From gym instructor to physical activity counsellor

Reflections on “training” exercise referral practitioners to deliver a needs-supportive physical activity behaviour change intervention

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Exercise referral – the “public health panacea for PA promotion”?

(Dugdill et al., Ergonomics 2005; 48; 1390)

Referral from GP

ER induction

Uptake ~66% Adherence ~49%

12 week ER

Maintenance

Improved health

Pavey et al., J Epidemiol Community Health 2012; 66; 737
Pavey et al., BMJ 2011; 343; d6462
“The assumption seemed to exist that, once “patients” had been shown the error of their (inactive) ways during the course of free exercise treatment, the benefits of PA would be so obviously apparent that they would choose to adopt more active lifestyles as a matter of course over the long-term”

(Henderson et al., 2017, p.8)
Self-Determination Theory (Ryan & Deci, 2000)

Controlled
Someone feels pressured or forced to be physically active (e.g. for approval of others, or to receive a certain medical treatment)

Autonomous
Someone engages in physical activity because they want to (e.g. to work towards a personal fitness goal, because they believe in the benefits of PA or because they enjoy PA)

Long-term PA participation
Improved wellbeing

Improved wellbeing

Long-term PA participation

Improved wellbeing
What “conditions” help people to feel autonomously motivated?

**Competence**

Patients feel capable of doing what is required to be physically active and feel their programme is sufficiently challenging.

**Autonomy**

Patients feel they have choice in their PA programme and understand why they are doing it.

**Relatedness**

Patients feel a positive “connection” with others (e.g. clinician, instructor, other exercisers).
How might this be achieved in an ER setting? (“Needs-supportive delivery”)

Get to know the client, their preferences, and barriers

Offer meaningful choice

Allow client a say in their programme

However, attempts to train exercise practitioners in needs-supportive delivery have proved challenging (Duda et al., 2014)

Ask permission

Open

Reflective listening

Provide a meaningful rationale

Give client chance to ask questions
**Aim:** To co-produce a PA referral scheme that is evidence-based, effective and cost-effective and sustainable within local infrastructures

**Phase 1:** Co-development (Apr-Aug 16)

**Phase 2:** Feasibility (Jan-Jul 17)

**Phase 3:** Pragmatic effectiveness (Jan 18...)

**Aim.** To reflect on experiences of training exercise referral practitioners (ERPs) to deliver in a needs-supportive manner.

![Project outline diagram](image-url)
Co-Developed Intervention

Referral from Health Professional

Week 0 Induction

Week 4 Consultation

Week 8 Consultation

Week 12 Consultation

Week 18 Follow-Up

SDT-based PA behaviour change support

12-Week tailored PA support

Additional Support (optional)

Health Trainer Service
Staff “training” (n = 6 ERPs)

- Needs analysis (Sep 16)
  - Induction observations

- Education (Oct 16)
  - Group workshop (~3 hours)

- Behaviour change support (from Oct 16 ongoing throughout feasibility pilot)
  - One-to-ones
  - Induction observations
  - Group meetings
## SDT-informed training (working towards “co-delivery”)

### Needs supportive training to foster motivation to change delivery behaviour in ERPs

- **Autonomy**
  - Providing a clear and relevant rationale for the project (i.e. coming from the ERP perspective)
  - Involving ERPs in decision making about training and programme delivery (and taking their lead in the pragmatic issues)
  - Listening to ERP needs - encouraging open, honest feedback and (most importantly) responding to feedback
  - Reducing power imbalances by acknowledging two-way learning process

- **Competence**
  - Acknowledging ERP expertise, and their crucial contribution to the project
  - Providing structured one-to-one support and feedback
  - Tailoring support to the different starting points of ERPs

- **Relatedness**
  - Personalised, informal communication to build rapport with ERPs (e.g. e-mails, informal chats during visits)
  - Demonstrating compassion, empathy, care
  - Promoting shared ownership (e.g. using terms such as “we” / “our” project)

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ERPs deliver in a needs-supportive manner to foster motivation to exercise in GP referral clients

An ounce of practice is worth more than tons of preaching.

— Mahatma Gandhi
Reflective practice (journal, discussions)

Reflective cycle (Adapted from Gibbs, 1988)

**Description**
Interactions with ERPs
Observations of ERP consultations

**Evaluation**
To what extent did events demonstrate ERP integration of needs-supportive practices?

**Action plan**
How could these experiences inform future training for ERPs?

**Analysis**
How could we make sense of ERP experiences we were being exposed to?
Early findings (reflective log)

He [ERP] felt he had to set the client’s gym programme because he knew what were the right exercises for his condition.

“So we’re going to be “health trainers”?...to this ERP, they are gym instructors and their role is to “sell” the gym.

I realised as I was chatting to one of the ERPs...whilst I was talking about psychosocial needs, they were hearing it as “physical needs”...so in their minds they are already tailoring programmes to client’s needs.
Lost in translation…

So this is about tailoring the programme to the client’s (psychosocial) needs…

But I already do tailor the programme to the client’s (physical) needs…
To what extent were ERPs internalising the intervention values?

“Experience is, for me, the highest authority”

(Carl Rogers, 1961)

“You want us to do it this way”

I’d been marketing it as a positive thing for sustainability that we are working “within existing resources”. But I’d not stepped back to think about how this is felt by those we are asking to do [the work].
As time has gone on…

- **Open and equal environment** (researcher as “facilitator”) - helped build **mutual trust** (e.g. raising issues, acting on feedback) and promote **autonomy, relatedness and competence**

- **Evidence of ERP co-ownership of project** (e.g. e-mails, operational behaviour, motivation for next steps)

- **Positive effects on team communication**
Conclusion & implications

• SDT-based delivery deviates from standard ERP working practices

• Need to move from “training” toward needs-supportive “facilitation of change” (education, behaviour change support)
Thank you for listening and Happy Christmas!

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Benjamin Buckley – Feasibility study results

Parallel session D - “Physical activity”

This afternoon
14:30-15:30