. It was notable that Sarah, Jane, Dominic and Paul were all positive about their experiences as customers on their initial training programmes. Paul, for example, reported feeling a sense of pride and accomplishment with the information he was learning as a mature student. In his case, Paul explained that he would have been unable to complete a university degree course due to his family

commitments. Similarly, both Jane and Sarah were positive about the learning structure of their initial training programmes, explaining that they also worked well around their life commitments. In both these cases, Jane and Sarah also enjoyed the “practical” nature of the programmes. The data suggested that the problem in these cases, however, was that neither of these fitness professionals felt prepared for the challenges they encountered when seeking to develop their careers further as fitness professionals. In this sense, then, the evidence indicated that both Jane and Sarah could be regarded as happy customers of the short training course, but somewhat bewildered newly qualified fitness professionals.

In Sarah’s case, it was found that although her previous experiences working in business were useful for increasing her effectiveness at attracting and retaining clients, she was unprepared to deal with the issues some of those clients presented. When discussing the nature of her body work, for example, Sarah highlighted issues with the kind of unsupported “trial and error” approach that she felt required to adopt and her underlying concerns about this approach. As Sarah explained, she did not want to “error” because fundamentally she was working with other peoples’ bodies and she did not want to injure them. Yet, this kind of approach is consistent with previous research showing that trial and error learning is considered to be one of the most important ways in which fitness professionals learn (De Lyon and Cushion, 2013). Specifically, it has been shown that, like other groups of practitioners, the majority of learning for fitness professionals occurs informally, beyond dedicated formal training environments (De Lyon and Cushion, 2013).

In his classic work, Dewey (1916; 1938) argued that the nature and quality of current (learning) experiences influences how humans understand and learn in subsequent experiences. This was theorised by Dewey as the *continuing of experience*, whereby he explained that: ‘... every experience both takes up something from those which have gone before and modifies in some way the quality of those which come after’ (Dewey, 1938; p.35). Moreover, Dewey (1916) was of the belief that ‘life is growth’ (p.31) and education entails a continual process of *becoming*. This means that development (and/or learning) has neither a fixed direction nor a finished identity. In a Deweyian sense, growth is understood as an on-going process of constant reconstruction of experiences in ways that enable a person to make sense of broader realms of experience (Armour, Makopoulou and Chambers, 2012; Davis and Sumara, 2003). This means that the process of learning results in learners who ‘become different and move beyond where they are’ (Greene, 1995; p.13).

Dewey’s notions of personal growth and the continuation of experience were evident in each of the case studies. In Paul’s case, for example, the study provided insights into how his experiences in the military significantly changed his perspective on life, including the subsequent implications this seemed to have for his work. As Paul explained, the military served as a “qualification in life experience” for him. In terms of his work, specifically, this seemed to be reflected in the kind of holistic attitude he took to the health and fitness of his clients; such as helping them to disengage from

the negative thoughts, feeling, views and perceptions they were holding with regard to their bodies.¹

In contrast to Paul, Dominic appeared to be more strongly influenced by his initial formal training and educational experiences. The data suggest that Dominic's education as a fitness professional benefitted from completing his initial entry-level qualifications alongside his undergraduate degree in Sport and Exercise Science. There was complementarity between these processes, which enabled him to derive benefits from the blend of educational experiences. Indeed, this account chimes with Guskey's (1994) view on the importance of seeking to obtain an 'optimal mix' of professional development activities. In Dominic's case, his mixture of formal learning activities meant that he was able to apply the theoretical knowledge from his degree through the practical elements of his vocational training programmes; thus enabling him to consider academic knowledge and theories in the light of practical experience and practical experience in the light of theories and academic knowledge.

Existing research highlights important distinctions between the processes of training and those of education (Buckley and Caple, 2000; Nelson *et al.*, 2006). Training is considered to be more job-orientated because it focuses on the acquisition of knowledge, behaviours and skills specific to an occupation or profession (Buckley and Caple, 2000; Nelson *et al.*, 2006). Training, therefore, 'tends to be a more mechanistic process which emphasises uniform and predictable responses to standard guidance and instruction reinforced by practice and repetition' (Buckley and Caple,

¹It is possible to suggest, for example, that understanding processes such as disengagement and re-contextualisation, which were evident in Paul's case, could have been significantly influenced by his military experiences.

2000; p.2). In comparison, education is viewed as being more person-orientated, focusing on providing ‘more theoretical and conceptual frameworks designed to stimulate an individual’s analytical and critical abilities’ (Buckley and Caple, 2000; p.2). So, while training promotes uniformity of knowledge and practices, education, in contrast, attempts to increase variability, thus emphasising and explicating individual differences (Nelson *et al.*, 2006).

Crucially, the research findings show that fitness professionals were mainly receiving limited forms of (vocational) training when they, in fact, required a broader and more occupationally meaningful process of education in order to fulfil the expectations of their roles. Moreover, the findings appear to support the work of Biesta (2015; 2017) who suggests that educational processes which view students as customers are problematic because there are fundamental differences between economic transactions and professional transactions:

... whereas in economic transactions we start from the assumption that customers know what they want, so that the main task of providers is to give them what they want, either at the lowest cost or, more realistically, at the best price-quality ratio, the whole point of professional practices such as education is that they do not just service the needs of their clients, but also play a crucial role in the definition of those needs... (Biesta, 2015; pp.82-83)

Importantly, the participants’ accounts suggest that if fitness professionals received the kind of education they required to meet the expectations of their roles, then this would be likely to conflict with their expectations and desires as customers. In some ways, this is consistent with previous research suggesting that the marketisation of learning and education is associated with encouraging passive and instrumental learners (Naidoo and Williams, 2015; Shumar, 1997). As the key

stakeholder/policymaker interviews reveal, there was an expectation that the training providers would act as an authority and would have done much of the critical thinking on the programmes for their students. There was also a perception that the training providers would be able to turn the students into effective fitness professionals when they were simply unable to do this.

Again the work of Dewey (1938) is useful here, as this provides a reminder that not all experiences are genuinely or equally educative. Rather, Dewey (1938) argued that some experiences could act to restrict and/or 'narrow the field' (p.26) of future experiences, thus proving to be detrimental to further growth. Dewey was particularly concerned when students *are* passive in the learning process and are directed towards achieving a stipulated end point. He argued that: 'a person can *become* more or less critical, more or less willing to learn in future experiences, more or less able to subject their own practice to scrutiny, more or less creative or independent' (Armour *et al.*, 2012; p.67; emphasis in original).

From the research data it is clear that the kinds of instrumental learning experiences involved in the completion of the initial formal training and educational programmes for fitness professionals were not only associated with their on-going learning and career development; but they were also linked to broader issues concerning the credibility and status of the occupational group. It is these issues that are addressed in the following sub-section.

6.4.2. Status, responsibility and on-going career development

An important finding from the research was that key stakeholders within the fitness industry often expressed views indicating that they wanted the status, benefits and value of a highly trained professionalised workforce, but the industry appeared unwilling to make the sacrifices and/or investments that would be needed in order to make it happen. The point is signalled, to some extent, by the widespread use of the terms ‘fitness professional’ and ‘exercise professional’ by leading industry stakeholders. It is also evident within existing literature and policy documents for the occupational group, which are based on an assumption that fitness professionals are indeed part of a ‘profession’. Middelkamp (2016), for instance, described ‘the profession of personal training’ as a ‘growing profession’ (p.4) that is ‘interpreted in a multitude of ways’ (p.6). Furthermore, Middelkamp (2016; p.16) argued that: ‘It is self-evident that a fitness instructor is professional.’ Yet, a problem that was consistently highlighted during this research is that fitness professionals were neither professionals nor part of a profession in a traditional sense. The use of the term could, therefore, be misleading given that it conveys a sense of (professional) authority which this occupational group do not warrant.

In the context of education and teacher professionalism, Biesta (2015) argued strongly for the importance of realism in the development of a professional field. In his words: ‘... it is important to see current developments in the field... for what they are and not for what they pretend to be.’ (p.84). For Biesta (2015; p.84), this involves developing a clear sense of what the field is about, and through the provision of thorough and thoughtful accounts of its ‘specific character’. Equally, the findings of the current research highlight the need to understand and appreciate the unique nature of the

occupational group of fitness professionals. In other words, like broader notions of neoliberalism (Peck, 2010; Peck *et al.*, 2012; Peck *et al.*, 2018), the findings suggest that fitness professionals should be understood as a messy hybrid and/or unique conglomerate of many intersecting cultures, practices, ideas and traditions.

In his discussion of hybrid professionalism, Noordegraaf (2015) asserted that while hybrids are quite natural phenomena, they represent a certain amount of ‘unnaturalness’ as far as their being and entity are concerned. Moreover, he explained that hybrids are constituted by the coming together of different and potentially contradictory sets of features and values (Noordegraaf, 2015). This can be seen within the fitness industry where there have been attempts to align the occupational group of fitness professionals with specific aspects of their hybrid nature; that is, by disregarding certain features of the group at the expense of others.¹ This was illustrated by comments made by the Head of Health, Workforce and Diversity at the Department for Digital, Culture, Media and Sport, Andrew Honeyman, who argued that the sector should be:

... validated as a profession in the same way as medicine, law or accountancy, so that... the medical profession... recognise the qualifications and have confidence in the skills in the sector. (Honeyman in Honeyman and Dillon, 2017; p.1)

Yet, the findings of the research suggest that it would be very difficult – even impossible - for the sector to professionalise in this way. Rather, the neoliberal

¹It has already been shown in this thesis, for example, that there is an eagerness from some influential parties to bring the character and features of fitness professionals in line with those of the health and medical sectors, especially with regard to their professional status and credentials.

‘forces’ that are central features of the sector, arguably, serve to undermine its claims to professional status - and its aspirations to professionalise. As Noordegraaf (2016) suggested, the forces of consumerism, entrepreneurialism and the market are directly at odds with a ‘purely’ professional logic. But these factors appear to constitute the lifeblood of the fitness industry (see Neville, 2013a). The existing evidence suggests that the combination of these factors mean that fitness professionals continue to exist in an uneasy relationship with other professions in the health and medical sectors, particularly with regard to their professional status, approaches and credentials.¹

It is clear from the research findings that a key feature of the fitness industry is the array of on-going training and development opportunities being provided by commercial operators. This meant that the case study fitness professionals were, in theory, able to develop their knowledge and skills in a broad - and seemingly limitless - range of topics.² This array of training and development options appears to reflect a central feature of the neoliberal discourse: that individual subjects are constituted as subjects of ‘choice’ in open markets (Bansel, 2007; Peters, 2016).

Under conditions of neoliberalism, notions of choice are inherently coupled with notions of responsibility. It has been argued, for example, that neoliberal forms of governance are based on an assumption that individuals should be responsible for making sound choices in areas of their lives, including their education, personal development and work (Eagleton-Pierce, 2016; Hamann, 2009; Macdonald, 2011;

¹This topic is explored further in the next section of this discussion (6.5. Fitness professionals’ links with the UK public health sector).

²Such topics included - but were not limited to – the areas of exercise, strength and conditioning, nutrition, psychology, health, wellbeing and personal development.

2014). Such notions direct the nexus of responsibility towards individuals; thus entailing a profound disengagement of the government and state from these domains (Peters, 2016). Under such conditions, governments embrace the possibility of governing *without* governing: that is, governing through the regulated and accountable choices and aspirations of seemingly autonomous individuals (Rose, 1999; 2017). These facets of the neoliberal ideology are evident within the participants' accounts, whereby fitness professionals were able to enact high levels of autonomy through their work with clients/customers, as well as through the ways in which they chose to up-skill. Consequently, the findings support previous research showing that fitness professionals are typically able to develop idiosyncratic approaches to their roles, which are grounded in their individual experience, education, preferences and personal philosophies (Lloyd and Payne, 2013; 2017).

Rose (1999) suggested that neoliberal conditions evoke a kind of biographical project of self-realisation within the context of changing relations between individuals, government, society and the market. It is within this complex web of interactions that individuals are constituted as mobile and always becoming 'other' through engagement with - and investment in – all manner of social undertakings, including education. Investment in this sense signals at least a kind of 'double' investment: that is, a psychological investment and desire for progress and self-realisation, and an investment in terms of time and money in the consumption of (educational) goods and services.

This kind of 'double investment' was, perhaps, most clearly evident in Jane's case, where the investment of her personal financial resources (of over £15,000) in CPD

courses, workshops and seminars for her working role was also associated with her on-going process of investment in her 'self'. For Jane, the investment of her personal financial resources were tied to her feelings of improved confidence, both as a fitness professional and in her personal life outside her work. This chimes with aspects of Ball's work on neoliberal cultures of performativity (Ball, 2003; 2008; 2012; 2016; Ball and Olmedo, 2013) in that Jane's account illustrated the benefits of having a synchronicity between her individual agendas and the performative agendas underlying her work. Significantly, the financial investment in training and education meant that Jane would, ultimately, be likely to serve the needs and expectations of her clients and/or customers more effectively. This is congruent with Ball's (2008; p.52) assertion that performativity 'works best when we come to want for ourselves what is wanted from us, when our moral sense of ourselves and our desires are aligned with [its] pleasures'.¹

One issue that is consistently highlighted by the research data is that the approach of UK 'learner-led' / market-based training and development system is associated with fundamental disconnects between fitness professionals' training and development status, and the core job roles available within the fitness industry. This issue was experienced directly in both Jane and Dominic's case studies, whereby both these fitness professionals expressed frustration at the limited career development opportunities that were available at their leisure centres. In Jane's case, she was frustrated about the wage structure at Heritage Leisure Centre, which meant that even

¹It has already been shown in this thesis that this kind of performativity is also evident in the ways in which fitness professionals and their clients/customers (re)present, modify and display aspects of their bodies in order to align with the prevailing expectations of the fitness industry.

though she was significantly more qualified than other fitness professionals working at her centre – and she was delivering a larger range of fitness sessions for more complex clients - Jane was still employed mainly on a minimum wage and felt unable to progress. Similarly, in Dominic’s case, he appeared to reach a kind of ‘ceiling’ in terms of his job role and practice with clients/customers. These findings were echoed in the key stakeholder/policymaker interviews where it was suggested that, if fitness professionals are capable of performing their roles effectively (e.g., by attaining the relevant training qualifications for the clients with whom they were practising), then they would be likely to be seeking to leave the roles in order to earn more money - or progress themselves. In short, the findings highlight an enduring tension within the fitness industry: that the existing career development systems and pay structures were not considered to be commensurate of the type and/or quality of workforce that was required for the health- and fitness-related challenges they were facing – or aspired to be facing.

Together, these findings provide further support for previous research showing that the lack of career development opportunities within the sector was causing issues with the recruitment and retention of appropriately trained and qualified fitness professionals (Central YMCA Qualifications, 2014; Future Fit and UKActive, 2015; Lloyd, 2005b; 2008). More specifically, the research appeared to reflect national level evidence showing that 88% of employers believe their fitness staff are not adequately equipped to practise with ‘special population’ groups, such as those living with long-term medical conditions (Future Fit and UKActive, 2016). Based on the research evidence, it could be argued that practising effectively with these kinds of population groups would require a substantially better-educated workforce. Indeed, this chimes

with evidence from Markula and Chikinda's (2016) study on group exercise instructors in Canada. In that study, it was found that clients with specific medical needs were increasingly being recommended to exercise in commercial fitness settings and this was leaving instructors to either expand their knowledge on their own or potentially exclude the participants with specific needs that were considered to be outside of their scopes of practice (Markula and Chikinda, 2016). Concurrently, data from the UK suggests that most fitness instructors are expected to deal with most clients/customers who enter a gym, including special populations, regardless of their training/education backgrounds (Lloyd and Payne, 2017; SkillsActive/REPs/Fitness Industry Association, 2008). In this context, De Lyon and Cushion (2013) noted that fitness professionals in their study reported engaging in forms of 'impression management' (Goffman, 1959) with the aim of convincing their clients/members that they had acquired the necessary knowledge to perform their roles effectively, when this may not have been the case.

Bansel (2007; p.286) argued that the neoliberal subject is 'always caught in a set of discursive possibilities and practices', which are 'mutually constitutive but often invisible'. Within this, dominant discourses of self-realisation and progress are considered to constitute failure as one's own responsibility. Concurrently, the data highlighted many reasons why fitness professionals could indeed fail to acquire the knowledge and/or skills needed to be effective in their roles. These might, for example, include monetary and/or financial barriers. Alternatively, the issues could centre on the capacity of individual fitness professionals to assess and/or determine the quality of training and educational provision. So, while fitness professionals have the 'freedom' to up-skill and develop themselves in all kinds of areas, their ability to

do so is contingent upon the development of a particular kind of (neoliberal) freedom (cf. Evans and Davies, 2015; Rizvi and Lingard, 2011). That is, a type of freedom which absolves responsibility from a seemingly flawed training, development and accreditation system, with many contradictions.

6.4.3. Interim summary

The findings show that the neoliberal conditions in which fitness professionals have developed have enabled this occupational group to offer health- and fitness-related services that are regarded as increasingly important. At the same time, it is clear that the nature of, and practices within, the fitness market mean that the training and development processes have become inadequate for the roles these practitioners are undertaking. Fundamental problems with the nature, structure and approach of the UK formal training and development systems were identified and explored. It is argued that the combination of these factors mean that the occupational group are unlikely to achieve their professional status ambitions within the existing formal training and development infrastructure. It is shown in the next section that the combination of these factors has important ramifications for the complex and uneasy relationships that exist between the fitness industry and public health ‘fields’.

6.5. Fitness professionals’ links with the UK public health sector

6.5.1. Analytical framework

The findings of this research show that the practice of fitness professionals has become intricately linked to the connected fields of public health and medicine. In this section, the aim is to better understand this relationship by drawing on the work

of Bourdieu (e.g., 1977; 1986; 1989; 1990; Bourdieu and Wacquant, 1992).¹ In particular, Bourdieu's core concepts of *field*, *capital* and *habitus* are used as a way of making sense of the research data. Rather than being viewed in isolation, each of these concepts should be understood as being reliant upon, and co-constructed by, the interrelationships that exist between them. The three concepts are, therefore, best understood as being tied together in a kind of 'conceptual triad' (Wacquant, 1992; p.25) that can be applied during the analysis of empirical research data.

Bourdieu's work has been used extensively in a wide variety of fields. In the inter-related field of sport science/kinesiology/human movement, for example, key concepts have been employed to understand areas such as: the professionalisation and practice of sports coaching (Cushion, 2011; Taylor and Garratt, 2010); physical culture as it relates to wider society (lisahunter, Smith and emerald, 2014); and the health-related work of teachers (Rossi *et al.*, 2016). Moreover, Bourdieu's work has also been put to use in the broader field of fitness research, including to analyse the work of personal trainers in the US context (Smith Maguire, 2001; 2008a). Despite its wide application, however, Bourdieu's work has not previously been used to understand the complex relationships that exist between fitness professionals and the UK public health sector. Yet, his socio-analytical 'toolkit', arguably, provides a useful conceptual framework for understanding the research data; for example, by helping to link the participants' accounts to broader social practices, relations and structures of the various fields within which they operate. This follows Grenfell's (2008b; pp.217-

¹The application of Bourdieu's concepts to understand the relationship between fitness professionals and key public health stakeholders was initially discussed with Dr Anthony Rossi in March 2015. However, the decision to use Bourdieu's concepts for this discussion was only made after the cessation of fieldwork.

218) assertion that thinking with Bourdieu's concepts 'allows for insights and interpretations that are not available elsewhere and enables us to elucidate a range of social phenomena...'

The concept of *habitus* lies at the heart of Bourdieu's theoretical framework and is central to his distinctive sociological approach, 'field' theory and philosophy of practice (Maton, 2008).¹ In a basic sense, habitus refers to deeply ingrained habits, inclinations and dispositions that one possesses as a consequence of life experiences. Bourdieu developed the concept in his on-going attempts to transcend a series of deep-rooted dichotomies that influence ways of thinking about the social world, such as those of the individual-social, micro-macro, objective-subjective and agency-structure. Moreover, an important feature of habitus is that it provides the mediator or arbiter between past, present and future. In this sense, the habitus is both structured by the patterned social forces that produced it (such as the social forces associated with neoliberalism) and structuring, in that it gives form and coherence to the activities that individuals undertake across various spheres of life (such as the work-related activities of the case study fitness professionals). Over time, these elements provide a set of flexible, durable and enduring 'mental structures' and 'bodily schemas' that serve to organise, orient and direct behaviours and actions in both public and private spaces (Wacquant, 1998; Cushion, 2011). In these ways, the habitus serves to define and redefine relationships, producing rules and particularities of membership that are reciprocally constructed through social practices.

¹The concept is identified as being one of the most widely used, misunderstood and hotly contested of Bourdieu's ideas, as Reay (2004; p.438) explained: 'There is an indeterminacy about the concept that fits in well with the complex messiness of the real world. But there is also a danger in habitus becoming whatever the data reveal.'

For Bourdieu, the concept of a habitus is conceptually tied to notions of a *field*. In a general sense, the concept of field can be understood to refer to a social arena of relationships and practices through which certain values and beliefs are situated by the actions of people who maintain the relationships in the field (Wacquant, 1989). In terms of the research reported in this thesis, for example, the data reveal how both the interdependent personal trainers demonstrated certain entrepreneurial dispositions that were directed toward ensuring the profitability of their businesses. In this sense, their individual habitus could be considered to be demonstrating a close alignment with the expectations of the personal training field. Like Bourdieu's other terms, however, the concept of field is flexible, given that new contexts are constantly arising and being re-shaped.

An important dimension of fields is that individuals and institutions engage in the construction and maintenance of different positions. These positions are viewed as more or less dominant or subordinate, reflecting access to valued *capital*; that is resources that individuals and organisations acquire in order to gain status and power through interactions with others in the social world (Bourdieu, 1986; Shilling, 2003). The accumulation of capital revolves around both the processes within, and products of, a field. Bourdieu proposed four specific types of capital: economic, social, cultural and symbolic (e.g., Bourdieu, 1986). Although these various types of capital operate independently, they may also be converted from one form into another. For example, the purchasing of qualifications by fitness professionals could be understood as the conversion of economic capital into forms of cultural capital. Indeed, it is this *plurality* of capitals that distinguishes Bourdieu's work from other traditions, such as

those associated with Marx/Marxism, where the importance of economic capital is foregrounded. For Bourdieu, the locations that people and institutions take up in a field is thus dependent upon the volume and composition of the various capitals, linked with their habitus, but also on their development over time.

6.5.2. A complex and uneasy relationship: Confluence, conflicts; interests and incentives

The findings suggest that the practices of fitness professionals were not only linked to the fields of public health and medicine, but that this relationship was becoming increasingly pronounced. These two fields appear to be most clearly connected through the shared goals of improving peoples' health, fitness and wellbeing.¹ In the UK, the health-related roles of fitness professionals were becoming increasingly valued due to factors such as the changing population, sharply increased population health costs and UK government spending cuts/austerity measures. It is argued that these austerity measures have had a detrimental effect on both public health and healthcare (e.g., Benbow, 2017; Hunter, 2016; Leys, 2017). These points were reiterated by the participants during the key stakeholder/policymaker interviews, where there was a consensus that although the fitness industry and fitness professionals had a lot of value to offer the public health service, they were being under-utilised – and in some cases negatively utilised - in these respects.

¹It has already been shown in this thesis, for instance, that fitness professionals provide an influential source of exercise, nutrition and lifestyle support for their clients, which can – and does – help to provide solutions to a broad range of contemporary public health issues. In these ways, their work contributes, at least to some extent, to reducing costs for health care providers (Andreasson, Tugetam and Bergman, 2016).

A key issue that was consistently highlighted throughout the research concerned the magnitude of the scale of difference between the fitness industry and public health and medical fields. An important factor in this regard appeared to centre on notions of risk. The data suggested that, for fitness professionals, risk is largely offset to individuals and businesses within the fitness market, whereas practitioners operating as part of the public health system operate within a different kind of risk environment. As Neville (2013a; 2013b) explained, although the fields of fitness and health are intrinsically related, there is something of a functional separation occurring between these fields. The freeing up of the market for fitness products and services, including its relative autonomy from the health field, represents a shift away from what Giddens and Pierson (1998) referred to as ‘external risk’ – the presumption that the state will intervene and protect its citizens when things go wrong - towards a more active ‘reflexive risk environment’ (Giddens and Pierson, 1998; p.619; cited in Neville 2013b). The fact that the fitness and healthcare ‘worlds’ do not fully intersect enables the latter to absolve responsibility from a traditional interventionist role (Neville, 2013b). This encourages an increasingly privatised attitude towards risk and an inversion of responsibility onto individuals, businesses and the market, for public health-related services. This reflects the nature of contemporary neoliberal contexts, where it is observed that strategies such as deregulation and ‘enterprise models’ allow the state itself to be ‘run like a business’ (Ferguson, 2010; p.170; see also Peck, 2008). For professional services, such as those of the health and medical sectors, this has required organisations and professionals to adapt in order to deliver ‘value for money’ in terms of their services (Noordegraaf, 2011).

In his work on the operation and organisation of professional fields, Noordegraaf (2011) cautioned that the complexities of organising professional services and the intricacies of linkages between societal, organisational and professional fields are not easily negotiated or reconciled. When organisational and professional fields are under pressure, such as during the current moment, there might be a need to innovate and adapt the nature of their services. As Noordegraaf (2011; p.1366) asserted, ‘responding to service pressures might be a risky business, but not responding will be risky as well’.

The data suggest that the nature of the risk environment was implicitly connected to notions of trust in and for fitness professionals. From the participants’ accounts, it is clear that the levels of trust placed in fitness professionals varied across different local and national contexts. The data attained through the key stakeholder/policymaker interviews suggested that, at a national level, fitness professionals were not trusted by members of the health and medical professions. In particular, the participants expressed that fitness professionals lacked appropriate professional status and educational credentials to work effectively in partnership with these professionals. This supports findings of previous research suggesting that a significant barrier that the fitness sector as a whole faces is a lack of recognition and trust by key stakeholders in public health and medicine (EHFA, 2011a; Royal College of Physicians, 2012).

One important factor the participants identified in this respect concerned the inability of fitness professionals to critically understand, interpret and apply evidence through

their practice.¹ From the key stakeholder/policymaker interviews, especially, it was found that the lack of ability of fitness professionals to utilise research evidence was identified as a ‘real risk’ to clients’ health and safety. There was a perception that the practices of personal trainers, in particular, were being driven by the latest ‘fads’ and ‘trends’ rather than established evidence bases. This point is consistent with previous research suggesting that personal trainers are unlikely to rely on the latest nutrition evidence, meaning this could lead to inappropriate and/or misleading advice (Barnes, Ball and Desbow, 2017). In many ways, the point is symptomatic of the fact that the fitness industry has flourished first and foremost because it is a consumer and not medical industry (Smith Maguire, 2001; 2008a).

Although notions concerning the use of research evidence by fitness professionals have received little attention within the academic research (Bennie *et al.*, 2017), there is well-developed research literature on this topic in other fields. Notably, in the field of education, the topic has been debated for decades. In this context, it has been suggested that the practice of teaching should not be left to educators’ opinions, but that their work should be based strongly on research evidence (see Biesta, 2007; 2010b; Hargreaves, 1996; 1999;). Yet, at the same time, opponents of the idea of evidence-based education have raised questions about its appropriateness and suitability of fit within educational contexts (Biesta, 2007; 2010b). Some researchers are sceptical, for example, about the homology between the fields of education and medicine - pointing toward different meanings of evidence and practice in these fields (e.g., Pirrie, 2002). Others have criticised its narrow conception of research evidence

¹This kind of approach is often referred to as ‘evidence-based practice’ and is considered to be in alignment with the approach of health-related groups such as doctors, physical therapists and dieticians (Bennie *et al.*, 2017; Muth *et al.*, 2015).

and desired outcomes (Oliver and Conole, 2003; St. Pierre, 2002). Importantly, Biesta (2007; 2017) draws attention to the role of practitioner judgment; arguing that the ‘what works’ agenda of evidence-based practice is at least insufficient and probably misplaced in educational contexts, because judgment is not simply about what is possible (i.e., a factual judgment) but about what is desirable (i.e., a value judgment). This chimes with the research data, which highlighted fundamental differences in the beliefs, motivations, judgements, values and interests underlying the work of fitness professionals when compared to those of key public health/medical stakeholders.

Underlying all of Bourdieu’s work is the notion that individuals have an *interest*, which is defined by their circumstances and allows them to act in particular ways within the fields in which they find themselves (Grenfell, 2008a). These interests are formed in anticipation of serving particular end-goals (albeit sometimes unconsciously and implicitly). Habitus and field thus provide a mechanism whereby the interests of individuals and groups are defined. It is in this context that Bourdieu used the analogy of a ‘game’ to explain how practices occur within fields (Bourdieu and Wacquant, 1992). The field, in this sense, is considered to act as the social space where everyone has an interest in ‘winning’ – that is, securing the most advantageous position within it (Bourdieu and Wacquant, 1992). There are explicit ‘rules’ of the game referring to what is permissible. Nevertheless, for Bourdieu, most social activity occurs implicitly, bound by such rules, but played out according to different logics (Bourdieu, 1990).

Inherently coupled with the notion of interest is that of *disinterest*. Bourdieu explained that a person could be interested in a game (in the sense of not being

indifferent) while at the same time being disinterested. As Bourdieu (1998; pp.76-77) put it, the disinterested person ‘does not see why they are playing, it's all the same to them...’ This could be seen clearly in the participants’ accounts, where they explained that many fitness professionals were not actually interested in playing a public health role. Fitness professionals were, in effect, engaging in a different kind of ‘game’ with different rules, dispositions, practices and stakes. In the key stakeholder/policymaker interviews, in particular, the participants explained that for the majority of fitness professionals, their decision to qualify and work in the industry was based on pursuing their own individual interests and passions for fitness, rather than seeking to achieve any kind of public health outcomes.¹ Similarly, the independent personal trainers, Sarah and Paul, reported that their passions for fitness were being directed toward helping their clients to achieve their individual fitness goals while, crucially, retaining them as customers. The contribution of these personal trainers toward the achievement of public health targets might, therefore, be viewed as a useful bi-product of their roles. Hence, the participants’ views would appear to resonate with Bourdieu’s assertion that it is quite often the case that different groups take part in a game (or several games being played at the same time), but they are actually playing (or imagine themselves to be playing) different games (Grenfell, 2008b).

Comparable issues were encountered in the context of exercise referral schemes, whereby relatively fundamental differences in interests and practice logics were identified. Significantly, in the case of Diversity Leisure Centre, the data highlight a lack of alignment of incentives between Dominic’s work and the existing public

¹As one of the key stockholders put it: “Very few people, if they’re being honest, are saying, “I’m a personal trainer because I’m trying to reduce the levels of global obesity, and [achieve] world peace”.

health targets. From the participants' responses, it was evident that the fitness professionals at this centre were poorly incentivised to deliver exercise referral sessions, given that other activities at the centre were afforded greater priority (e.g., personal training and membership-related roles). As a consequence, perhaps, there was a belief among the fitness team that one main purpose of the scheme was to promote a specific form of physical activity, that is, by encouraging referred patients to become members of the gym and, therefore, exercise in that particular context. It was found, in fact, that if the patients who were referred onto the scheme became more physically active outside the leisure centre then this would have been unlikely to be detected by any evidence or evaluation measures. In these respects, the findings are consistent with previous research suggesting that the purposes of exercise referral schemes are conflicted and generally lack clarity (Henderson *et al.*, 2017). It is also argued that the limited nature of the research methods and approaches that have been used to analyse exercise referral schemes has meant that the complexities of the schemes have not been adequately understood – or even recognised (Dugdill, Graham and McNair, 2005; Henderson *et al.*, 2017; Oliver *et al.*, 2016).

Bourdieu's notion of *misrecognition* refers to an everyday and dynamic social process whereby one thing (e.g., a situation or action) is not recognised for what it is precisely because it was not understood within the range of dispositions and propensities of the habitus of the person(s) performing it (James, 2015). Instead, situations, actions and processes are attributed to another available realm of meaning and, in the process, interests, inequities and/or other effects may be maintained whilst they remain concealed (James, 2015). This chimes with issues that were identified in the findings for both the exercise referral scheme at Diversity Leisure Centre and at Heritage

Leisure Centre, where the data suggest that if these schemes were analysed solely on public health grounds then this would overlook important commercial aspects of the schemes. Yet there is, for example, very little – if any – academic research on the relationship between exercise referral schemes and leisure centre memberships. However, the data from the case studies reported in this research suggested that the latter was one of the most important factors at stake for the participants (particularly in Dominic’s case).

The limited evidence base on exercise referral schemes has led to opportunities for innovation at a local level, meaning that the design, implementation and evaluation of the schemes is diverse (Oliver *et al.*, 2016). This is apparent in the case studies for the research where considerable differences were identified between schemes. Indeed, the extent of the variation between the schemes may go some way toward explaining why considerable variations in their effectiveness have been found at a national level (see Campbell *et al.*, 2015; Pavey *et al.*, 2011a; 2011b; 2012).¹

Perhaps the most significant factor associated with differences in effectiveness between exercise schemes during the research was that the scheme operating at Heritage Leisure Centre was a publically-funded initiative and had a specific team of staff responsible for managing and delivering it. The data suggested that this group provided an important link between health/medical stakeholders and fitness-related activities that were delivered as part of the initiative. Of all the case studies, this team

¹Systematic review evidence, for example, reveals considerable variations in the levels of uptake and adherence on different exercise referral schemes (see Campbell *et al.*, 2015; Pavey *et al.*, 2012). In a systematic review by Pavey *et al.* (2012), for instance, the level of uptake was reported to be 28-100% with adherence reported to be 12-93%.

seemed to communicate most closely and effectively with health and medical stakeholders.

Thinking with Bourdieu's concepts, it could be argued that the exercise referral team were able to develop these relationships as a result of the volume and nature of their various types of capital, particularly with regard to their cultural capital (Bourdieu, 1986; Moore, 2004). For Bourdieu, the major institutional form of investment for cultural capital is in formal education measured by quality and duration (Bourdieu and Passeron, 1977; Moore, 2004). This involves the acquisition and formation of a distinctive habitus that can equip individuals with embodied attributes that provide them with distinction and legitimacy in social hierarchies/contexts (Moore, 2004). This resonates with the participants' accounts in the sense that the degree level qualifications and other advanced educational experiences of the exercise referral team at Heritage Leisure Centre helped them to develop knowledge, skills and dispositions which enabled them to engage effectively with health and medical practitioners. In contrast, the case of personal trainers working at Capital Health Club reveals how the poor educational status and standards of personal trainers at the case study club were associated with the lack of development of such relationships.¹ An important issue in Jane's case, however, was that the positive relationships developed with health and medical practitioners through the exercise referral scheme meant that these practitioners were not only referring their patients, but the participants reported

¹The point is also consistent with findings of previous research showing that the more robust, regulated and professionalised qualification framework being implemented in France enabled fitness professionals to work in collaboration with established health and medical professionals, including doctors and physiotherapists (Lloyd and Payne, 2017; see also Section 6.3. The knowledge and expertise boundaries of fitness professionals).

that the leisure centre was unable to cope with the large number of referrals they were receiving.

From the research data, it was clear that there was a blurring of lines between the practices of fitness professionals and those of established health and medical professionals. This was played out in Jane's case where she was considered to be an accessible and trusted source of health and fitness advice for members/clients due to her culturally relevant forms of capital. The interview with her client Hannah, in particular, highlighted how and why Hannah placed trust in Jane's health and fitness-related advice over that of a general practitioner. Significantly, in this case, Hannah reported that the credibility of her GP on these matters was undermined by his physical appearance.

In this sense, Hannah's account reflects Bourdieu's notion that the meanings and values that are attributed to different types of capital should be considered to be *relational* rather than intrinsic (Bourdieu and Wacquant, 1992). While it was suggested that the general practitioner's advice on health and fitness-related matters was undermined by the lifestyle that was being inferred by his body, it might not have been the case if they were discussing other health-related matters. Hence, this account adds to a growing body of research literature suggesting that within neoliberal societies, the implications of bodily capital are likely to extend beyond the fitness domain and can influence the credibility of health and medical professionals (Hutson, 2013; 2016; Monaghan, 2010). Moreover, the participants' accounts provided further justification as to why doctors and other health professionals may feel uncomfortable dispensing physical activity, exercise and dietary

recommendations for their patients (Bleich *et al.*, 2012; Chatterjee *et al.*, 2017; Hutson, 2013; 2016), given that this could be a role to which they are not necessarily naturally suited.

Recently, the NHS chief executive Simon Stevens challenged the fitness industry to support the NHS by playing a more active role in supporting the promotion of health and prevention of ‘lifestyle diseases’. Within this, Stevens drew upon the much-repeated argument that if physical activity and exercise were available in ‘pill’ form, it would ‘be a worldwide pharmaceutical blockbuster’ (Stevens in Cracknell, 2017; p.5; see also Williams and Gibson, 2017; Sallis, 2009; MacAuley, Bauman and Fremont, 2016). Stevens added that this is the reason ‘why the NHS has a deep vested interest in the activity sector’s success’ (Stevens in Cracknell, 2017; p.5).

The problem, of course, is that physical activity and exercise cannot simply be prescribed as if there were a ‘pill’ or ‘drug’ to be taken (Henderson *et al.*, 2017; Williams and Gibson, 2017). As Henderson *et al.* (2017; p.15) put it: ‘‘Sedentariness’ is not a disease, it is lifestyle behaviour’ that is subject to a multitude of influences. Consequently, the provision of exercise as a ‘treatment’ that is used to encourage and maintain long-term participation in physical activity and exercise can be extremely difficult – in some cases, even impossible. This was another issue that was inherent within the data on exercise referral schemes, for example, where the participants reported that encouraging patients who were referred to exercise both during and beyond their schemes posed a significant challenge.

One of the most significant barriers was that if participants wanted to continue exercising in the gym environments then this would require them to pay considerably more money in order to cover the financial costs of gym memberships. While no obvious solutions were presented in the case of Diversity Leisure Centre (possibly due to a lack of incentive), the issue was addressed at Heritage Leisure Centre. In this case, the participants on the scheme were provided with a choice of physical activity and exercise options (e.g., gardening and country walks), which seemed to help the clients make informed choices regarding the activities to which they were best suited.

Bourdieu noted that there is an evolving relationship between habitus and field, meaning the relations between the two are on-going, dynamic and partial: they do not match perfectly, as each has its own internal logic and history (Maton, 2004). This allows for the relationship between the structure of a field and the habitus of its members to be one of varying degrees of fitness or mismatch. In a situation where there is a fit and one feels comfortable, they may be said to ‘feel like a fish in water’. That is to say, ‘it does not feel the weight of the water and it takes the world about itself for granted’ (Bourdieu and Wacquant, 1992; p.127). In these contexts, people are typically unaware of the supporting, life affirming-water; they feel at ease and may flourish. This was evident in Dominic’s case, for instance, where the findings pointed toward a naturalness about the fit between his role as a fitness professional and the expectations placed upon him as an instructor during his group exercise classes. This aligned with the reported experiences of his client, Deidre, who had initially been referred to him through the exercise referral scheme. In these ways, therefore, the findings support the notion that social agents tend to gravitate towards

those fields - and positions within those fields - that best match their own dispositions, and try to avoid those that do not.

Importantly, Bourdieu's theories suggest that the link between habitus and the social world is not always a simple one of degrees of match – sometimes habitus and field are out of synchronisation. The concept of *Hysteresis* is thus used to refer to the effect there can be for the individuals when they find that 'the world has passed them by' and their capital no longer works in the field as it is constituted (Grenfell, 2008b; p.215). In Bourdieu's words: the hysteresis effect refers to the presence of a 'structural lag between opportunities and the dispositions to grasp them which is the cause of missed opportunities' (Bourdieu, 1977; p.83). The data in this research suggest that this phenomenon was occurring in widespread and profound ways for fitness professionals. The participants' responses indicated that the combined effects of the speed of development of the fitness industry within neoliberal conditions - and its convergences with the practices of the field of health and medicine - meant that the industry seemed to be changing more rapidly than, and in different directions to, the habitus of its members (i.e., fitness professionals). The problem was articulated clearly by one of the participants when he explained that: "... these people, I guess the conduits in this, are in themselves inadequate for the role that they're playing." It is times like this, when habitus and field become out of line with one another, that the *habitus* must respond to abrupt, sometimes catastrophic, field changes (Hardy, 2008). Yet, this always takes time.

It is clear from the research findings that neither the occupational group of fitness professionals or the UK public health service have been able to adequately fill the

important gaps left between the public health sector and societal health and fitness needs. It is clear that if the occupational group fails to achieve the goals of improving peoples' health, fitness and wellbeing, then this is likely to create an increased burden and responsibility for the NHS and other public services. In these ways, fitness professionals operate in roles that are positioned at complex intersections between state and market, between public and private interests, and between health and fitness fields. Consequently, the findings of the research would appear to highlight critical tensions within the neoliberal ideology concerning whether, how and under what circumstances the state should intervene in these relationships.

6.5.3. Interim Summary

The findings of this research highlight a series of complex and uneasy relationships that exist between fitness professionals and the UK public health sector. Drawing extensively on the work of Bourdieu, it has been shown that the complex relationships between the health and fitness fields are comprised of multiple complementary and competing influences. The discussion drew particular attention to notions of risk, as well as broader tensions between state and market interests. In these contexts, it was suggested that functional separations at play between the health and fitness fields could not be easily reconciled, given that they are characterised by deep-rooted and enduring differences.

Crucially, the research has highlighted multiple ways in which the health and fitness fields are comprised of individuals and groups who are, in effect, engaging in different kinds of social practices; that is, with different rules, dispositions, cultures, capital and stakes. While the fitness professionals would not necessarily consider

themselves to be engaging in public-health roles, it is clear that they are nevertheless important players within the broader public health arena. A key problem, however, centres on the degrees of fitness and/or match between fields and habitus in this context. Paradoxically, perhaps, the findings suggest, that for large numbers of *fitness* professionals, their individual habitus does not *fit* well with emerging health-related expectations for the occupational group. It has been suggested, therefore, that the fitness field could potentially be associated with profound gaps that appear to be developing between the health-related services being provided by the state and those which are currently not being filled by the (fitness) market.

Just as the positive health and fitness benefits of engaging in physical activity and exercise will probably never be captured in pill form (Williams and Gibson, 2017), it seems unlikely that the occupational group of fitness professionals will ever exist in harmony with the health and medical professions. They are each based on fundamentally different logics and principles. There are important questions this raises however, concerning whether, how and under what circumstances the state/governments should intervene in order to improve the public health-related roles of fitness professionals.

CHAPTER 7: CONCLUSIONS, RECOMMENDATIONS, LIMITATIONS AND FUTURE DIRECTIONS

7.1. Main conclusions

The purpose of this research has been to explore the role of fitness professionals within the contemporary health landscape and to understand whether and how they are able to make the contribution to public health that is claimed. The research has been conducted over three iterative phases comprising of: a comprehensive literature review; complex case studies of fitness professionals in practice; and interviews with key policymakers/stakeholders in the health, fitness and leisure sectors. The research drew upon the concept of the researcher as a bricoleur (Denzin and Lincoln, 2000; 2011b; 2017; Kincheloe, 2001; 2005; Kincheloe and Berry, 2004; Kincheloe *et al.*, 2017) to help with the processes involved in amalgamating multiple methods of enquiry, diverse theoretical perspectives and paradigmatic viewpoints. Overall, the evidence from this research shows that fitness professionals are an important, complex, undervalued and precarious health-related occupational group. Moreover, it is clear from the research evidence that despite emerging as ‘key players’ within the contemporary public health landscapes, within the UK context, at least, this heterogeneous occupational group is unable to deliver all that is expected of it.

An important contribution of the research is that it highlights a series of interrelated issues concerning the learning, training, education, work and practices of fitness professionals. In particular, it was found that the neoliberal nature of the fitness industry is associated with an increasingly apparent mismatch between the complexity of the health-related challenges that fitness professionals face in practice, and the adequacy of the training and education they received for their roles (see also De Lyon

et al., 2017). It is also clear from the research evidence that fitness professionals' ability to meet the expectations of their clients/customers cannot be separated from the conditions of employment that prevail within the sector. Most notably, these conditions were associated with problems arising from low levels of pay, an overt emphasis on sales, precarious forms of employment, high workforce turnover and a lack of career development infrastructures (De Lyon *et al.*, 2017; Future Fit and UKActive, 2015; 2016; Harvey *et al.*, 2017; Lloyd and Payne, 2013; 2017; UKActive and RSPH, 2018). A key issue in these respects centres on the large number of willing and eager new entrants to this occupational field. It was found that the relative flood of under-skilled, newly qualified fitness professionals was acting as a central pillar of the fitness industry business models. Together, the combination of these factors was associated with a lack of professionalism and concerns about the credibility and safety of existing practices occurring within the industry.

Based on the research evidence, it is clear that there is a gap between the health- and fitness-related needs of society and the capacity of the health, fitness and leisure sectors to serve those needs effectively. While the commercial fitness industry has been able to draw support and legitimacy from the public health field, the evidence from the current research shows that its institutions and practitioners are poorly supported and/or prepared to address population health issues that provide it with legitimacy (see also Smith Maguire, 2008a). Yet, the data suggest that if the occupational group of fitness professionals are ineffective at militating against population health challenges such as physical inactivity and overweightness/obesity, this is likely to create an increased burden and responsibility for the NHS and other public services. Consequently, it is shown in this thesis that fitness professionals

operate in roles that are positioned at complex intersections between state and market, between public and private interests and between health and fitness fields. In so doing, it is argued that the occupational group appears to highlight critical gaps in the neoliberal ideology concerning whether, how and under what circumstances the state should intervene in a market that is becoming increasingly important for population level health needs.

The comments above have addressed the main research question and, in what follows, each of the research sub-questions is addressed individually to provide more detail. The thesis ends by considering the limitations of the research and possible future directions.

7.2. Research sub-question 1: What is the nature of the expectations for fitness professionals working in contemporary society?

It has been shown in this thesis that understanding the neoliberal nature of the fitness industry is important for advancing knowledge concerning the roles and expectations for fitness professionals. This necessarily involves understanding how notions of market competition and competitiveness are enacted, embodied and characterised within the industry. The research highlighted, for example, how each of the case study fitness professionals formed part of a large network of associated products, goods and services (Andreasson and Johansson, 2014; Millington, 2016; Sassatelli, 2010; Smith Maguire, 2001; 2008a), meaning that the nature of their work was being directed by individuals and businesses seeking to provide the ‘best’ possible product for the lowest possible price. For fitness professionals, this profit-orientation was associated with the expectation that they would be able to provide increasingly flexible services

involving multiple forms of body work (Gimlin, 2002; 2007; Harvey *et al.*, 2017; Parviainen, 2014; Wolkowitz, 2002; 2006; 2012). This involved meeting the needs and expectations of clients/customers regarding the proper appearance, presentation and performance of their own bodies, as well as being able to elicit positive changes and sensations in the bodies of others.

From the research evidence, it is clear that the expansion of the fitness industry has meant that fitness professionals have come to service an increasingly broad range of human needs and expectations. This process was associated with considerable ambiguity concerning appropriate knowledge and expertise boundaries for the occupational group, especially with regard to their psychological, emotional, nutritional, exercise and health-related roles (Anderson *et al.*, 2010; Barnes, Ball and Desbrow, 2016; 2017; Dawson *et al.*, 2001; Madson *et al.*, 2010; McKean *et al.*, 2015). This seemed to be complicated by the lack of regulation in and of the industry. Indeed, it was noted that the loose regulatory environment is consistent with the ideological approach of neoliberal forms of governance. This was particularly evident within the research data where it is shown that fitness professionals are able to enact high levels of individual autonomy through their work with clients/customers (Lloyd and Payne, 2013; 2017; Smith Maguire, 2001; 2008b; Wiest *et al.*, 2015). It was also evident in the fact that fitness professionals were expected to serve a broad range of both formal and informal roles in order to be effective.

7.3. Research sub-question 2: What is an ‘effective’ fitness professional and how and why are they ‘effective’ (or not effective)?

The findings of this research indicate that the effectiveness of fitness professionals’ practice is tied to their ability to provide effective solutions to the issues and problems that are presented to them. This is congruent with the essence of neoliberalism, whereby the radical withdrawal of the state increases the moral and ethical responsibilities placed upon individuals and businesses (Eagleton-Pierce, 2016; Peters, 2016). This produces a culture in which social and political problems, related to issues such as health, are transformed into individual problems with market solutions (Chapman, 2017; Crawford, 2006; MacLeavy, 2016).

In this research, it was suggested that the multiple roles being performed by fitness professionals as market solutions have meant that individual practitioners have become implicated in a complex web of agendas. These included the multiple - and at times conflicting - agendas of clients/customers, employers, industry bodies, national government, families, friends, and the fitness professionals themselves. Drawing upon the work of Bourdieu, it was illustrated that although fitness professionals would not necessarily consider themselves to be engaging in public health roles, it is clear that they are nonetheless important players within the broad public health arena. Crucially, it was demonstrated that the effectiveness of fitness professionals’ practice is rooted in the relationship between their individual habitus and the nature of the social fields in which they are located.

From the research evidence, it is apparent that there is a critical tension for fitness professionals between cultural and economic agendas. Personal trainers, especially,

face an explicit tension between exercising a professional, service-orientated ethic and the need to fulfil economic agendas such as selling their services (see also Smith Maguire, 2001; 2008b). Drawing upon the work of Foucault (1978-1979), it was argued that the existing social conditions for fitness professionals compel them to act in a manner that is in line with his conception of *homo economicus* - a free and autonomous 'atom' of self-interest who is fully responsible for navigating the social realm using rational choice and cost-benefit calculation to express the exclusion of all other values and interests. It was noted that, unless they do so, personal trainers risk being regarded as ineffective. For example, a key finding was that the existing conditions of self-/precarious employment within the industry mean that, if personal trainers are ineffective as economic entrepreneurs, they will almost certainly fail.

Thus, somewhat paradoxically, a most human - and indeed *personal* - of working roles would appear to be determined by the *impersonal* and inhuman forces of the market. Specifically, the findings suggest that, like other practitioners who are responsible for providing forms of service work, the financial dependency on clients' satisfaction meant that personal trainers often felt compelled to deliver what their customers wanted - and to make them 'happy' as much as possible (cf. Gimlin, 1996). This was associated with both positive and negative effects for the personal trainers themselves. And, while the data suggest that other fitness professionals such as fitness instructors are less reflective of a 'pure' kind of neoliberal market-orientated subject, *all* fitness professionals are required to engage in processes of self-regulation and self-creation within and through their practice. Clearly, the combination of these factors extend to the career-long learning, education and development processes for practitioners.

7.4. Research sub-question 3: What is ‘effective’ learning and/or development for fitness professionals and how and why are these processes ‘effective’ (or not effective)?

An important finding of this research was that key stakeholders within the fitness industry appeared to want the status, benefits and value of a highly trained professionalised workforce, but they were unwilling to make the sacrifices and/or investments that would be needed in order to make it happen. The research found that the nature of the initial training and education provision meant that the effectiveness of individual fitness professionals appeared to rest on their ability to compensate - and take responsibility - for the limitations and inadequacies of the existing formal learning and development system. These findings are, to some extent, consistent with research conducted in other fields of practice, showing that ambitious professional development programme objectives are not matched by the reality of learning for practitioners (e.g., see Armour, 2006; Armour and Duncombe, 2004; Armour and Makopoulou, 2012).

In the current research it was found that, in order to be effective, fitness professionals were required to engage in a wide variety of formal, non-formal and informal learning activities (see also De Lyon and Cushion, 2013). Moreover, the effectiveness of their learning was dependent upon the ability of individual practitioners to adapt to the on-going challenges and demands of their circumstances. These factors were, in turn, associated with the knowledge, skills, abilities, dispositions and motivations of individual practitioners themselves. For example, the data suggest that the effectiveness of fitness professionals’ learning and development was contingent upon

their ability to meet the multiple expectations of their roles, earn a sufficient amount of money in order to fund their living costs and aspirations and achieve positive health, fitness and performance-related outcomes for their clients.

In terms of their development, the data highlighted numerous ways in which the individualistic learning, training and career development trajectories for fitness professionals were both facilitated and re-enforced by the learner-led/market-based approach of the UK system. Drawing upon the work of Biesta (2009a; 2009b; 2010a; 2012; 2015), an important analytical distinction was noted between the individualistic processes of learning and the broader teleological processes served by education. Specifically, for the occupational group of fitness professionals, there seemed to be a loose - and somewhat fractured - relationship between the individual learning needs of practitioners and the aims, purposes and agendas being served by training providers in the sector. From a public health and wellbeing perspective, the data indicated that, perhaps, the most useful purposes being served by the existing learning and development system was that it was acting to reduce the cost of health and fitness-related services such as gym memberships, and that it was effective at increasing the size and scale of the fitness market by providing individuals the opportunity to work in the field. From an economic perspective, the courses appeared to be effective at serving a purpose of developing profit for training providers. Yet, the drive towards profit-generation within the existing neoliberal climate was associated with a kind of 'race to the bottom' in terms of both quality and price.

The research highlights a key issue within the sector: that despite the relative plethora of possible formal learning options available to fitness professionals, in theory, these

opportunities were not matched by the core job roles. For example, the research found that, if fitness professionals working in leisure centres acquired the knowledge and skills needed to perform their job roles effectively – by attaining the relevant training and development status for the clients they were practising with - then these individuals would be likely to be seeking to leave their roles in order to earn more money or progress themselves. The findings thus highlight the effects of an enduring tension within the sector: that the existing career development systems and pay structures are not commensurate with the type and/or quality of workforce required for the health- and fitness-related challenges they were facing – or indeed aspired to be facing.

7.5. Research sub-question 4: What recommendations can be made to improve the practice and/or the development of practice for fitness professionals in the future?

This thesis has been critical of the learning, training, development and practice infrastructures for fitness professionals. These factors have been strongly influenced by successive UK government socio-economic policies and investment strategies, particularly in the areas of education, work, business and health. Consequently, it is suggested that national government has an important role to play in the improvement and development of practice for fitness professionals, especially with regard to the role of the occupational group in public health and wellbeing. One way this might be achieved is through breaking with existing neoliberal market-driven approaches based around reducing spending and expenditure. Yet, the scale and complexity of the fitness, sport and leisure markets provide significant challenges for new policy

implementation, particularly by governments, given factors such as the nature and extent of market competition in these areas (Findlay-King *et al.*, 2018).

Based on the evidence from this research, recommendations are made for improving the practice and development of practice for fitness professionals. In so doing, it is acknowledged that any recommendations for improving practice must take place against the background of the historically concrete conditions. As Denzin and Lincoln (2011a; p.xiii) accurately stated, qualitative researchers ‘are all interpretive *bricoleurs* stuck in the present, working against the past, as we move into a politically charged and challenging future’ (emphasis in original). It could be argued, in fact, that making recommendations for future practice necessarily entails an ontological shift from analysing what *is* to considering what *ought to be*. This involves making value judgements of the kind that are at odds with the neoliberal rhetoric concerning the ideological purity and objectivity of markets (Peck, 2010). Against this backdrop, each of the recommendations is subsequently presented and briefly outlined, before documenting some limitations and future directions for research.

7.5.1. Recommendation 1. The practice and development of fitness professionals should become subject to greater regulation, with an aspiration to professionalise aspects of the fitness industry

The level, nature and extent of regulation within the fitness industry are key issues that were consistently highlighted within this research. It was shown that the lack of regulation and quality controls has enabled the fitness industry to expand in order to provide health and fitness related services for an increasingly broad range of population groups. At the same time, the evidence shows how inadequate regulation

has increased the likelihood that fitness professionals could cause injury and/or harm to clients and customers (Lloyd and Payne, 2017; Melton *et al.*, 2008; Melton *et al.*, 2010; Warburton *et al.*, 2011). In this context, the main justification for greater regulation within the fitness industry would be to protect the public, particularly for those fitness professionals who are responsible for practising with higher risk population groups (Gillespie 1993; Melton *et al.*, 2008; Warburton *et al.*, 2011). To this, it has been added that greater regulation could reduce the risk of members of the public purchasing ineffective programmes and services (Melton *et al.*, 2008; Warburton *et al.*, 2011). In short, based on the data from this research, it is recommended that the practice and development of fitness professionals should become subject to greater regulation and independent evaluation.

Going forward, it is suggested that the professionalisation of the occupational group should be re-evaluated at a national level with the roles and responsibilities of key bodies in the field clearly set out. According to traditional definitions professions are defined by three main factors: (1) they are characterised by an orientation towards human wellbeing; (2) they require highly specialised knowledge and skills; and (3) they function in relationships of authority and trust (e.g., Freidson, 1994). To this, Biesta (2017) added that professional action is not simply concerned with the production of particular outcomes, but rather it is orientated towards the realisation of the ‘telos’ of the particular practice, which refers to ‘that which gives a practice its meaning, identity and sense of direction’ (Biesta, 2017; p.326). In health care, the ‘telos’ or purpose is the promotion of health, whereas in the legal professions it is the promotion of justice (Biesta, 2017). Following this, the research findings suggest, somewhat paradoxically, that the development of practice for fitness professionals

could benefit from practitioners becoming part of a 'profession for fitness'. This would shift the orientation and emphasis from a neoliberal economic logic towards a (neo-)Keynesian orientation that attributes greater value to notions of the social good.

Importantly, the research highlights ways in which the health-related work of fitness professionals is similar to that of other related groups of practitioners who are members of the Health and Care Professions Council, such as nutritionists, dieticians and practitioner psychologists. Professional regulation has been shown to play an important role in setting and enforcing standards of behaviour, competence and ethics in the context of these groups (House of Commons, 2017). A key problem, however, is that it would clearly be impossible for the entire occupational group of fitness professionals, as they are currently constituted, to achieve full professional status.

The research findings suggest that it should be an *aspiration* for the sector to develop some form of licencing model for fitness professionals in the future. As Bourdieu (1985) explained, there are significant benefits and symbolic capital afforded to names and titles associated with particular individuals and/or groups in society. The benefits of implementing a kind of licence to practice model are that it could help to protect the names and titles of fitness professionals, increase the relative power of the occupational group in the relation to the field of health, help consumers/customers judge the quality of a product or service, lead to a higher quality and better qualified workforce, bring pay benefits for fitness professionals, and enable better links and relationships with key stakeholders in the health and medical sectors (Lloyd and Payne, 2017; Malek *et al.*, 2002; Melton *et al.*, 2010). It might, therefore, be beneficial for stakeholders in the sector to develop a long-term strategy, as an

aspiration, for implementing a kind of licence to practice model in light of the emerging health expectations of fitness professionals' roles. Future research could usefully explore the optimal types of regulation and/or licensure in this context.

7.5.2. Recommendation 2. *Fitness professionals and facilities should be better incentivised and supported to contribute to the health targets*

The evidence from this research suggested that the development and practice of the occupational group could benefit from a better alignment of performance measures and incentives between fitness and leisure facilities, fitness professionals and key public health stakeholders. A possible recommendation in this respect is that fitness professionals working as part of exercise referral schemes could be better incentivised to refer clients on these schemes for a broad range of physical activity options as well as gym-related activities. This is consistent with previous research suggesting that the goals and performance measures for exercise referral schemes should be clearer and better directed (Henderson *et al.*, 2017). Furthermore, based on the research data, it is suggested that, in an ideal world, it might be beneficial for governments to invest greater financial resources in community leisure centres in order to support fitness professionals' health-related roles. This suggestion is in line with evidence showing that, in times of austerity, government investment in health and social services can improve health equity, social stability and economic growth (Labonté and Stuckler, 2016; Leys, 2017). These factors might also be supported by investments in education.

7.5.3. Recommendation 3. *The training and education for fitness professionals should be better aligned with the expectations, challenges and demands of their practice environments*

It is clear from this research that *if* fitness professionals are going to be able to fulfil the health and fitness expectations of their roles effectively, *then* the initial training and education for the occupational group would be in need of a major reform. At the same time, however, the evidence shows that the implementation of this kind of reform would be highly challenging – and impossible even – to achieve. Based on the research data, specific suggestions are made for improving the quality and reliability of the initial training provision. These include:

- Creating clear and robust *entry requirements* and *criteria for entry* for initial qualifications, for example, relating to previous education and experience of entrants;
- Increasing the *length of time* that it takes to complete training qualifications;
- Improving the *curriculum content* for qualifications, so that it better matches the tasks that fitness professionals are expected to perform in ‘real world’ practice environments;
- Utilising alternative *pedagogical approaches*, including greater experience practicing with ‘real life’ clients over a sustained period of time;
- Enhancing the quality and rigor of the *examination methods and approaches* being employed.

In this context, the research highlighted the potential value of university education for fitness professionals. This is consistent with previous research suggesting that universities could fill a gap in training provision for the occupational group, for

example, by helping them to practise effectively with complex clients (Mikeska and Alexander, 2018). However, within the UK at least, many universities are not currently prepared or sufficiently incentivised to deliver educational programmes for fitness professionals. As the occupational group becomes increasingly implicated in contemporary public health agendas, it is possible that graduate-level education for a small number of job roles within the sector could become a requirement in the long-term (Mikeska and Alexander, 2018; see also Warburton *et al.*, 2011).

7.5.4. Recommendation 4. *The sector should aspire to develop quality, graduate-level job roles with conditions of employment that are congruent with the complexity of those roles*

The findings suggest that the precarious nature of the career development and employment structures for fitness professionals were associated with the variable and precarious nature of the health-related work practitioners were undertaking. It is, therefore, recommended that the practice of fitness professionals could be improved through the creation of better quality, graduate-level jobs, with improved conditions of employment. For example, the research findings indicate that investing in the wages and development of fitness professionals is one approach that could be useful for improving relationships between fitness professionals and the health and medical professions.

The findings also suggest that the role of fitness professionals in performing contemporary health agendas could be improved through greater worker power and representation for the occupational group. One way this might be achieved is through forms of collective action, such as a strong professional body or through greater

unionisation of the fitness industry workforce (Lloyd and Payne, 2013; 2017). For fitness professionals, these would appear to be important steps for addressing the current state of hysteresis (Bourdieu, 1977) within the field. That is, by providing a strategy that seeks to bring the individual and collective habitus of fitness professionals in line with the expectations practitioners face within their respective fields. Researchers, arguably, have an important role to play in this as well.

7.5.5. Recommendation 5. The knowledge, training, development and practice of fitness professionals should become subject to robust research and analysis.

The widespread growth and development of fitness professionals as a health-related occupational group provides new challenges for researchers operating in neoliberal times. It is argued, for example, that kinesiology researchers, and particularly those in pedagogy, are groups of scholars that have a legitimate interest - and clear opportunity - to secure a better understanding of the learning, training, education and practice needs of fitness professionals (De Lyon *et al.*, 2017). A key strength of pedagogical research is its capacity to cross traditional disciplinary and sub-disciplinary boundaries, including those in the natural and social sciences, in order to address major societal issues such as physical inactivity, fitness and health (Armour and Chambers, 2014). Going forward, it is important that the knowledge, training, education, work and practices of fitness professionals becomes subject to robust research and independent scrutiny (De Lyon *et al.*, 2017).

7.6. Limitations and future research directions

It is important to acknowledge several limitations of the current research. For example, one limitation of the research is that it has mainly focussed on

understanding the learning, training, development and practice of fitness professionals operating within the UK context. Future research could benefit from further cross-national comparisons of occupational groups working in different international contexts. Indeed, previous research has already highlighted the benefits of cross-national research (see Andreasson and Johansson, 2014; 2016; Lloyd and Payne, 2013; 2017; Viallon, Camy and Collins, 2003). This body of literature has been useful for illustrating the effects of different forms of qualification and occupational regulation, as well as the roles being played by different national governments in relation to knowledge and skill development for fitness professionals.

A second limitation is the somewhat homogeneous nature of the case study participants. While the aim was to generate maximum variation between cases, there were nevertheless similarities among the sample. For example, the case study fitness professionals were mainly white-British and considered non-disabled. Previous studies have shown how disability can impact the work of fitness professionals as well as the gym experiences for users of fitness and leisure facilities (Richardson, Smith and Papathomas, 2017a; 2017b). Yet, there remains a limited body of research evidence on the experiences of disability in the context of fitness professionals' work (Richardson, Smith and Papathomas, 2017a; 2017b). Similarly, the impact of ethnicity has rarely been explored within the existing research literature. To address these issues, future research should investigate the views, experiences and perceptions of participants from a broad range of physical, psychological, ethnic, social and cultural backgrounds and condition. A possible strategy for achieving this could involve building upon the participant selection typology that was developed for the purposes of the current research. Ultimately, an aspiration for researchers should be to

generate a concerted body of research evidence on how fitness professionals could be utilised effectively as public health assets for a broad range of population groups.

Future research could also explore ways in which the fitness industry could become inclusive for people from diverse backgrounds and conditions to work in.

Finally, it is important to acknowledge that this research has been developed, conducted and constructed by a single researcher, under the guidance of a supervision team. In the final event, the thesis itself is a written construction. The multi-layered analysis and writing of the research has been difficult – indeed impossible – to represent in full. As others have noted (e.g., Jones *et al.*, 2003), there are undoubtedly places where the subjective experiences and lenses of the author - and researcher as bricoleur - have led to an emphasis on some aspects of the research subject rather than others. Furthermore, in the construction of the thesis itself, contextual information and detail reported has necessarily been limited by the need to preserve participant anonymity as far as is feasible. Nonetheless, this thesis provides valuable insights into the learning, development and practice processes for fitness professionals. As Denzin and Lincoln (2011b) remind us, qualitative research can provide powerful insights, which can – and do - make the world visible, and transform it in new ways.

At the outset of the thesis, the old ironic parody of a man who lost his glasses in a field was presented. By learning from this account – and those accounts provided throughout the research, by participants such as Sarah, Jane, Dominic and Paul - it is argued that researchers in the future should continue to venture as best they can ‘beyond the light of the lamp posts’ into the ‘darkened fields’ or ‘unexplored territory’ of the health, fitness and leisure sectors. The question of *whether* fitness

professionals are key players in contemporary public health and wellbeing has been addressed in this thesis. Important questions remain, however, about *how* best to improve and support this role moving forward.

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APPENDICES

Appendix 1. Modes of representation

The thesis has been written using various modes of representation. The most dominant mode of representation draws upon some of the conventions of a realist tale. Van Maanen (1988; p.46) suggested that this form of representation is characterised by the presentation of research in a detached, dispassionate, third-person voice, which attempts to portray accounts as ‘realistically’ as possible.

It is noted, however, that for qualitative researchers there is something of a ‘structuring paradox’ (King, 2016; p.292) when working with the conventions of a realist tale. While the qualitative research landscape is dominated by the presentation of research using this form of representation, it is widely accepted among qualitative researchers that their work is mediated, subjective and largely severed from its realist legacies (King, 2016). Researcher choice and decisions underlie the entire research process: ranging from the conceptions of the research questions to the product or outcome of a research project (see Chapter 4: Methodology). Consequently, the aim in utilising some of the conventions of the realist tale was not to convey a sense of separation between the researcher and the data collection methods, interpretation, analysis and presentation of findings. Rather, literary conventions, such as a third-person voice, were used to enable the research to be communicated in a manner that was deemed to be most appropriate for the task ‘in hand’.

A feature of realist tales is that the place and positioning of the author can be variable, depending upon the purposes of the creators of a text (Sparkes, 1995). This approach allows for multiple voices and accounts to be ‘weaved in’ throughout the thesis.

Indeed, this notion of ‘weaving in’ different accounts sits well with the work of the qualitative researcher as a bricoleur. Denzin and Lincoln (2017), for instance, suggest that the interpretive bricoleur produces a bricolage; that is, a pieced together set of representations that are fitted to the specifics of a complex situation. The solution, which is the result of the bricoleur’s method, is an emergent construction that ‘changes and takes new forms as different tools, methods, and techniques of representation and interpretation are added to the puzzle’ (Denzin and Lincoln, 2017, p.11). In the final event, therefore, this thesis is intended to provide a ‘quilt-like’ series of representations, each interlinked, each addressing the aims and purposes of the research, and each connecting a series of parts to the whole.

In so doing, the thesis utilises various other forms of representation in conjunction with those conventions of a realist tale. At times, the presentation of the research process takes the form of a confessional tale. This form of representation provides highly personalised accounts that attempt to expand upon the messy realities of a research process (Sparkes, 1995; Van Maanen, 1988). This is evident in the electronic log and reflective assignment extracts that are presented in Section 4.10. Ethical Considerations. In these cases, the approach highlights certain issues related to research ethics, methodology and reflexivity that might not necessarily be expected of a traditional realist tale. However, as Van Maanen (1988) indicated, confessional accounts do not necessarily replace realist accounts, but they can instead act as a supplement to them. Moreover, Sparkes (2002; p.59) noted that a confessional account can be useful for resituating the author in the research process, by announcing: ‘Here I am. This is what happened to me and this is how I felt, reacted, and coped. Walk in my shoes for a while’. In this thesis, therefore, this mode of

representation was considered to be useful for explicating important (human) aspects of the research process that might have otherwise remained concealed.

Appendix 2. Literature review methods and selection of terminology for the research

Rationale and choice of a traditional literature review

A comprehensive review of the academic, policy and grey literature on fitness professionals and their links (claimed and actual) to health and public health agendas was conducted. For the purposes of this research, a traditional literature review was deemed to be most suitable. The purpose of this type of review is to analyse a large body of literature in order to understand the current state of relevant knowledge about a particular topic, identify key issues and gaps in this knowledge, and to add new insights based on the analysis of a wide variety of evidence sources (Cronin, Ryan and Coughlan, 2008; Danson and Arshad, 2014; Jesson, Matheson and Lacey, 2011; Merriam, 2009; Rozas and Klein, 2010). Therefore, this type of review was selected due to the limited evidence on the nature and extent of the research landscape for fitness professionals; the diverse range of research methodologies and disciplines that have been used to explore their learning, training, education and practice processes; and the fledgling nature of the research topic as an area of academic inquiry (including a limited and often incoherent knowledge about fitness professionals as an occupational group). As a result, it was believed that the combination of these factors meant the focus of the research was unsuitable for other forms of review, such as full systematic review, meta-analysis, or meta-synthesis. So, while the approach that was adopted undoubtedly shares some features with these latter types of review, the aim was to pursue a less constrained and clearly delineated approach to understanding a broad topic area.

Search strategy and data analysis

Relevant literature relating to fitness professionals and health was sought using multiple search strategies and was undertaken as part of an iterative research design (reported in Chapter 4: Methodology). This was considered to be an appropriate strategy in this instance, given the eclectic nature and range of the target literature base:

- Electronic databases, including CINAHL, Cochrane Library, EMBASE, MEDLINE, PsycINFO, SPORTDiscus, and Google Scholar, were searched from 1970 onwards. Searches included – but were not limited to - the use of the following terms: ‘fitness professional,’ ‘exercise professional,’ ‘fitness instructor,’ ‘exercise instructor,’ ‘personal trainer,’ ‘physical activity,’ ‘learning,’ ‘training,’ ‘education,’ ‘professional development,’ ‘practice’ and ‘health.’ The searches were limited to articles published in English, but were not limited by country of origin;
- Relevant policy documents and industry reports were sought by tracking the websites of the leading organisations in the health and fitness sector (e.g., CIMSPA; EuropeActive; IHRSA; REPs; and UKActive), as well as key organisations in public health (e.g., NICE and WHO);
- Flagship events in the sector were attended in order to capture current knowledge within the broad field of fitness. This included events organised by BodyPower Ltd., the EHFA, Fitness Professionals (FitPro), and UKActive;
- Specialist texts, such as professional textbooks and handbooks (e.g., Howley and Thompson, 2012; Thompson, Bushman and Desch, 2010) and professional publications (e.g., the FitPro Magazine, Health Club

Management, Leisure Opportunities and the REPs Journal), were analysed to identify latest developments in the (fitness) field;

- Bibliographies from the retrieved literature were searched, together with the researcher's personal files, for additional articles that were related to the purpose of the research.

The retrieved literature was analysed in order to assess the evidence on fitness professionals as an occupational group and to answer the questions for the research. The findings were organised and are presented under four key themes.

Selection of terminology

The review of the available literature found that the term 'fitness professional' was being used inconsistently to refer to a broad range of occupational roles. The evidence suggests, for example, that the terms 'fitness professional' and 'exercise professional' are often used in different, overlapping and, sometimes, interchangeable ways to refer to a broad range of occupational roles. It is beyond the scope of this research to precisely demarcate the appropriate use and application of terminology within this context. It is suggested, however, that the relationally broad and encompassing term 'fitness professional' (as opposed to 'exercise professional'), more accurately depicts the challenges and demands that are inherent within the practices of this group (e.g., see Section 6.3: The knowledge and expertise boundaries of fitness professionals). Here, it can be noted that the role of these practitioners clearly extends beyond the delivery of planned, structured and repetitive (i.e., exercise) interventions for the physically active body. Rather, their roles appear to be more closely aligned with the

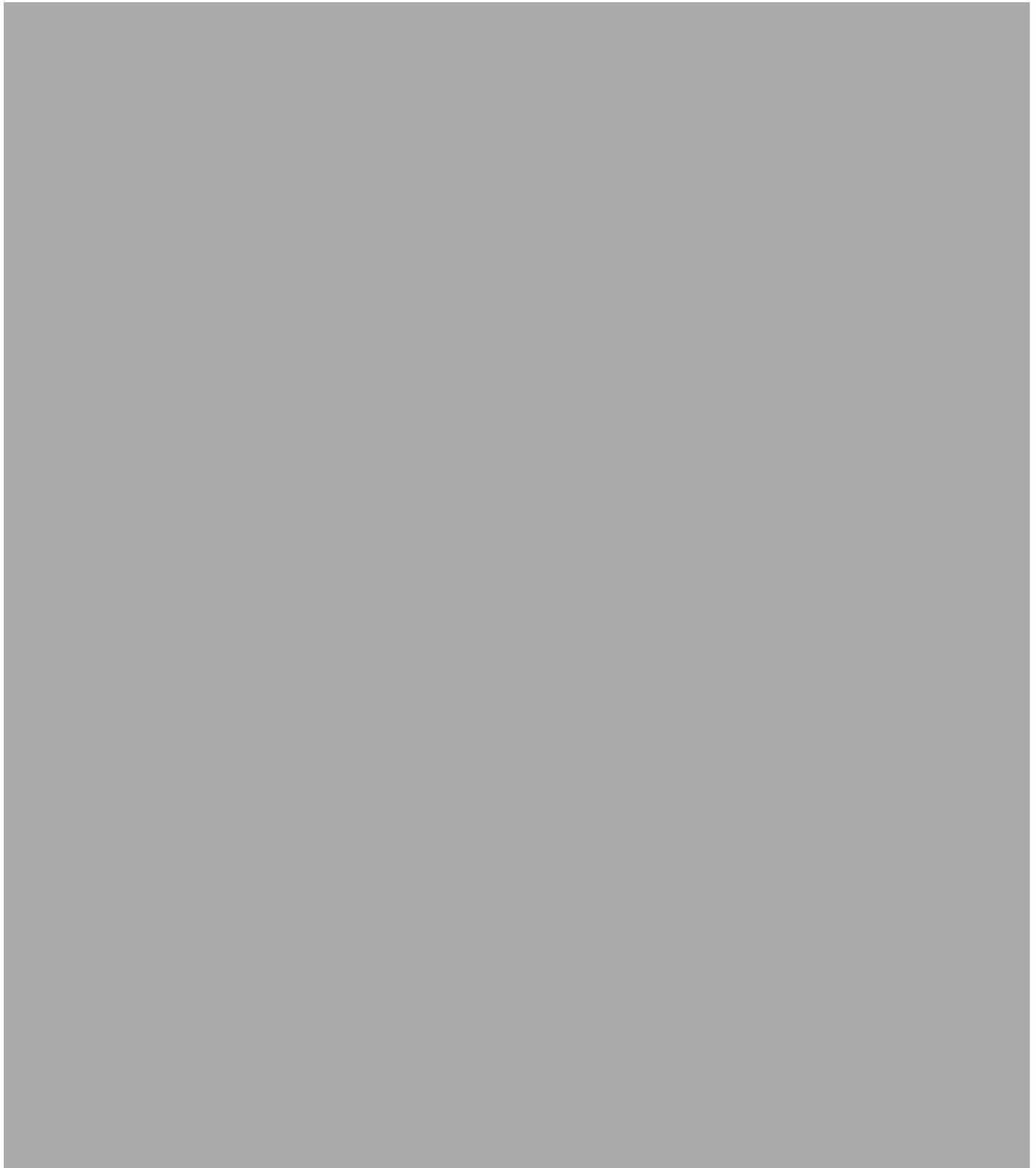
holistic and relationally broader concept of fitness (Neville, 2012; 2013a; Smith Maguire, 2008a; see also Kent, 2006).

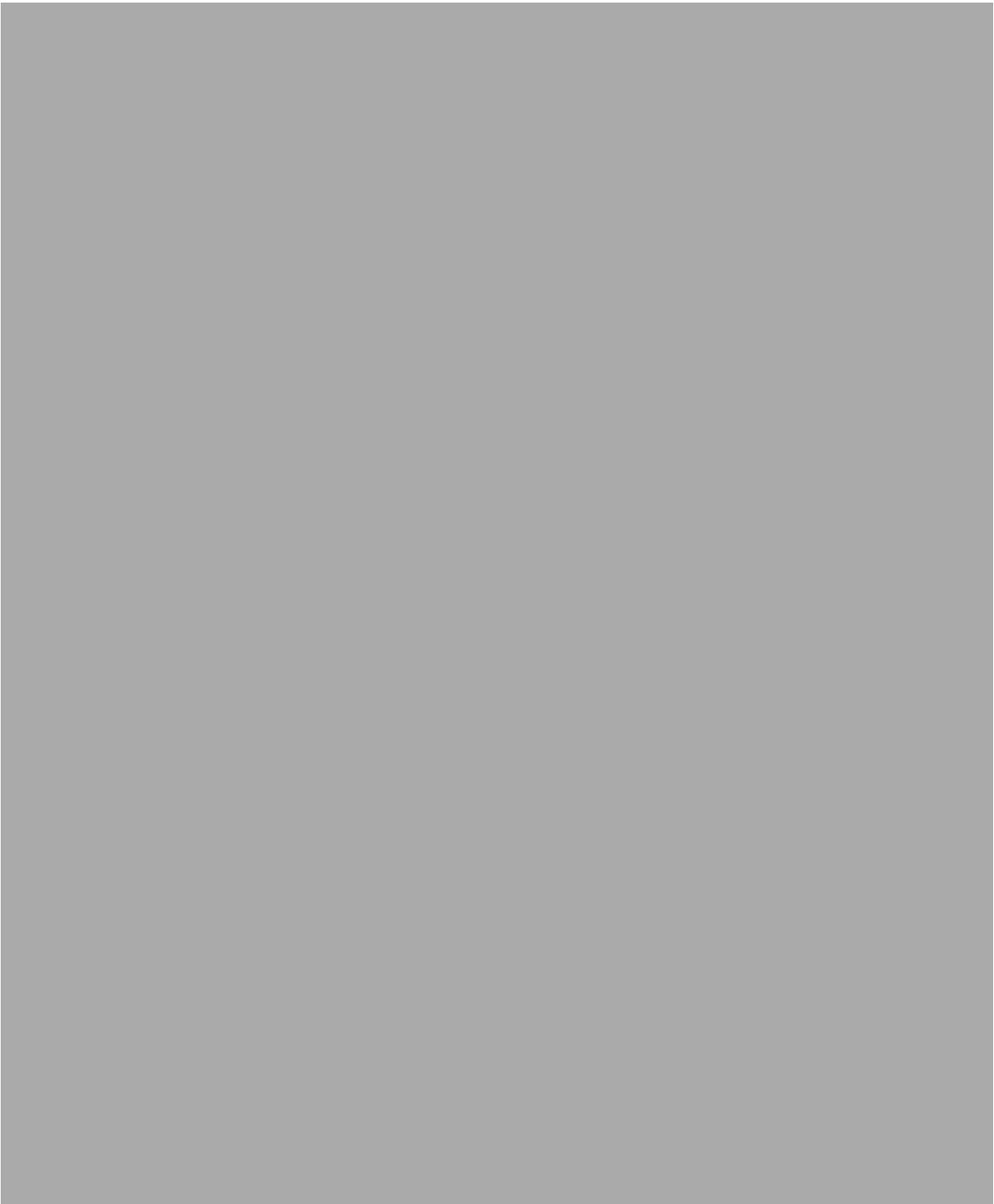
For the purposes of this research, and based on an extensive analysis of the terms in regular use, the term ‘fitness professional’ was adopted as an umbrella term to refer to a series of inter-related occupational roles. The particular focus was on the core industry roles of ‘fitness/gym instructor’ and ‘personal trainer’ using current industry standards/guidelines as a basis for defining these roles (EHFA, 2011b; 2011c; REPs, 2009a; 2009b; CIMSPA, 2017a; 2017b). These guidelines that were selected because they were considered to represent the main frameworks that were being used by the UK and European fitness industries to define the roles, learning and development requirements, practices and purposes for fitness professionals. As such, the main focus of the research excluded exercise physiologists, cardiac and pulmonary rehabilitation professionals and sport and exercise scientists, for example, who have been the subject of previous research concerning the training and practice of ‘exercise professionals’ (see Warburton *et al.*, 2011). Moreover, the current research did *not* include as its primary focus physiotherapists, athletic trainers, exercise-to-music instructors, strength and conditioning coaches or Yoga or Pilates instructors. It is, however, acknowledged that a fitness professional might indeed serve (or hold qualifications) in these roles.

It should be noted that despite apparent similarities in the nature of the health- and fitness-related claims made about fitness professionals, it is likely that the claims are referring to different constellations of individuals and/or occupational roles. This reflects the fact that both the umbrella term ‘fitness professionals’ and its

encompassing terms (e.g., fitness instructor, personal trainer) are themselves unclear, open-ended and subject to multiple interpretations. To some extent, this reflects views expressed by Middelkamp and Steenbergen (2012a; p.56), who argued in their analysis of the core industry role of a personal trainer that ‘approximately everything can be placed within this concept’. In an attempt to address the issue of terminology as far as was feasible, the research sought to be as clear as possible about the specific occupational roles being referred to at any given point.

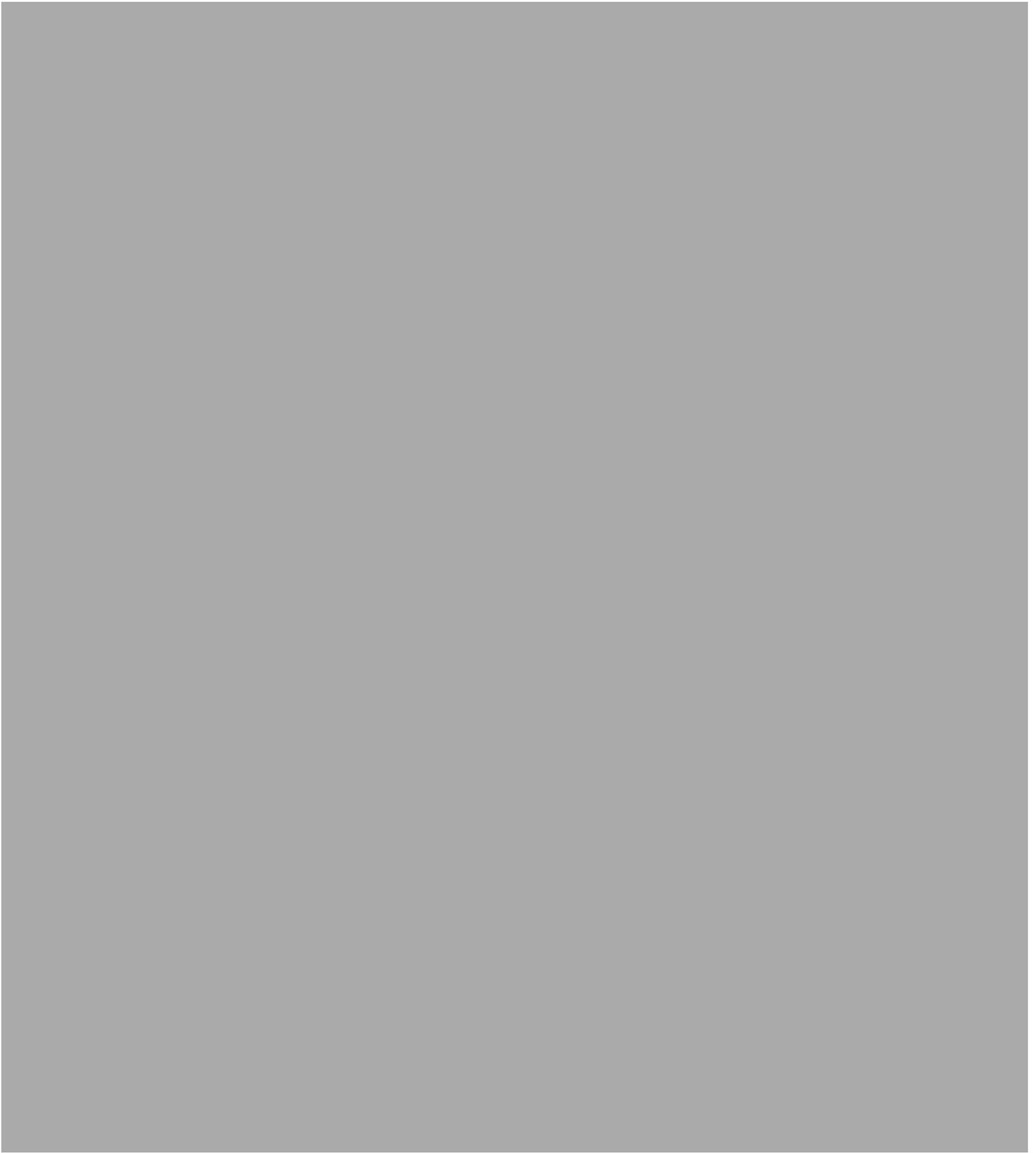
Appendix 3. Background information questionnaire (adapted from De Lyon and Cushion, 2013)













Appendix 4. Generic interview guides for case study fitness professionals

Interview 1

Purpose

The purpose of the first interview is to: (i) collect background information about the case study fitness professionals and their career-development; (ii) explore and understand their professional learning, education and development processes; and (iii) seek information and understanding about their current professional role and practice expectations.

Introductory statements

- Purpose of the project and interview
- Confidentiality
- Right to withdraw

(i) Background information and career-development

- Can you tell me a little bit about your current role in the fitness industry?
- What are your main responsibilities?
- How many years have you been working in the fitness industry?
- How did you initially get involved in the industry? (Look for career path/why)
 - Seek perceptions of the initial training qualification(s)
 - Seek perceptions of subsequent qualifications
- Please tell me about your experience of working as a fitness professional to date.
 - Seek perceptions about how this role has changed (or not changed) over time
- Are you currently a member of any professional associations or bodies? If yes, seek perceptions of each body or association and the influence it has had on their practice
- Can you please describe the best fitness session you have ever delivered?

(ii) Professional learning and development processes

- In your view, what have been your most significant learning experiences?
 - In what situations do you feel you have learnt the most?
 - Are you able to describe any learning activities that you are engaging in at the moment?
- Based on your experiences, what forms of professional development have you found to be the most useful in terms of your work as a fitness professional?
 - Seek perceptions of why these were effective
- Are you able to identify any barriers to your professional development at the moment?

(iii) Current role and practice expectations

- In your current position, what do you feel are the main expectations of your role?
- In what ways are these expectations either similar or different between people?
- What clients/people are you working with at the moment?
 - Seek information such as number of clients and number of interactions
 - Seek information such as clients' age, gender, health-status, demographic etc.
- Could you tell me a little bit about the types of relationship or interactions you have with your clients?
 - What do these interactions usually involve?
 - How is this similar or different between clients?
- At the moment, where do you view the boundaries of your role (i.e., what you are not able to do)?
 - Seek perceptions of accountability processes
- In what ways do you communicate with other professionals or workers in the context of your work?
 - Seek perceptions of wider networks and communication strategies
- What types of advice have you needed to offer to clients in the past?
 - Look for specific information and examples
- How prepared and able do you feel to offer these kinds of advice?

Gather participant's perceptions on the interview process and ask if there are any other comments before closing the interview.

Information on the next point of data collection.

Interview 2

Purpose

The purpose of the second interview is to: (i) explore the nature and characteristics of ‘effectiveness’ for these case study fitness professionals in relation to their professional development and practice; and (ii) explore the complexities of the relationship between each individual case study fitness professionals and the health of members of the public.

Introductory statements

- Overview content of previous interview
- Purpose of the interview
- Reminder: Confidentiality and right to withdraw

(i) Nature and characteristics of ‘effectiveness’

- From your perspective, what is an ‘effective’ fitness professional?
- What does an effective day working as a fitness professional mean to you?
- What factors do you believe enable you to be ‘effective’ during the course of your work?
 - In the last week, what factors have made you effective in your role?
- At the moment, what performance measures or targets exist to assess the effectiveness of your work?
 - Who sets these targets?
 - What targets are you hoping to achieve this month?
- Would you be able to say a little bit about how you assess the quality of your work at the moment?
- What factors do you believe prevent you from being ‘effective’ during the course of your everyday work?
 - Seek perceptions of barriers
 - In the last week, what factors have prevented you from being effective in your role?

(ii) Relationship with public health

- Can you please describe the strategies that you have you have adopted in the past to improve the health of your clients.
 - Look for the strategies used in the course of the data collection
- How do you currently measure the health and fitness of your clients?
 - Seek perceptions about how these measures have changed (or not changed) over time
 - Look for variations between clients
- What factors do you think help you to play a public health role?
- What factors do you think are preventing you from playing a public health role more effectively?

- Do you currently communicate with any stakeholders in health-care/public health?
 - Explore the nature of the relationship
 - What challenges have you faced in this regard?
- In your view, what could you do to improve the quality of experience for fitness participants?

Gather participant's perceptions on the interview process and ask if there are any other comments before closing the interview.

Information on the next point of data collection.

Interview 3

Purpose

The purpose of this interview is to: (i) draw together findings of the previous two interviews and provide opportunities for each case study fitness professional to reflect and report on the research process; (ii) cover any topics that emerged during the data collection period; and (iii) develop recommendations that could be made to improve practice for these fitness professionals in the future.

Introductory statements and recap

- Overview content of previous interviews
- Purpose of the interview
- Reminder: Confidentiality and right to withdraw

(i and ii) Previous findings and emergent topics

- Professional learning, education and development processes
- Current role and practice expectations
- Nature and characteristics of ‘effectiveness’
- Relationship with public health

(iii) Recommendations

- In what ways do you believe your learning, training and education could be improved?
- In your view, what would help you to meet your current role and practice expectations more effectively?
- In an ideal world, what would enable you to improve peoples’ health more effectively?

Gather participant’s perceptions on the interview process and ask if there are any other comments before closing the interview.

Inform participant of the next stage of the research process.

Appendix 5. Generic interview guides for other participants

Client interview

Purpose

The purpose of this interview is to develop a deeper understanding of the practice of the case study fitness professional, as well as the relationships that exist between this fitness professional and the health and wellbeing of members of the public.

Specifically, the aim of the interview is to:

- (i) Explore your experiences of exercising in gym environments and your goals;
- (ii) Understand more about the relationships and interactions that exist between yourself and the members of fitness team – and, more specifically, your interaction with the case study fitness professional as a client/member;
- (iii) Develop recommendations for improving the practice of fitness professionals in the future.

Introductory statements

- Purpose of the project and interview
- Explain confidentiality
- Explain right to withdraw

(i) Exercise background and current goals

- Are you able to start by saying a little bit about yourself – so what you do for work/hobbies etc.?
- Are you able to briefly outline your previous experiences of exercising in gym environments?
 - Seek perceptions of change over time
- What are your main goals at the moment?
- What types of fitness training are you doing at the moment?
 - Seek perceptions of change
- From your perspective, what do you believe makes an ‘effective’ fitness professional?
- What expectations did you have:
 - a) As a member of the fitness centre/club/facility?
 - b) As a client of [X fitness professional]?
- Are you able to explain the types of activities you have been doing at the centre/club/facility?
 - Seek perceptions of these activities
- Would you be able to outline the types of support that [X fitness professional] has provided to help you with achieving your fitness and exercise goals?

(ii) Client-trainer interaction

- What have been your experiences of exercising with fitness professionals?
 - Seek motivations
- How would you describe the interaction you have with [X fitness professional] as a client?
 - Five words to describe these interactions?
- How would you describe [X fitness professional's] approach to instruction?
- When you are participating in an exercise session with [X fitness professional] what is going through your mind?
- From your perspective, what do you believe make [X fitness professional] effective (or not effective) as a fitness professional?

(iii) Recommendations for future practice

- From your perspective, what recommendations would you make to improve the practice of fitness professionals in the future?
- What do you think the researchers and the fitness industry could learn from [X fitness professional's] work as a fitness professional?

Gather participant's perceptions on the interview process and ask if there are any other comments before closing the interview.

Information on the next stage of the project.

Colleague interview

The purpose of this interview is to develop a deeper understanding of the practice of fitness professionals working at this fitness centre/club/facility, as well as the relationships that exist between these fitness professionals and the health and wellbeing of members of the public. Specifically, the aim of the interview is to:

- (i) Obtain some more information about your current role and background;
- (ii) Explore the nature and characteristics of what it means to be ‘effective’ as a fitness professional working in this context;
- (iii) Understand more about the relationships that exist between members of the fitness team and the health and wellbeing of members of the public;
- (iv) Develop understanding about the case study fitness professional;
- (v) Explore recommendations for improving the practice of fitness professionals in the future.

Introductory statements

- Purpose of the project and interview
- Explain confidentiality
- Explain right to withdraw

(i) Background information

- Can you please start by stating your name and current job role?
- Are you able to briefly outline your previous experiences working in the fitness industry, and how these experiences have led to your current role?
- What are the main responsibilities of your current role at the centre?
- What are your main objectives and targets at the moment?
 - Identify key stakeholders
 - Find out who sets the current objectives and targets

(ii) Nature and characteristics of ‘effectiveness’

- From your perspective, what do you believe makes an ‘effective’ fitness professional working at this centre?
- What do you believe are the different aspects of the role of a fitness professional working at the centre?
 - Seek more information on each of the different aspects (e.g., exercise referral schemes/fitness instructing etc.)
 - Seek information on processes
- In terms of your current role, what expectations do you have as a member of the fitness team?
 - How do you know if you are meeting these expectations?
- Would you be able to say a little bit about how you currently assess quality in relation to your work?

(iii) Relationship with public health

- How do you view the relationship between the fitness team and the health of members of the public?
- How do you view the relationships work between the members of the fitness team?
 - Seek perceptions of communication processes
- From your perspective, and in terms of your role, what are the incentives for the centre to contribute towards any public health outcomes?
 - Seek perceptions of exercise referral scheme
- What are the relationships that exist between the centre and other stakeholders in public health (e.g., doctors surgeries, hospitals etc.)?

(iv) Develop understanding about the case study fitness professional

- How would you describe [X fitness professional's] approach to instruction?
- From your perspective, what makes [X fitness professional] effective (or not effective) in their role?
- What do think we can learn from [X fitness professional] as an example of a fitness professional?

(v) Recommendations for future practice

- From your perspective, what recommendations would you make to improve the work and/or professional development of fitness professionals in the future?
- In an ideal world, what do you believe would enable the fitness professionals working at this centre to improve peoples' health more effectively in the future?

Gather participant's perceptions on the interview process and ask if there are any other comments before closing the interview.

Information on the next stage of the project.

Management interview

The purpose of this interview is to develop a deeper understanding of the practice of fitness professionals working at this centre/club/facility, as well as the relationships that exist between these fitness professionals and the health and wellbeing of members of the public. Specifically, the aim of the interview is to:

- (i) Obtain more information about your role and objectives for the centre/club/facility;
- (ii) Explore what it means to be effective in this context;
- (iii) Understand more about the relationships that exist between members of the fitness team and the health and wellbeing of members of the public; and
- (iv) Develop understanding about the case study fitness professional;
- (v) Develop recommendations for improving the practice of fitness professionals in the future.

Introductory statements

- Purpose of the project and interview
- Explain confidentiality
- Explain right to withdraw

(i) Background information

- Can you please start by stating your name and current job role?
- Are you able to briefly outline your previous experiences working in the fitness industry, and how these experiences have led to your current role?
- What are the main responsibilities of your current role at the club/centre/facility?
- In terms of the case study report, how would you like the centre/club/facility to be described?
- How would you describe your target market?
- What are your main objectives and targets for the centre/club/facility at the moment?
 - Identify key stakeholders
 - Find out who sets the current objectives and targets
 - Find out what targets are aiming to be achieved this month in terms of:
 - a. The centre/club/facility
 - b. The fitness team

(ii) Nature and characteristics of ‘effectiveness’

- From your perspective, what do you believe makes an ‘effective’ fitness professional?

- What do you believe makes an ‘effective’ fitness professional working at this centre/club/facility?
- What are the main roles of fitness professionals working at this centre/club/facility?
- What do you think it is that clients/members want from members of the fitness team?
- What do you believe are the different aspects of the role of a fitness professional working in this context?
- In terms of your current role, what expectations do you have for members of the fitness team?
 - How do you know if they are meeting these expectations?
 - Find out what is currently measured in relation to the fitness team as well as the findings obtained from these measures
 - Explore role boundaries
- Would you be able to say a little bit about how you currently assess quality in relation to the work of your fitness team?
 - Seek examples and mechanisms for assessing quality

(iii) Relationship with public health

- How do you view the relationship between the fitness health club and the health and wellbeing of members of the public?
- How do you view the relationship between members of the fitness team and the health of members of the public?
 - Seek perceptions of strengths / opportunities / barriers
- From your perspective, and in terms of your role, what are the incentives for the health club to contribute towards any public health outcomes?
- What are the relationships that exist between the health club and other stakeholders in public health (e.g., doctors surgeries, hospitals etc.)?
 - Seek perceptions of opportunities/barriers

(iv) Develop understanding about the case study fitness professional

- How would you describe [X fitness professional’s] approach to instruction?
- From your perspective, what makes [X fitness professional] effective (or not effective) in their role?
- What do think we can learn from [X fitness professional] as an example of a fitness professional?

(v) Recommendations for future practice

- From your perspective, what recommendations would you make to improve the work and/or professional development of fitness professionals in the future?
- In an ideal world, what do you believe would enable the fitness professionals working at this health club to improve peoples’ health more effectively in the future?

Gather participant's perceptions on the interview process and ask if there are any other comments before closing the interview.

Information on the next stage of the project.

Appendix 6. Observation framework (adapted from Merriam, 2009)

Date:.....

Time:.....

Fitness Professional:.....

Location:.....

| Category | Comments |
|------------------------------------|-----------------|
| The physical setting | |
| The participants | |
| Activities and interactions | |

| | |
|--|--|
| Conversation | |
| Subtle factors | |
| The behaviour of the researcher | |

Observational framework guide:

| Category | Comments |
|------------------------------------|---|
| The physical setting | What is the physical environment like? What is the context? What kinds of behaviour is the setting designed for? How is space allocated? What objects, resources, technologies, etc. are available in the setting? |
| The participants | Describe who is in the scene: how many people and their roles. What brings these people together? Who is allowed here? Who is not here who would be expected to be here? What are the relevant characteristics of the participants? Further, what are the ways in which people in the setting organise themselves? What are the patterns and frequency of the interactions, the direction of communication patterns, and changes in these patterns? |
| Activities and interactions | What is going on? Is there a definable sequence of activities? How do the people interact with the activity and one another? How are the people and activities connected? What norms or rules structure the activities and interactions? When did the activity begin? How long does it last? Is it a typical activity, or unusual? |
| Conversation | What is the content of the conversation in this setting? Who speaks to whom? Who listens? |
| Subtle factors | Less obvious, but perhaps important factors including: <ul style="list-style-type: none"> - Informal and unplanned activities - Symbolic and connotative meanings of |

| | |
|---|---|
| | <p>words</p> <ul style="list-style-type: none"> - Nonverbal communication such as dress and physical space - Unobtrusive measures such as physical clues - What does <i>not</i> happen (especially if it ought to have happened) |
| <p>The behaviour of the researcher</p> | <p>How does the behaviour of the role of the researcher affect the scene? What did the researcher say and do? What thoughts did the researcher have while the scene was going on?</p> |

Appendix 7. Thematic maps for each case study

Sarah

| Themes | Codes |
|---|--|
| 1. Becoming a personal trainer: a journey into the fitness industry | Becoming a personal trainer – a journey Career path 'Period of confusion' Important learning and skills Training and education experiences Key fitness events Perceptions of the fitness industry |
| 2. Changing bodies, minds and relationships | Role and boundaries 'Getting results' Clients and role Nutritional role Nexus of responsibility Psychological role |
| 3. The professional is personal | Personal is professional Appearance as a PT Managing lifestyle and possibilities of burnout Emotional aspects of being a PT Gender Changing perceptions of others Friends and family 'Girl gang' Place in the fitness market |

The case of personal trainers at Capital Health Club

| Themes | Codes |
|---|---|
| 1. The indeterminate and service-driven nature of the role | Nature of the role Clients' needs and expectations Role and expectations Effectiveness Purpose of the role PT-client relationship Role ambiguity Sales |
| 2. Training and development issues | Training and development Career development issues Conditions of employment PT turnover Entrepreneurship Competition |
| 3. Lack of industry regulation, quality, accountability and standards | Industry standards and quality Regulation and accountability Inappropriate behaviour Links to health |

Jane

| Themes | Codes |
|--|---|
| 1. Becoming a fitness professional at Heritage Leisure Centre: a journey | Becoming a fitness professional: the journey Training and development |
| 2. Working at Heritage Leisure Centre: Nature of the role | Role and boundaries Human relationships Psychological role Consultation room Health role Gender Performance and impression management |
| 3. Links and relations to public health institutions | Links to other health groups Public health links Exercise referral scheme Special population groups Barriers to exercise referral scheme Commercial challenges |

Dominic

| Themes | Codes |
|--|---|
| 1. Starting out and developing a career in fitness | Learning, education and professional development Formal training and development Personal development in the fitness industry Significant learning experiences Organisational support |
| 2. "I'm sort of like a multi-disciplinarian": Managing multiple roles and expectations | Role expectations Formal role expectations Member and client expectations Role as an exercise instructor Role as an educator Role as a motivator Role as a sales person Role as a performer Role as a social facilitator Floor walking Organisational expectations Client-trainer interactions |
| 3. 'A movement towards health': Public health links and relationships | Role as a community asset Role as a public health asset Links to health organisations Public health initiatives at the centre Barriers to role as a public health asset Communication with key public health stakeholders |

Paul

| Themes | Codes |
|--|---|
| 1. Journey into current role | Journey into current role Professional learning, training and development |
| 2. Roles, relationships and responsibilities | Role(s) and responsibilities in the market Exercise role Psychological role Nutritional role Responsibility and accountability Sustaining fitness Fitness as a journey Role boundaries Letting go and 'sacking' clients |
| 3. Place, polarisation; professional development and progression in the fitness industry | Positioning, power and place in the market Being self-employed Sales and marketing Reflections on the fitness industry The personal is professional Regulation New technology Role moving forwards |

Appendix 8. Thematic map of the key stakeholder/policymaker interview data

| Themes | Codes |
|---|---|
| 1. The proliferation, training and development of fitness professionals | Professional training and development Perceptions of the fitness industry and its development Customer expectations Role boundaries and scopes of practice Nature of initial training |
| 2. Lack of regulation, quality and standards | Regulation and standards Conditions of employment Nexus of responsibility Power in the fitness industry |
| 3. Links with public health: opportunities and conflicts | Public health links Exercise referral Perceptions of healthcare Professional status Role of political parties and governments |

Appendix 9. Participant member reflections

