HEALTH COACHING AND MOTIVATION: USING THE HEALTH BELIEF MODEL TO EXPLAIN FITNESS FACILITY MEMBERS' BARRIERS TO PRACTICING HEALTHY BEHAVIORS

by

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DEDICATION

This is dedicated to my loving, generous, supportive, and devoted parents, who were the first to teach me what hard work, dedication, and consistency can look like—lessons that will last a lifetime.
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I would like to formally thank, recognize, and acknowledge all who have helped me form and bring this thesis to life. Thanks to Dr. Jacqueline McDowell, who constantly gave me advice, feedback, and suggestions as to what my research topic should be in the first place, as well as helping me to recognize and scratch my ideas and topics that I was not as enthusiastic about researching. Thanks also for piecing your ideas together with mind to formulate a research proposal and thesis idea that I am excited to share with others in the future.

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LIST OF ABBREVIATIONS

Behavioral Risk Factor Surveillance System ....................................................... BRFSS
Body Mass Index ...................................................................................................... BMI
National Center for Health Statistics ........................................................................ NCHS
National Health and Nutrition Examination Survey ............................................. NHANES
ABSTRACT

HEALTH COACHING AND MOTIVATION: USING THE HEALTH BELIEF MODEL TO EXPLAIN FITNESS FACILITY MEMBERS’ BARRIERS TO PRACTICING HEALTHY BEHAVIORS

Amanda Garrett, M.S.
George Mason University, 2017
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Practicing healthy behaviors may potentially lessen the occurrence of chronic diseases. However, individuals may report barriers that prevent them from practicing healthy behaviors. The Health Belief Model is utilized as the theoretical framework to guide the research by exploring in what manner fitness facility members’ perceived barriers will influence their willingness to practice healthy behaviors. Using an instrumental case study design, the researcher conducted in-person focus group interviews with 11 fitness professionals within the George Mason University Recreation Department. Respondents reported various barriers to individuals’ healthy behaviors, including time commitment, lack of motivation, financial constraints, intimidation and fear of inconsistent adherence. To assist members in overcoming reported barriers, respondents’ views on the importance of a health coaching program were addressed. Various aspects of health coaching’s importance are conferred, including health coaching’s influence on
motivation, traits of quality health coaches, benefits of health coaching programs, structure of the health coaching programs and implementation challenges. Within the structure of the health coaching programs theme, sub-themes that are discussed include frequency of health coaching program meetings, components offered within health coaching programs, costs of the health coaching programs and campus collaborations. The results will be utilized for future development and implementation of a health coaching program for Mason Recreation.
CHAPTER ONE: INTRODUCTION

Leading causes of preventable death include heart disease, type 2 diabetes and cancer (Centers for Disease Control and Prevention, 2016a). These diseases have been linked to a sedentary lifestyle associated with obesity (2016a). Approximately 610,000 people die of heart disease in the United States every year, accounting for one in every four deaths (Centers for Disease Control and Prevention, 2015). Approximately 76,000 deaths are caused by diabetes each year, and cancer diagnoses is expected to increase to nearly two million (Marcus, 2016; Centers for Disease Control and Prevention, 2016a). Diseases (i.e., heart disease and cancer) may be affected by physical activity, and reducing risks of the diseases may require years of physical activity beforehand (Office of Disease Prevention and Health Promotion, 2017b).

Adults ages 18 and over (more than 80 percent) do not meet the recommendations for aerobic and muscle strengthening physical activity programs (Office of Disease Prevention and Health Promotion, 2017c). The recommended levels include 150 minutes per week of moderate-intensity aerobic exercise, 75 minutes per week of vigorous-intensity aerobic exercise, or a combination of both types (Office of Disease Prevention and Health Promotion, 2017a). Research suggests that in addition to participating in regular exercise, health behaviors such as adapting a quality nutrition program, smoking cessation, and receiving regular checkups at a doctor’s office are also beneficial to
decreasing the likelihood of diagnosis (Seghers, Van Hoecke, Schotte, Opdenacker, & Boen, 2014). Barriers to adherence to fitness facility members’ healthy behaviors have been identified in this researcher’s study and include financial constraints, time commitment, fear of inconsistency, intimidation and lack of motivation.

Becker and Maiman (1975) developed the Health Belief Model in an attempt to understand the rationale behind individuals’ non-adherence to healthy behavior practices. The Health Belief Model has been used to explore the theory that an individual’s adherence to recommended healthy behaviors is influenced by several factors; the model was subsequently used as the theoretical framework for the research (Stretcher & Rosenstock, 1997). The factors include individuals’ perceived significance of health problems, benefits and effectiveness of actions towards the health problems and probability of reducing the direct threat of the problems (Stretcher & Rosenstock, 1997). Several of these factors have been used to guide research. An example of a program is the Osteoporosis Prevention Program (OPP) (Hayden, 2009). The program aimed to address reasons for non-adherence to health behaviors concerning osteoporosis prevention (Hayden, 2009). The Health Belief Model may provide valuable guidelines for such program development, which may allow planners to explore and address members’ barriers in practical settings (Hayden, 2009).

Health coaches are trained professionals who strive to assist their clients in addressing behavioral habits that affect a wide range of issues (i.e., smoking, inactivity and stress) (American Council on Exercise, 2017). Health coaches may offer the direction, motivation and tools necessary for individuals to regain an increase in health
and well-being (American Council on Exercise, 2017). Research has shown that health coaching programs have positively influenced, motivated, and increased individuals’ self-efficacy related to their health behaviors (Seghers et al., 2014). The authors concluded that adding 15-minute coaching sessions at the beginning of a lifestyle physical activity program may effectively enhance intervention effects on participants’ physical activity behaviors and program adherence (Seghers et al., 2014).

**Research Purpose**

The research purpose was twofold: One, identify barriers to developing healthy behavior changes in fitness facility members. Second, describe the importance of implementing health coaching programs in fitness facilities.

**Research Questions**

Based on the theoretical framework of the Health Belief Model, the following research questions were explored.

1. What are barriers that fitness facility members report to practicing healthy behaviors?
2. What is the importance of implementing health coaching programs in fitness facilities?

**Significance**

Diseases including heart disease, type 2 diabetes and cancer are associated with obesity and inactive lifestyles (Centers for Disease Control and Prevention, 2016a). The significance of the research focuses on barriers that fitness facility members report to
practicing healthy behaviors. If the most prevalent barriers that individuals report are known to fitness facility owners, administrators, trainers and health coaches, this may allow the professionals to provide solutions that prevent barriers from occurring. In addition, the proposed research will explore the need for implementing health coaching programs at fitness facilities to improve the likelihood of continuing physical activity in their lives.
CHAPTER TWO: THEORETICAL AND CONCEPTUAL FRAMEWORK

Theoretical Framework: The Health Belief Model

Becker and Maiman (1975) developed the Health Belief Model in an attempt to understand why individuals do not take measures to positively influence an individual’s lifestyle. The Health Belief Model’s theory proposes that several factors have the ability to influence individuals’ acceptance and engagement in recommended healthy behaviors (Stretcher & Rosenstock, 1997). These factors include an individual’s perceived health problem severity, perceived benefits and effectiveness of actions towards the health problems and probability of reducing the direct threat of the problems (Stretcher & Rosenstock, 1997). Additional constructs have recently been added to the Health Belief Model and have expanded it to include: cues to action, motivation and self-efficacy (Hayden, 2009). The Health Belief Model indicates that individuals will be more likely to take action to control, prevent and screen for illnesses, diseases and unhealthy conditions if the individuals believe themselves to be susceptible to illnesses (Stretcher & Rosenstock, 1997).

The Health Belief Model has been used to examine individuals’ beliefs that they can accomplish certain tasks or goals, a concept regarded as self-efficacy (Stretcher & Rosenstock, 1997). For example, a moderately sedentary individual whose goal is to run a 5K race in a few months’ time needs confidence to take steps to achieve that goal.
Individuals may set various goals to practice healthy behaviors (i.e., healthy eating, drinking, exercising, cessation of smoking and safe sex practices) (Stretcher & Rosenstock, 1997). Individuals need the confidence to change their behaviors for effective adherence to take place (Stretcher & Rosenstock, 1997). Individuals must feel as if current unhealthy behavior patterns are threats, and that changes will benefit the individuals’ lives “…at [an] acceptable cost” (p. 114).

Benefits of taking action towards healthy behaviors may determine an individual’s motivation to begin the behaviors (Stretcher & Rosenstock, 1997). Individuals will be more likely to take action towards healthy behaviors if they believe they will experience severe consequences by not practicing healthy behaviors (Stretcher & Rosenstock, 1997). Individuals may also take action if they believe the healthy behaviors would reduce their susceptibility and severity of disease risk, or if they believe the benefits of taking action outweigh the costs (Stretcher & Rosenstock, 1997). For example, an individual who does not believe he is susceptible to cardiovascular disease would not be expected, in alignment with the Health Belief Model, to adhere to a health behavior such as smoking cessation, unless he believed he would benefit (Stretcher & Rosenstock, 1997).

A key component of the Health Belief Model includes self-efficacy as an important characteristic for sedentary individuals’ behavior change (Seghers, Van Hoecke, Schotte, Opdenacker & Boen, 2014). During a 12-week lifestyle physical activity program, Seghers and colleagues assigned participants to either a standard intervention group that did not include self-efficacy coaching (N=111), or an extra-
intervention group that included self-efficacy coaching (N=116) (2014). The participants’ self-efficacy beliefs, along with cardiovascular fitness levels, self-reported physical activity and body mass index (BMI) were measured before and upon completion of the intervention, to explore if these factors were influenced by self-efficacy coaching (Seghers et al., 2014). The participants’ perceived adherence to physical activity programs was measured following the intervention (Seghers et al., 2014). The researchers compared a standard intervention (without 15-minute self-efficacy coaching), with extra intervention (i.e., novel intervention with additional 15-minute self-efficacy coaching) over the course of 12 weeks (Seghers et al., 2014).

Upon completion of 12 weeks, participants who received the additional self-efficacy coaching demonstrated improvement in program adherence, self-efficacy and physical activity (Seghers et al., 2014). However, both groups who participated in the physical activity program demonstrated improvement in cardiovascular fitness levels and the participants’ BMI levels decreased by one kilogram of body weight (Seghers et al., 2014). A physical activity program that includes brief 15-minute self-efficacy coaching sessions may enhance intervention effects on participants’ physical activity levels and behavior, self-efficacy beliefs and adherence to the physical activity program (Seghers et al., 2014). The findings of the study explored the importance of health coaching to individuals’ healthy behavior change, supporting the need to explore health coaching program necessities in this study. Seghers and colleagues also suggested a possible solution of self-efficacy coaching sessions to lessen the barriers that fitness facility
members report to healthy behaviors. The results of this study support the need to continue to explore a health coaching program in fitness facilities.

Health coaching sessions may be completed individually with wellness center members in which a coach works one-on-one with a member to explore the member’s health behaviors, self-efficacy and goal setting skills as accomplished in the following research study. Researchers investigated the effects of a one-on-one wellness coaching program in which one coach would work with one wellness center member individually (Clark, Bradley, Jenkins, Mettler, Larson, Preston, & Vickers Douglas, 2016). Wellness center members (N=100) received 12 weeks of health coaching consisting of semi-structured interviews (a variety of 10 open-ended questions) related to participants’ enjoyments, displeasures, confidence and motivation regarding the one-on-one coaching program (Clark et al., 2016). In addition, the open-ended questions gauged the participants’ viewpoints regarding implementing a wellness coaching program and how their future health behaviors may change (Clark et al., 2016). At the completion of 12 weeks, participants completed a pre-post and three-month follow up questionnaire assessing their potential changes in health behaviors following the one-on-one coaching sessions in which a coach worked individually with a wellness center member (Clark et al., 2016). The items in the follow up questionnaire requested information from the participants regarding 11 health behaviors, self-efficacy for eating and goalsetting skills (Clark et al., 2016). The results indicated that individuals’ health behaviors, self-efficacy levels and goal-setting improved after 12 weeks of one-on-one coaching (Clark et al., 2016). The findings suggest a one-on-one wellness coaching program may assist in
developing healthy behaviors and importantly at a three-month follow up (Clark et al., 2016).

**Conceptual Framework: Prevalence of Physical Inactivity**

Facilitating individuals’ long-term weight control through interventions is important for their continual well-being (Jakicic & Otto, 2006). Nearly 38 percent of adults are obese, according to national data from the National Health and Nutrition Examination Survey (NHANES) (Carroll, Flegal, Kruszon-Moran, Fryar, & Ogden, 2016). Obesity rates vary according to age, with middle-aged adults as the group with the highest rates of 41 percent for 40- to 59-year-olds, compared to a 34.3 percent rate of 20- to 39-year-olds and 38.5 percent of adults ages 60 and older (2016).

Ham, Kruger, and Tudor-Locke (2009) reviewed data from two national surveys of adults’ participation in exercise, sports, and recreation, and found that only 25 percent of respondents admitted to participating in sport, exercise or recreational activities. The researchers noted that only 60.9 percent of the respondents participated in leisure pursuits in the previous 30 days (Ham, Kruger, & Tudor-Locke, 2009). Throughout the world, 15 percent of men and 20 percent of women are at risk of developing chronic illnesses and diseases as a result of physical inactivity (Guthold, Ono, Strong, Chatterji, & Morabia, 2008).

Middelkamp, Van Rooijen, and Steenbergen (2016) conducted a retrospective study that further explored the prevalence of physical inactivity. The researchers examined attendance data from a sample of 400 gym members who cancelled gym memberships. For the purpose of the study, regular attendance for a member was
considered at least four visits to the health club per month (Middelkamp, Van Rooijen, & Steenbergen, 2016). All former facility members purchased a membership; however, 19.5 percent never attended the club in two years. Ten percent of former facility members attended regularly for six months, and 2.3 percent attended regularly for two years (Middelkamp et al., 2016). The researchers indicated that members who attended for more than six months exhibited a greater chance of maintaining exercising habits (Middelkamp et al., 2016). The researchers’ study demonstrates the influence of attendance history and consistency on facility members’ long-term healthy behaviors.

Various diseases are associated with risk factors that should be monitored to assist the facilitation of individuals’ healthy behavior adherence. Diseases include cancer (i.e., breast, colorectal, endometrial, ovarian, kidney, pancreatic, and others), cardiovascular disease, Type 2 diabetes, hypertension, and a lower overall quality of life (Hruby, Manson, Qi, Malik, Rimm, Sun, & Willett, 2016). A risk factor linked to such diseases includes the absence of healthy behavior practices (i.e., eating a well-balanced diet, getting enough sleep and regular physical activity) (Hruby et al., 2016). Genetic risk factors may influence individuals’ BMI (which consists of the ratio of lean tissues, muscles and organs compared to fat tissues in the body), as well as individuals’ mortality and morbidity (Hruby et al., 2016). Environmental factors may also play an imperative role (Hruby et al., 2016). Aiding individuals’ healthy behavior implementation may lessen the likelihood that risk factors could potentially develop into diseases.

Decreasing the likelihood of weight gain and obesity may be possible with the utilization of health behaviors (i.e., a healthy diet and physical activity) (Hruby et al.,
Healthy behaviors have been presented as the best preventative measures against chronic morbidity and mortality (Hruby et al., 2016). Individuals are encouraged to attempt small steps to gradually increase quality of life and life expectancies, because of the many risks associated with the absence of healthy behavior practices (Hruby et al., 2016). Individuals may not wish to put forth the physical, mental or time commitments necessary to practice healthy behaviors, however the suggested benefits may outweigh the risks of chronic diseases associated with inactivity (Hruby et al., 2016).

**Barriers to Adherence**

Fitness facility members may encounter various barriers throughout their healthy behavior journeys. Each individual may have his or her own beliefs as to what is considered a “barrier” in his or her life. Parent and Alquist surveyed 4,166 men and 4,655 women for the National Health and Nutrition Examination Survey from 2007 to 2010 (Parent & Alquist, 2016). The researchers found that respondents’ barriers may include the belief that weight loss is solely controlled by genetics, or that body weight is not under the respondents’ own control (Parent & Alquist, 2016). An additional barrier reported by respondents was that diet and exercise alone cannot control respondents’ weight (Parent & Alquist, 2016). The researchers found that respondents who believed weight as unchangeable held poor health behaviors and physical health (Parent & Alquist, 2016). Respondents’ perceived inability to influence weight through healthy behavior changes may be negatively related to health behaviors (Parent & Alquist, 2016). Respondents who believed weight to be outside the influence of diet and exercise engaged in rewarding short-term behaviors (i.e., eating unhealthy foods or avoiding...
exercise) rather than healthy behaviors with long-term benefits (Parent & Alquist, 2016). The findings of the survey identified respondents’ beliefs and barriers to healthy behaviors (i.e., achieving weight loss goals) that may cause poor long-term health outcomes. Fitness facility professionals’ awareness of barriers to healthy behaviors, factors that may influence or preclude the barriers and long term rewards that result from healthy behaviors may assist the professionals in providing incentives for individuals to partake in healthy behaviors for long-term rewards.

Overweight or obese individuals may struggle with adherence to weight loss programs (Hadziabdic, Mucalo, Hrabac, Matic, Rahelic, & Bozikov, 2015). The prevalence of non-adherence to physical activity may impede attempts by professionals to prevent and treat diseases such as obesity (Hadziabdic et al., 2015). To assess individuals’ program adherence, Hadziabdic and colleagues conducted a 12-month weight reduction program with 124 obese patients (Hadziabdic et al., 2015). The researchers evaluated patients’ program adherence pre-post by identifying barriers to adherence that predicted participants’ weight loss progress and program drop-out rates (Hadziabdic et al., 2015). The researchers found that after one year of participating in the weight loss program, the two strongest predictors of weight loss adherence were weight loss progress and marital status (Hadziabdic et al., 2015). Program participants exhibited a greater chance of dropout if they possessed lower education levels and increased obesity levels (Hadziabdic et al., 2015). In addition to monitoring adherence to the physical activity program, the researchers also implemented a specific weight loss program to explore participants’ behavior change. Participants (33.1 percent) were
deemed as successful because they accomplished a behavior change, which resulted in
the reduction of body weight by an additional 5 percent following the intervention
(Hadziabdic et al., 2015). If further research is conducted regarding individuals’ barriers,
supplemental methods to assist fitness professionals to illicit members’ behavior change
may result.

**Health Coaching**

Health coaching may involve a facility member working with the certified coach
as a team to assist the member in addressing behavioral factors that affect members’
health habits (American Council on Exercise, 2017). Individuals’ physical activity
levels, as well as the individuals’ personal, financial and relationship health goals may be
positively influenced by the motivation and awareness aspects of health coaching
(Arloski, 2009). Health coaching and motivational interviewing require health coaches to
actively listen to individuals’ goals and to give constructive feedback for healthy
behavior changes (Cox, 2011). The National Society of Health Coaches (NSHC) suggest
that several distinctions exist among types of coaches in professional healthcare fields
(Miller, 2014). Distinctions are determined by coaches’ interventions, skill sets and key
competencies provided to the members served by coaches (Miller, 2014). Health coaches
are distinguished from other types of coaches because health coaches hold licenses or
credentials that allow them to practice in clinical settings (Miller, 2014). Despite the
value of the distinctions, this information should not be confused with this researcher’s
purpose to explore the importance of health coaching programs.
Researchers explored the importance of health coaching programs for 177 coaching session participants’ health priorities (Mettler, Preston, Jenkins, Lackore, Werneburg, Larson & Clark, 2014). The study explored the participants’ health priorities prior to coaching sessions, as well as the participants’ improved health behavior motivation levels following a three month follow-up (Mettler et al., 2014). The researchers provided the participants with wellness questionnaires before coaching, and upon completion of the three month follow-up (Mettler et al., 2014). The researchers found that participants’ motivation and confidence levels within various health behavior domains (i.e., health, wellness and quality of life domains) substantially improved (Mettler et al., 2014). The participants’ health management, physical activity levels, healthful food choices, energy levels, healthy weight, life satisfaction levels and mental and emotional fitness improved following the completion of the approximate 12-week long study (Mettler et al., 2014). Findings suggest that coaching interventions may provide members with the necessary tools and encouragement to prevent barriers from occurring, and to motivate members toward positive healthy behavior changes.

The researchers’ findings within the theoretical framework utilized the Health Belief Model to demonstrate that the prevalence of barriers may impede individuals from practicing healthy behaviors. As indicated by researchers, individuals may be more likely to implement behavior change and to prevent disease risk if they believe their risk susceptibility is significant (Stretcher & Rosenstock, 1997). Findings confirm that chronic disease risk affects individuals throughout the world as a result of physical activity (Guthold et al., 2008). Barriers such as the inability to control behaviors or to
achieve weight loss goals may impede individuals from initiating healthy behavior change (Parent & Alquist, 2016). The conceptual framework’s findings encourage the awareness of fitness professionals to individuals’ healthy behavior barriers so they may provide potential solutions that would produce long-term benefits (i.e., reduced disease risk) for individuals. Findings demonstrate that individuals’ reported motivation, confidence, physical activity, energy and life satisfaction levels, in addition to health management, healthful food choices, healthy weight and mental and emotional fitness all improved following the participation in health coaching programs, emphasizing the importance of health coaching (Mettler et al., 2014). The professionals’ guidance and encouragement through health coaching and other methods may motivate individuals towards healthy behavior changes to reduce disease risk and improve quality of life.
CHAPTER THREE: METHODS

The purpose of this thesis was to explore barriers to fitness facility members’ healthy behaviors; and on the importance of health coaching programs in fitness facilities. A qualitative approach was deemed the best approach for this study because this researcher wished to gather detailed explanatory data from research participants’ experiences. A strength of qualitative research is that it allows researchers to obtain an understanding of factors that influence human experiences in personal and social contexts (Gelling, 2015).

Research Design

The research questions were explored using a case study design because the researcher sought to examine the subject in a particular setting: a fitness and recreation facility environment. Specifically, an instrumental case study design was chosen for this study. This type of study explores a case (i.e., a person, specific group or in this researcher’s case a specific department) to provide insight into a particular issue (Grandy, 2010). The instrumental case study design explored barriers to fitness facility members’ adherence to healthy behavior changes and the importance of health coaching programs. The rationale for using this design focused on understanding more about a particular phenomenon (Edwards & Skinner, 2009)—in this case, fitness facility members’ barriers
to healthy behaviors. The researcher did not merely focus on the participants; she was interested in the phenomenon of motivation and adherence in members.

**The Population and Sample**

The population in the study included professionals who work in the health, fitness, and recreation industry. The sampling frame within the fitness segment of Mason Recreation consisted of approximately 60-70 individuals. The sampling frame consisted of two groups of professionals based on the professionals’ occupations: personal trainers and group exercise instructors. Out of all recruited participants, the researcher’s final sample consisted of eight personal trainers (four males, four females) and four group exercise instructors (two males, two females). Ages of participants in the sample ranged from 21 to 50. Pseudonyms will be used to refer to the participants (i.e., Jeff [PT], Beth [G/X]). Data from past personal training clients from Mason Recreation was also sought; though only one client responded to recruitment efforts. However, because of the valuable information gleaned from this interview, the researcher thought this information was important to include in Appendix C. This data will not be discussed in the remaining thesis.

**Instrumentation and Measures**

The instrument and measures used to collect data consisted of a list of interview questions. The Health Belief Model was used as a lens to drive the interview question development. The questions were designed to explore the professionals’ views on barriers to fitness facility members’ motivation, and the importance of a health coaching
program in fitness facilities. Several sample questions that were asked to all professionals are listed below, and a complete list of these questions is listed in Appendix A. Two questions included:

- What do you believe are some barriers to facility members’ success in starting or maintaining healthy behavior practices, and the causes of these barriers?

- Do you believe clients’ thoughts that a healthy behavior will be more of a hindrance than a benefit, will make the clients less likely to want to develop a particular health behavior (or set of health behaviors)? Please explain.

Questions that were specific to personal trainers and group exercise instructors were also asked. Two sample questions included:

- As a Fitness Director (who is also one of the personal trainers), how would you look to implement what goes into such a program (i.e., do professionals need to get certified to be health coaches, do the professionals need to log certain hours, what kind of budget would this program entail, would the members pay for the additional service, etc.)?

- As a personal trainer, how would you see a health coaching program benefiting Mason Recreation? What are some struggles you anticipate down the line?

Prior to conducting the interviews, the researcher asked several individuals (e.g., advisor, professionals in the field) to examine the interview questions to determine if face validity was reached. Face validity measures the extent to which the instruments (interview questions) appear to measure what the instruments are indeed designed to
measure (Creswell, 2014). The reviewers believed the interview questions measured what the questions appeared to measure, but contributed different ideas towards the refinement of the interview guide. After the researcher revised the interview questions, she submitted and received approval from George Mason University’s IRB to begin collecting her data, which is detailed in the following section.

**Data Collection Procedure**

In Spring 2017, the fitness professionals from Mason Recreation (personal trainers and group exercise instructors) were contacted via email over a two-week period. The researcher followed up with the professionals to illicit additional responses, because several professionals who initially agreed to participate later declined. The researcher received varied availability throughout the pool of fitness professionals; therefore, four focus groups (N=10), and two individual interviews (N=2) were organized.

Interviewing the participants in person allowed the researcher to obtain thoughts and responses related to the questions that participants may not have disclosed in an anonymous online questionnaire. This qualitative approach also allowed the researcher to understand professionals’ individual experiences, insights and views on members’ barriers to success and the importance of health coaching programs. The small size of the focus groups proved as useful for the research because the environment allowed the researcher to obtain multiple perspectives while still maintaining control of the interviews. The focus groups also allowed the interviewees to become more open in expressing their viewpoints.
Data collection occurred in-person at the Mason Recreation facilities (the professionals’ workplaces) when possible. One of the interviewees preferred to meet outside of the facilities. Each participant was given an informed consent to complete, (please see Appendix B), which included a section for the participant to accept or deny permission for the researcher to audibly record the interviews. The researcher was able to obtain permission from all participants to audio record their interviews. Each participant was given a paper copy of the interview questions (please see Appendix A) shortly before each interview took place, in case he or she could focus more effectively by reading the questions. The researcher recorded data findings via field notes and audio recordings while the interviewees spoke.

**Data Analysis**

The data was analyzed using a qualitative inductive content analysis. According to Cho and Lee (2014), qualitative content analysis assists researchers because this type of analysis can increase understanding of the issue under study through several written (and in this case, audio recorded) communication materials. The hand-written field notes and audio-recorded materials were classified into categories and groups of related meanings (Moretti, van Vliet, Bensing, Deledda & Mazzi et al., 2011). Cho and Lee mention that the qualitative content analysis makes processing large amounts of data attainable for researchers.

Through qualitative content analysis, the researcher was able to classify and identify groups of data through various themes and patterns based on the interview and research questions (Hsieh & Shannon, 2005). In particular, the researcher used inductive
qualitative content analysis because categorizing and assigning various groups (using descriptors or code words) to different themes based on what the participants said was revealed throughout the study (Cavanagh, 1997; Kondracki, Wellman, & Amundson, 2002). The results and collected meanings were directly drawn from the data gathered, from the participants’ answers to the interview questions and the research questions developed (Cavanagh, 1997; Kondracki, Wellman & Amundson, 2002).

Starting with the raw audio-recorded data, as well as the researcher’s written field notes, the data was organized into two categories based on the research questions. Next, data within each category was grouped by common themes. The key was to analyze multiple perspectives of professionals with different occupations (certified personal trainer versus certified group exercise instructor).

Five main themes related to barriers that fitness facility members report to practicing healthy behaviors surfaced under category one. The barriers included time commitment, lack of motivation, financial constraints, intimidation and fear of inconsistent adherence. Five main themes surfaced from the interviews on suggestions of the fitness professionals on the importance of health coaching programs, if one would be implemented in Mason Recreation. The themes included influence on motivation, necessary traits of quality health coaches, benefits of health coaching programs, structure of the program (frequency of health coaching meetings, components offered within health coaching programs, costs of health coaching programs and campus collaborations) and implementation challenges. Figures 1 and 2 (please see Appendix E) illustrate the major themes into webs as visual aids.
CHAPTER FOUR: FINDINGS

The data focused on the professionals’ beliefs of fitness facility members’ barriers to practicing healthy behaviors. The in-person interviews (focus groups and individual interviews) demonstrated and reflected the knowledge and experience of the professionals, who were able to provide examples from current and former clients. In answering research question one, five main themes surfaced in the data: time commitment, lack of motivation, financial constraints, intimidation and fear of inconsistent adherence. This research project also sought to obtain suggestions from the professionals on the importance of a health coaching program and necessary components that would allow a health coaching program to be successful. Hence, five main themes surfaced in relation to research question two: influence on motivation, necessary traits of quality health coaches, benefits of health coaching programs, structure of the programs (frequency of health coaching meetings, components offered within health coaching programs, costs of health coaching programs and campus collaborations) and implementation challenges. The categories and themes are discussed in more detail in the following sections.

Barriers to Fitness Facility Members’ Healthy Behaviors

According to the personal trainers (PT) and group exercise (G/X) instructors, facility members have reported various barriers that prevent them from practicing healthy
behaviors (i.e., exercising, eating a proper nutritious diet, receiving routine checkups and smoking cessation). The main barriers they are aware of include: time commitment, lack of motivation, financial constraints, intimidation and fear of inconsistent adherence. Figure 1 (please see Appendix E) illustrates members’ barriers.

**Time Commitment**

The time commitment required to engage in healthy behaviors emerged as the most frequently reported barrier to facility members’ healthy behavior practices, and was mentioned by nine professionals. Lisa (PT) mentioned that there are only 24 hours in a day, and many members must prioritize activities based on the perceived importance of each activity. Maria (PT) said that especially if members are students, the members may be preoccupied with school work, and believe there is not enough time in the day to meal prep, exercise, go to work and obtain enough sleep. Professionals in the workplace may consume work obligations that eliminate time from engaging in physical activity, in addition to the travel time from work, school, the gym and home.

Frank (G/X) declared that some students may be less likely to return if the students believe that time spent exercising is a waste. Frank (G/X) also stated that if members’ scheduling conflicts cause them to arrive late to the group exercise classes, members miss the warmups and knowledge of the class agenda. Individuals’ tardiness also does not provide their muscles with adequate time to warm up, which may cause them to sustain injuries. Beth (G/X) mentioned that some facility members may lack motivation as a result of the desired classes not being offered at times when those members are available, and sometimes not at all. Depending on availability of
instructors, it may be necessary that some classes are cancelled or temporarily discontinued for a semester, summer or entire academic year at Mason Recreation, as well as in other facilities.

Ian (PT) stated that members may view physical activity as an obligation rather than a lifestyle. Jake (PT) agreed and mentioned that some people do not realize that physical activity can be efficient and effective if the individuals practice time management correctly. Jeff (PT) revealed that it is unnecessary to spend three hours in the gym every day. He said that the most efficient workouts may be the most effective if the participant maintains a good pace throughout the workout. Luke (PT) added that time crunches and pure laziness may lead to a lack of motivation, as well as the attachments members build to old lifestyles or habits.

Jeff and Sara (PTs) also stated that members’ lack of knowledge of longevity that exercising can provide may make clients less likely to desire to put forth the time commitment required to do so. Jake (PT) mentioned that some members do not have the proper coaching, knowledge, or awareness of the potential longevity. The members will benefit from the knowledge that healthy eating and exercising is a segment of life that makes one whole. Regular physical activity does not have to consume a member’s entire life, time, and energy; it is just beneficial to make exercise a part of one’s life.

**Lack of Motivation**

Eight of the professionals mentioned facility members’ lack of motivation as a barrier to healthy behaviors. Luke (PT) indicated that members may believe healthy behavior practices may become burdensome because of the time and mental motivation
required for habit formation with their end goals in mind. Jeff (PT) mentioned that external motivation from others may only push members so far regarding members’ beliefs that healthy behaviors can produce benefits. He suggests that members must recognize the large ramifications that may result for one’s body, mind, and family as a result of unhealthy habits. Members must believe in their own abilities to achieve lifestyle goals, however, Sara (PT) suggests that the facility environments are important to maintain members’ confidence and comfort levels.

Maria (PT) and Ian (PT) added that if members are not motivated by trainers because of a lack of personalization in the programs, the members may not wish to continue. Ian (PT) stated that one of his clients did not enjoy working with previous trainers she had. She did not enjoy those experiences because other trainers created her workouts in accordance to the trainers’ own goals for the client. The former trainer did not inherently listen to the clients’ program desires to assist the client in achieving her goals. Ian (PT) emphasized the importance of the enjoyment of workouts instead of causing the clients to dread their entire sessions. Maria (PT) mentioned that one of her clients dislikes aerobic exercise machines, so Maria (PT) draws on her creativity to incorporate fun into aerobic exercise with races and casual running competitions to engage in alongside her clients.

Frank (G/X) noted that if members do not believe exercise would benefit them, coaxing and intriguing advertisements may be necessary to increase motivation. Chris (G/X) mentioned that if the members believed a healthy behavior practice to be a burden on the members’ busy lives, the members may automatically receive negative
perceptions, and thus may be unlikely to attempt additional healthy behaviors. Chris (G/X) added that more motivation on potential benefits would be needed, such as the knowledge that physical activity can reduce cortisone levels, increase oxytocin, and reduce stress.

Jake (PT) indicated that sadly, the truth is that many individuals place value on activities other than healthy lifestyles because individuals may believe that healthy behaviors place additional burdens on their lives. He noted that “…more members need to invest in health for the long-term benefits that health can have for those members, in addition to family members and friends who care.” Jake (PT) also mentioned that society can place much value in success, good grades and educating youth to participate in extracurricular activities. However, he added that youth are encouraged to listen to wise mentors, coaches and others who are concerned with youths’ health habits. Jake (PT) also said that older people must educate youth on the potential benefits healthy behaviors may produce. The “leading by example” starts at adolescence.

Financial Constraints

Six of the professionals mentioned financial constraints as a barrier to fitness facility members’ healthy behavior practices. Ian (PT) mentioned that not only do members have trouble paying for facility memberships if the members are not full time students, but the members also struggle with the financial obligations that accompany other healthy behaviors that work in tandem with exercising (i.e., meal prepping and buying healthy foods at the grocery store). The extra costs that fee-based classes such as
yoga, Pilates, martial arts, and self-defense entail at Mason Recreation may push potential motivated members away, according to Chris (G/X).

**Intimidation**

Six of the professionals cited the intimidation factor as a major barrier to members’ healthy behavior adherence. According to the Health Belief Model, facility members may believe practicing healthy behaviors can be barriers to their lives, or the members may believe these practices can benefit their lives (Stretcher & Rosenstock, 1997). The Health Belief Model’s theory verifies that beliefs on whether healthy practices are barriers or benefits, have the potential to determine if facility members are more or less likely to adhere to healthy behavior practices. The professionals were asked if this was a valid theorization. The personal training and group exercise staff agreed with the Health Belief Model’s theory. Beth (G/X) stated that she offers modifications in her classes, so that members will not become intimidated by potential barriers or difficulties required to participate. She mentioned that instructors must keep an open mind to all levels, and that everyone’s level of challenge is different.

Jeff (PT) believes that facility members may feel alone, isolated and embarrassed from the lack of knowledge, supplies and extra equipment that other members may bring to the fitness facilities: “Communication is needed many times to keep members going.” Sara (PT) indicated that many members are afraid to complete exercises alone, especially international students. The members may be afraid to “look silly using a machine incorrectly,” or that the members’ healthy behaviors and habits will be questioned by friends. Sara (PT) also mentioned that members may feel unmotivated if the members
believe their goals are unattainable. Sara (PT) offered the idea that trainers must provide short, measurable goals for members, so the members feel more comfortable in the environment. Sara (PT) added that friends have a big influence on facility members and may cast doubt on the members. Chris (G/X) said that some members in group exercise classes are new, and are afraid of “looking silly in front of more experienced classmates.” Therefore, Chris (G/X) added that new students are less likely to participate as wholeheartedly than if their comfort levels were higher in group exercise classes. Chris (G/X) stated that this case may be especially true for introverted members, or members having familial or personal issues.

**Fear of Inconsistent Adherence**

Four of the professionals reported the fear of inconsistent adherence to healthy behaviors as a barrier for facility members. Luke (PT) indicated that members may fear practicing healthy behaviors because they may not wish to acknowledge that progress is not automatic. Luke (PT) added that many members stop maintaining workouts and nutrition, and feel incompetent to accomplish goals. Tanya (PT) believes that members are not necessarily scared of living a healthy lifestyle, but are fearful of making the leap of change to start healthy lifestyles in the first place. Individuals’ fears may place a burden on the individuals both psychologically and physically. Lisa (PT) added that members may view healthy behaviors as barriers to their lives because they have certain numbers on the scale that they wish to achieve, and believe they have “too much” weight to lose to reach goals.
Importance of Health Coaching Programs

The responses of personal training staff and group exercise staff presented five main themes relating to health coaching programs. The themes included influence on motivation, necessary traits of quality health coaches, benefits of health coaching programs, structure of the programs and implementation challenges. Subthemes that surfaced under the structure of the programs theme included frequency of health coaching meetings, components offered within health coaching programs, costs of health coaching programs and campus collaborations. Figure 2 (please see Appendix E) illustrates the themes and subthemes related to health coaching programs.

Influence on Motivation

Nine professionals offered perspectives of health coaching programs’ influence on fitness facility members’ motivation levels. The professionals indicated that facility leaders (i.e., coaches, managers, trainers, instructors and various other staff members) are provided with excellent opportunities to allow members to feel confident, comfortable and secure in the environment. The professionals noted that physical activity is an aspect of health coaching in which members should feel motivated to participate. The instructors and trainers offered examples of methods they use to motivate their clients to participate in physical activity. The methods presented by the professionals may be utilized in a health coaching program at Mason Recreation. Chris (G/X) promotes a friendly environment in the fitness classes he teaches by allowing his students to motivate fellow peers and friends in the class. He encourages his students to talk amongst the rest of the class to build “small communities” within the classes.
Jake (PT) added that professors, parents and friends may also demonstrate significant influences on members’ motivation. “It is our job to create an accepting environment, to make people feel included, comfortable making friends and to inspire them to have a life of value and enjoyment,” he indicated. Fundamental elements of motivation for members may include trainers’ presence inside the facilities, the environments’ maintenance of cleanliness, the facilities’ sufficient operating hours, acknowledgement of clients’ progress, effort and communication, according to Tanya (PT). Jeff (PT) mentioned that making points of entry (i.e., free fitness classes) additionally accessible may motivate members. He believes that trainers must “…show the members how easy it is to start, and to inspire members to feel good after the gym and enjoy it. The gym’s purpose is not just to make gains.” Lisa (PT) added that competitions offered by the Mason Recreation facilities (i.e., Indoor Triathlon, Partner Fitness Competition and the Powerlifting Meet) allow members to focus on goals to work towards and to maintain their motivation.

Two personal trainers mentioned that the trainers offer clients small incentives during training sessions. Maria (PT) creates motivational journals, as well as positive affirmations, quotes and social media shout-outs for her clients to provide them with affirmation and confident energy. One of Ian’s (PT) clients has a short attention span and does not prefer to work with weight machines. To motivate his client, Ian (PT) builds forts, participates in throwing contests with her, plays tag with her and allows her to dance for her aerobic exercise. Ian (PT) referenced another personal trainer on staff (not interviewed) who motivates clients by telling the clients he will jump in the middle of the
facility and say “I’m a star!” if the clients reach a certain number of repetitions in a particularly challenging workout. Luke (PT) mentioned that it may be helpful to introduce clients to other members and personal training clients to allow the clients to make new friends and acquaintances in the facilities.

Beth and Frank (G/Xs) suggested that members may become motivated if professionals create friendlier and more welcoming environments for the members. For example, Frank (G/X) emphasized that staff members are encouraged to demonstrate “friendly faces” to increase facility members’ motivation and ease. He believes the staff members should lead by example. Beth (G/X) mentioned that the diversity of Mason Recreation’s class types and instructors have facilitated enjoyment for members and staff. In order to increase members’ participation in classes, Beth (G/X) suggested offering yoga or mind and body classes to facility members for free. Currently, Mason Recreation charges a one-time fee per semester and offers a drop-in class option. Beth (G/X) indicated that classes “…should be more at students’ disposal, so everyone may benefit. Spin classes are helpful when recovering from injuries! Cost should not come in the way of the opportunities.” Beth (G/X) also indicated that the cost of parking should not impede members from accessing the facilities. Mason Recreation offers free parking passes to annual membership holders who do not already hold a Mason student parking pass. Beth (G/X) believes more accessible parking may act as an incentive for some individuals.

Ian (PT) offered a different perspective. He indicated that as a certified personal trainer, he already must help clients set and accomplish goals, including regular physical
activity. Each client is different and receives motivation in diverse ways from other clients. Ian (PT) stated “You have to look at the individual personality. You have to adjust to that person’s individual way of learning new concepts.” He mentioned that one of his clients learns best if he speaks to her like a military trainer with little room for small talk. Another client of Ian’s (PT) requires reassurance and a gentler approach, so he assists her motivational levels by accommodating her personality needs.

**Traits of Quality Health Coaches**

The staff at Mason Recreation agree that health coaching may be motivational and non-intimidating for the facility members. Seven of the professionals offered their perspectives. “Any time you can talk to members as human beings and take authority titles out of it, to have real conversation and to take the costs out of the picture, is helpful for members,” according to Jake (PT). Jeff (PT) mentioned that talking to a member like a friend in a non-intimidating environment may allow a health coach to become the middle-ground between two spectrums a member may occupy. The spectrums include the contemplation phase of behavior change (the member is undecided about change), and the maintenance stage (the member commits to healthy behaviors). Jeff (PT) suggested that health coaches may offer an “unbiased, holistic approach, instead of only focusing on physical weightlifting.” Tanya (PT) agrees that a health coach is “…professional and knowledgeable.” She says that “…clients need encouragement and motivation to start [healthy lifestyle changes]. If the other person [health coach] is there, members don’t have to make the necessary changes by themselves, thus they have the energy and confidence to maintain goals.” Luke (PT) agrees that the ability to contribute
to members’ success in and outside of facilities may guide members to properly utilize their body mechanics to the best of their abilities.

Lisa (PT) also stated that the members, coaches and trainers must lead by example and refrain from negative lifestyle behaviors. Luke (PT) added that the community feeling builds accountability, consistency and strength. “It helps to have people who will support you.” Ian (PT) mentioned that a successful health coaching program would focus on becoming an environment of acceptance of all individuals, “…and work from there, on adaptation. Let the clients know they have support.”

Beth (G/X) also indicated that a health coach must have acquired experience working with diverse groups of individuals, and must have an open-minded fresh perspective. She spoke of her daughter who is a nutrition major in college, and mentioned how much evolution has occurred in the field over the years. Coaches and nutritionists who have stayed current through research with newer experiences may be beneficial to a health coaching program, according to Beth (G/X). She also believes that coaches should be knowledgeable, compassionate and open-minded, have a sense of humor and ensure that members’ needs are met. Jeff (PT) offers support and believes that including a mixture of professions and backgrounds who help to implement the program would create “…a story that people can relate to, person-to-person.” The program would allow a member to “…make a mentor or friend out of it, more than just a teacher.”

Tanya (PT) revealed that the coaches (as well as members) must have “…100 percent dedication to the program. Coaches need to put members’ goals first and not the
coaches’ and trainers’ goals. Communication also needs to become present with the members regarding occurrences in the members’ outside lives (i.e., stress, school, work caloric intake).” Lisa (PT) added that health coaching programs would need to offer not only physical training, but also nutritional advice. She believes that coaches must advise members on meal preparation and healthy decisions.

**Benefits of Health Coaching Programs**

Six of the professionals reported benefits that may result from health coaching programs. Frank (G/X) mentioned that “…the goal of health coaching is to build a happier person.” The rapport, community motivation and ability to tweak small aspects of members’ lifestyles are aspects of health coaching that attract Chris (G/X). Beth (G/X) “100 percent” agrees that health coaching programs would be helpful. She mentioned that “we have accountability for ourselves and are each given one body and need to take care of that body. People need to start early [developing healthy behaviors] from childhood and learn by example from adults.”

Tanya (PT) believes that assisting clients with the acquirement of fitness knowledge would also assist health coaches in understanding clients’ needs and outside situations. Sara (PT) added that a benefit for university students would include the ability to relax from school stress while working with a health coach. All trainers agree that such a program would help members achieve goals and live healthier lifestyles, especially if the health coaches collaborate with personal trainers.

The group exercise instructors believed that the benefits would outweigh the negatives of implementing a health coaching program. Frank (G/X) mentioned that there
may be a higher enrollment in fitness class attendance and facility usage if members were already accessing the facility for their health coaching sessions. “The possibilities are boundless and endless!” he stated. Beth (G/X) cited that from the perspective of an instructor, health coaching may increase members’ knowledge on classes that the fitness segment of Mason Recreation offers, each instructor’s style, the meaning of each class type and description and interpretation of a nutrition-label. Beth (G/X) also presented the idea that health coaching may become a group activity, in which two to three yoga instructors, two to three cycling instructors and two to three Zumba instructors could educate members on the benefits and descriptions of each class type.

Health coaching may allow clients and facility members to improve in various areas of life. Tanya (PT) provided the researcher with a primary example of a client she influenced to make small changes to assist in achieving goals. She suggested simple nutritional changes that eventually led the client to make at least six healthy meals a week with her family. Tanya (PT) has also encouraged her clients to improve their social health, life, community and network. To assist members with healthy behaviors, Lisa (PT) mentioned that health coaching may allow members to exercise and to utilize energy positively instead of negatively. She desires to assist her clients with their mindsets because “…many individuals’ lifestyles are influenced by stress.”

**Structure of Health Coaching Programs**

**Frequency of Health Coaching Meetings**

Seven professionals offered their insight into the frequency of health coaching meetings. Five of the professionals indicated that the frequency individuals would need
to meet with health coaches may vary, depending on the individuals’ personalities and motivation levels. One professionals believed that weekly sessions with a health coach would suffice, especially if members possess their own intrinsic motivation when the coaches or trainers were not present. Tanya (PT) mentioned that other individuals may not wish to visit fitness facilities alone and may require constant motivation (i.e., texts, reminder emails check-up phone calls) to remain motivated. In addition, Ian (PT) mentioned that as a personal trainer, he checks up on his clients daily to motivate them, to remind the clients of goals to work towards, and to examine clients’ progress on the workouts without his presence. Ian (PT) believes health coach meetings should be more frequent than once a week, especially at a client’s beginning stages of the program. His rationale for the frequency is because of the constant reinforcement he must provide his own clients to maintain their motivation levels. Tanya (PT) insisted that facility members’ frequency requirements to meet with health coaches should not only be contingent upon the trainers’ or health coaches’ direction of members, but the requirements should also depend on the members’ own desires for results.

Frank (G/X) explained that generally, once a month or at most once a week may be all that is necessary because “…people need to have time to absorb the information and let all of the information sink in. Then you can see if the sessions are working or not with each individual person.” Beth and Chris (G/Xs) believe that the frequency would depend on each member’s motivation level and that the sessions may always be reduced over time to various frequencies if the member improves. To assist with frequency assignments for members, Chris (G/X) also suggested that a health coaching program
may incorporate packages of six, eight, 12 or any number of sessions. The health coach could tailor the frequency of the sessions based on each member’s goals. The coach would need to make the member aware that he or she has “X” number of sessions. The coach must also assist the member in visualization of their goals and paths to reach the goals, instead of making the health coaching sessions “blindly ongoing with no end in sight.”

Jeff (PT) mentioned that professionals who seek to implement health coaching programs may want to consider offering online communities for participants, in addition to in-person meetings. He believes anonymity and non-face to face contact with several other members would ease the difficulty of the change a health coaching program would place on the members’ lives. He added that many individuals, particularly college students, have high concern for others’ perceptions of the individuals and their perceived “weaknesses.” Jake (PT) agreed with this idea, and mentioned that individuals may not wish to be identified directly.

Jake (PT) added that as an individual developed healthily and became motivated, he or she would most likely need to meet with his or her health coach less often over time. Jake (PT) said that various levels of involvement with health coaching programs may assist with maintenance of members. Involvement may consist of mixers or socials for individuals interested in general fitness or fitness workshops (i.e., foam rolling techniques, strength equipment orientations).
Components Offered Within Health Coaching Programs

Four of the Mason Recreation Fitness professionals suggested several components that may be implemented in a future health coaching program at Mason Recreation. Table 2 (please see Appendix E) outlines components of a health coaching program that the professionals suggested. Three group exercise instructors suggested that a health coaching program should have a nutrition component along with the physical fitness component. Beth (G/X) stated that coaches need to understand that an athlete’s dietary needs are not the same as a regular facility member’s dietary needs. Frank (G/X) mentioned that “…members would need a nutrition component, which tells members what to eat and portion sizes, as well as educates them regarding nutrition labels: what looks good versus what is good, including good fats and bad fats.” Chris (G/X) agreed with this statement. He added that the nutrition component may teach members what kinds of oil or other cooking methods to use. “You can always tell a member what a correct exercise form is in the fitness facility, however you also need the nutrition component.” Both instructors agree members need multiple outlets and approaches to reach goals.

As a personal trainer who is fairly new to the fitness segment of Mason Recreation, Sara (PT) believes that members may benefit by receiving a current overall health assessment and goal assessment as part of a health coaching program. Sara (PT) also commented that the coaches must then assess the members after 6-12 weeks of sessions and provide the members with a follow-up to view physical results. She knows individuals desire to see physical results in many training and coaching programs.
“…because the members pay money for this. It is good to have a plan, advice and goals for the member.” She mentioned that in her home country’s training studio, she would assist in the brainstorming of suggestions, advice and goals for members.

Sara (PT) suggested a unique component of a successful health coaching program that others did not, which is an evaluation form that members would fill out at the end of their training packages. The evaluation would be sent through email to evaluate the health coach and the fitness program at Mason Recreation as a whole. She believes that “…we need to ask the people we are serving. This can let members know that their input is valued. We need to provide the members with what they desire, not what we think the members desire.” She indicated that the evaluations may assist the health coaches, fitness managers and supervisors examine the strengths and weaknesses of the program. These discoveries may therefore help “…to change and improve the customer experience and the program.” If the member and coach pairs do not prove to be successful, Sara (PT) mentioned that the program could possibly match the member with another individual who would better suit the member’s needs.

Beth (G/X) suggested that a health coaching program would prove extremely useful if Mason Recreation surrounded “…members with good motivation in the form of workshops. These workshops may consist of anything from a smoking cessation class, a healthy habits class that could teach benefits of drinking water and beneficial vitamins. Make healthy lifestyle practices accessible and easy.” She believes helpful workshops may occur bi-monthly or quarterly.
Costs of Health Coaching Programs

Three professionals reported their perspectives regarding the costs of health coaching programs. Jeff (PT) mentioned that the friendship and community morale may make the program more financially sensible for members to join. The affordability may eliminate the intimidation many members report to participating in a health coaching program. To further reduce members’ pressure, Jeff (PT) suggested that health coaching programs should make “points of entry” easier with an online forum or community for individuals to join. He believes that the anonymity may encourage more individuals to join because “…it is a challenge to bring people in to participate in health coaching if they are in front of other people.”

Regarding the budget, money would need to be allocated to train and pay the certified health coaches throughout their employment with Mason Recreation. He suggested that the department should offer health coaching focus groups to pilot-test the program before the program is officially launched. Pilot-testing may be in the form of fitness workshops. He also offered that a health coaching package of sessions may be provided with a “Gold Access” membership, in addition to the facility membership payment. Currently, the “Gold Access” membership includes the fitness fee-based classes: Martial Arts, Self-Defense, Yoga, and Pilates. There is a one-time fee for unlimited classes during a semester, and a drop-in rate. If health coaching were included in this package, members may be influenced to purchase “Gold Access” memberships more often. He suggested that if the workshops and pilot testing are well received by members and the campus community, the department may receive a grant from the
University. The partnerships would require extreme collaboration, therefore various areas from the University may benefit, not only Mason Recreation.

**Campus Collaborations**

Two of the professionals mentioned collaboration among various departments throughout the university as important for the structure of health coaching programs. Jake and Maria (PTs) stated that a health coaching program would need to be involved in Mason Recreation’s collaboration from several offices throughout the George Mason University campus (i.e., Office of International Programs and Services, Office of Student Involvement, Dining Services, Housing and Residence Life, and various other offices throughout University Life). If a health coaching program was involved in collaboration efforts, the effort may assist with wellness promotion and education for members regarding well-being. Maria (PT) added collaboration may assist with members’ “…spiritual, mental and emotional health, which are all components of well-being. It would add to members’ self-efficacy!”

The Fitness Director (a personal trainer on staff) was asked which components he would like to see in a health coaching program. He indicated that George Mason University contains a diverse population, therefore collaboration with various departments is necessary to market the program more efficiently, and to build partnerships. The Fitness Director mentioned that Dining Services offers students assistance from the Registered Dietician on campus for free. He says, “Building connections with various offices throughout campus may assist in the incorporation of various health aspects for members. Also, connecting with different offices opens more
doors, so members may reap the benefits of social, psychological, spiritual, physical, emotional and mental health. Personal training focuses more on the physical health of a client. Health coaching could assist layers of a facility member-the soul, body, mind and heart.”

One example the Fitness Director provided was that by collaborating and advertising with the Office of International Programs and Services, international students may feel more comfortable utilizing the fitness facilities, activities and programs than if the students were not exposed to the facilities at all. Collaboration helps to “build a community for all.” The Fitness Director suggested that each health coach must be certified as such, which sets a standard. A core group of fitness employees at Mason Recreation would need to train the health coaches on various aspects of George Mason University and the fitness segment of Mason Recreation.

**Implementation Challenges**

Eight of the professionals offered their perspectives concerning the implementation of health coaching programs. Regarding the interest in assisting with the implementation of a potential health coaching program in the future at Mason Recreation, all personal trainers indicated interest. Tanya (PT) expressed passion and willingness to assist members more than she currently does. Luke (PT) suggested that he would definitely be willing to help, however he acknowledges the difficulty it would take to recruit many employees and Certified health coaches to correctly implement the program. A personal trainer and two group exercise instructors showed interest in potentially assisting, if time and availability allow.
Regarding struggles that would result from the implementation of a health coaching program, a common theme among several personal trainers included health coaches attempting to cross boundaries with personal trainers. Ian (PT) indicated that if a health coach began offering contrary advice to one of his clients or “…tried to interfere with our [personal trainers’] jobs, then we’re going to have a problem with that.” Among the trainers, it is important that the new health coaches do not go beyond the coaches’ scope of practice to interfere with clients’ personal training progress. Jake (PT) felt that health coaches and personal trainers should not abuse the authority the coaches and trainers are given. Jeff and Sara (PTs) mentioned members’ lack of knowledge and gaining the members’ trust as common struggles. Jeff (PT) added that some individuals may feel embarrassed to have the affiliation with a health coach, especially during the beginning when rapport, communication and comfort have not yet occurred.

Two of the group exercise instructors indicated funding for a health coaching program as one struggle that would result. Chris (G/X) said that if a health coaching program were included in other fitness class membership packages, the program may be more cost-beneficial. He said that “There is a delicate balance between cost accessibility and funding.” Other issues indicated were parking difficulties, facility membership fees and scheduling issues. Frank (G/X) noted that advertisements for the program and the recruitment of members may prove to be the hardest parts because health coaching seems to be a fairly new concept, and a brand new concept at Mason Recreation. Health coaching has not been implemented at all in Mason Recreation facilities, so “…even a
good program has reluctances associated with it. There will always be those traditionalists who do not want to listen to any new concepts or ideas.”
CHAPTER FIVE: DISCUSSION AND CONCLUSION

Healthy behaviors may include physical activity, eating nutritiously, receiving regular medical checkups or smoking cessation. The themes that surfaced from respondents confirm the constraints literature indicating a number of barriers that prevent fitness facility members from practicing healthy behaviors including time commitment, lack of motivation, financial constraints, intimidation and fear of inconsistent adherence. Fitness, health and recreation professionals therefore hold the unique opportunity to draw on this knowledge to motivate facility members to practice healthy behaviors.

Suggestions by respondents regarding the importance of health coaching programs included influence on motivation, traits of quality health coaches, benefits of health coaching programs, structure of the programs and implementation challenges with subthemes within the structure of health coaching programs (i.e., program frequency, components offered, costs of the programs and campus collaborations). To expand on the campus collaborations subtheme, as an example, trainers and instructors indicated that collaborating with offices throughout the campus would help to provide members with a sense of belonging, as well as build bridges and connections to provide members a more holistic approach in services. They could offer guidance and assistance with planning, development, gathering of resources and staff, budgetary tracking and implementation of the program.
Despite the developing nature of health coaching, there are similar studies that found comparable member barriers to this study. Members may face barriers such as intimidation, lack of control, confidence and self-efficacy. Parent and Alquist (2016) revealed that individuals may not adhere to healthy lifestyles because they believe weight is not under the individuals’ own control. Low self-efficacy is a barrier individuals face towards regular exercise (Vancampfort, Stubbs, Sienaert, Wyckaert, De Hert, Rosenbaum & Probst, 2015), yet this study, like Stretcher and Rosenstock’s (1997) relates to the fact that individuals have a higher likelihood to take action if they believe the benefits of doing so are greater than the costs. They would be more likely to initiate healthy behaviors, as reflected in the Health Belief Model. Not unlike this study’s outcomes, Jakicic and Otto (2006) found that facilitating individuals’ long-term weight control through interventions proved as important for members’ health.

As the fitness professionals believe a health coaching program may benefit the fitness segment of Mason Recreation, other research shows that health coaching programs have positively influenced individuals’ intrinsic motivation and healthy behavior changes (Seghers, 2014; Cox, 2011). These findings showed relevance to the practice of the fitness, health, and recreation industry professionals that believe health behaviors may be impaired if individuals are unmotivated thus barriers are impeding their success. There is a need to improve the service delivery and professional practice for fitness facility members. Fitness professionals’ planning, development and implementation of a health coaching program can motivate members to overcome barriers that hinder healthy behavior potential.
This study was not without limitations. Although the researcher planned to conduct minimal focus groups, participants’ availability meant it was not manageable. Another limitation restricted the researcher from recruiting past personal training clients for in-person individual interviews during the first attempt via email. The narrowed scope of the location of the study was a limitation. The data, although rich in nature, cannot be generalized to the broader community based on this study alone.

The strongest suggestion from this researcher is to institute the policy of requiring exit surveys to clients who discontinue personal training programs at the Mason Recreation facilities, or any fitness facilities where research is conducted to measure clients’ adherence. To ensure prime effectiveness of the surveys, clients would need to fill out surveys upon completion of the first training package. The implementation of exit surveys following the first training package offered onsite may provide helpful feedback for trainers’ modifications to better suit the clients. Then any adjustments needed should assist with clients’ healthy behavior motivation and prepare researchers for pre-post studies.

Maintaining a record of all past personal training clients, along with the starting and ending dates of service provided to the clients, would assist researchers and personnel. Fitness managers and researchers would have an easier time recording exact periods when clients trained with the facilities. Thus, future health coaches and managers in the department could track how long a client has been out of the training program, bring it to the client’s attention, and hopefully motivate him or her to return.
Another recommendation is to maintain a list that matches clients with current trainers. This list could provide information to fitness managers and researchers who wish to contact clients who discontinued the services. Many individuals may discontinue with the healthy behavior of participation in personal training services not because of the trainers or facilities, but potentially because of familial, financial or travel reasons. Allowing retrieval of information more easily from the trainers as opposed to contacting the former clients could streamline the process.

If a similar study is conducted, it is recommended that more clients are recruited to explain reasons for non-adherence as well as adherence to fitness programs. Client participants’ suggestions for a potential health coaching program may serve as helpful. Incentives for the clients to participate could include snacks, prizes, a free personal training session or a free fitness assessment. An ideal range of eight to 10 past personal training client participants would be ideal for a researcher to compare and contrast the clients’ various experiences.

Regarding the future implementation of a health coaching program within the Mason Recreation facilities, the researcher and several interested personal trainers desire to obtain health coaching certifications. The researcher hopes a future master’s thesis would implement a health coaching program within the Mason Recreation facilities. Informed by this study, the researcher hopes to gather the necessary individuals and budget strategies to kick-start fitness workshops and examine George Mason University’s potential for an on-campus or online health coaching program or community forum. After several rounds of the health coaching program have been completed, the program’s
impact regarding healthy lifestyle behaviors could be measured, using qualitative, quantitative or a mixed-methods approach.

An additional component that this researcher suggests for a health coaching program within Mason Recreation involves exploring the necessary knowledge for the coaches to obtain regarding the psychology of member behavior change. Members who wish to implement behavior change are not only working towards physical health goals, but they are also exercising self-discipline, their perceptions, attitudes, expectations, risk-taking capabilities and motivation regarding healthy behavior change, which are all essentially psychological practices (Biswas-Diener, 2015). Health coaching is emphasized with importance because while health coaches work alongside participants, the coaches’ ability to perceive participants’ emotional conditions can help them adjust their approaches and techniques to increase or decrease challenges or their demeanor as necessary (Biswas-Diener, 2015). Individuals assisting with the development of a health coaching program must discuss necessary psychology components regarding behavior change that health coaches should obtain prior to becoming employed within the developed health coaching program through Mason Recreation.

This researcher recommends a comparison across the District, Maryland, and Virginia (DMV) college consortium of personal training programs. Potential aspects of personal training programs that could be measured include: varieties of marketing efforts and materials, personal training package options (i.e., number of sessions, package pricing, individual sessions versus group sessions), refund policies and client and trainer mutual expectations (i.e., late or no-show policies). Another study could measure group
exercise attendance or health coaching programs these DMV colleges offer. A similar study might expand to include colleges and universities in specific geographical areas comparing personal training programs by gender, age group, year in school, country of origin or socioeconomic background.

Another research agenda based on this study’s may involve surveying students’ nutrition habits or physical activity levels from matriculation to graduation at a university. The objective would be to examine patterns, changes, similarities or outliers in the students’ nutrition habits or physical activity levels over time. The graduates’ data could be compared across majors, genders, on-campus or off-campus residential status, country of origin, race, ethnicity or highest level of education completed. Respondents would provide information regarding their participation or lack of participation in fitness and recreation programs offered by their respective universities as well as their fitness measurements. The study could then retrieve quantitative and qualitative data from them, particularly if future researchers had the ability to correspond in person and via email with the respondents.

An additional area of interest of this researcher is a comparison of a group of young adults (ages 18-30) with the young adults’ parents regarding physical activity participation. The young adults who were able to witness parents’, guardians’ or caregivers’ physical activity participation would be asked to compare and contrast the young adults’ own habits to theirs. It may be interesting to examine if age influences individuals towards a decrease in activity levels in some families. The data may differ on each individual parent, guardian, or caregiver. One older adult may engage in more
amounts of physical activity than the other does, or both older adults may engage more than the younger counterpart(s) participation.

There are many healthy behavior practices including receiving regular physical activity, eating nutritiously, smoking cessation, and receiving medical checkups that can assist in the prevention of short and long-term illnesses and ailments including cardiovascular disease, stroke, cancer, diabetes, high cholesterol, high blood pressure, obesity, or even death. Fitness professionals are encouraged based on these results, to become familiar with individuals’ barriers to healthy behaviors and potential methods to motivate them to initiate behavior change.

Health coaching has been cited as one method by which fitness professionals assist individuals’ behavior change, if developed, planned and implemented properly. Studies have shown that motivational health coaching may enhance individuals’ healthy behaviors, and this study has confirmed these findings. The implementation of a program, therefore, should be further explored. In order for a future program to impact members, health coaches and fitness professionals must motivate and prompt members to maintain healthy behavior adherence. The researcher’s hope is that more facility members will become inspired to exercise regularly to prevent disease risk.
APPENDIX A: INTERVIEW QUESTION GUIDE (INTERNAL REVIEW BOARD-IRB-APPROVED)

The interview questions were examined before the actual official interviews took place. The examination of the interview questions was completed with faculty in the researcher’s Sport and Recreation Studies academic department. The researcher gave the questions to some of her professional colleagues to receive viewpoints and suggestions as well. The review assisted the researcher in determining face validity. These individuals analyzed the interview questions, and made recommendations for revisions to and omissions from the original lists. The questions were not pilot tested with the interviewees. The respondents only saw these questions after the questions were formulated, and after the respondents agreed to participate. A few questions were shifted and omitted based on the study’s needs. These changes indicate that the study’s research process is emergent as the researcher learns more about the problem at hand from the professionals interviewed (Creswell, 2014).

It was ensured that each interview question related to either one of the two research questions of this study, which are:

1.) What are some reasons why individuals are not continuing to practice healthy lifestyle behaviors?

2.) What are recommended components of a health coaching program that will allow clients to witness how positive healthy behaviors can benefit the clients’ lives?
The following are the questions that were asked to all professional qualitative research participants (i.e., those who work in the health, fitness, and recreation industry at the fitness department at Mason Recreation) who were interviewed:

1. What do you believe are some barriers to facility members’ success in starting or maintaining healthy behavior practices, and the causes of these barriers?

2. Do you believe clients’ thoughts that a healthy behavior will be more of a hindrance than a benefit, will make the clients less likely to want to develop a particular health behavior (or set of health behaviors)? Please explain. (The concept of the Health Belief Model will be explained to interviewees before questions are asked).

3. What are some motivators you believe would influence clients at the Mason Recreation facilities to move towards positive lifestyle changes and health behaviors?

4. Do you believe health coaching would be useful to clients who are looking to set and accomplish goals (including regular physical activity, eating healthily, not smoking, and maintaining a variety of healthy behavior practices)? Please explain why or why not.

5. What are some necessary components (in your opinion) that would go into a helpful health and wellness coaching program?

6. Are you interested in assisting with the implementation of such a program down the road?
7. How often do you believe an individual would need to meet with his or her health coach?

8. Are you interested in being emailed the findings of this study once the study is completed?

The following questions were asked based on each professional’s individual position within the department, as well as his or her relevant experiences:

1. As a personal trainer or group exercise instructor, how would you see a health coaching program benefiting the recreation department? What are some struggles you would see down the line?

2. As a Fitness Director (who is also one of the personal trainers), how would you look to implement what goes into such a program (i.e., do professionals need to get certified to be health coaches, do the professionals need to log certain hours, what kind of budget would this program entail, would the members pay for the additional service, etc.)?

The following are the questions that were asked to the former personal training client who was interviewed. (The client was a personal training clients in the fitness program at Mason Recreation at one time or another in 2016, but chose to discontinue the program or package):
1. What do you believe are barriers to success in starting or maintaining healthy behavior practices? Are some of these reasons why you chose not to continue with personal training?

2. Do different barriers or benefits that you believe will result from practicing a healthy behavior influence whether or not you desire to adhere to a particular health behavior? Please explain. (The concept of the Health Belief Model were explained to the interviewee before questions were asked).

3. Do you believe starting or maintaining healthy behavior practices is more difficult for you, and why?

4. What was missing from the fitness program when you participated, that could be changed or added if a health coaching program is implemented at Mason in the future?

5. Do you believe health coaching would be useful to future clients who are looking to set and accomplish goals (including regular physical activity, eating healthily, not smoking, and maintaining a variety of healthy behavior practices)? Please explain why or why not.

6. What are some necessary components (in your opinion) that would go into a helpful health and wellness coaching program?

7. Are you interested in assisting with the implementation of such a program down the road?

8. How could a successful health coaching program be marketed to encourage you to participate?
9. If you had a health coach, how often would like to meet with him or her?

10. Are you interested in being emailed the results and findings of this study once the study is completed?
Health Coaching and Motivation: Using the Health Belief Model to Explain Fitness Facility Members’ Barriers to Healthy Behaviors: Informed Consent Form

The following four pages contain the Informed Consent Form that every participant was asked to sign. The signatures on these forms provided the researcher with the permission to conduct the interviews and to audio-record those who gave her permission to do so.

Research Procedures
The research is being conducted to utilize suggestions from current fitness, recreation and health professionals and to explore why clients may not currently practice healthy behaviors, as well as perspectives of past personal training clients. Further, suggestions from health professionals and clients may be applied to develop components of a beneficial health and wellness coaching program in the future.

If you agree to participate as a fitness professional, you will be asked to answer a variety of in-person open-ended interview questions that the researcher asks you in a focus group broken up by occupation (personal trainer or group exercise instructor). Some of the questions may relate to your position. If you are a past personal training client and are willing to participate, your interview will be conducted one-on-one.

If you agree for the researcher to audio-record the interview, you are given the opportunity to indicate your choice on this form. Each interview will last approximately 45 minutes-an hour, and will be located at the Mason Recreation facilities. The researcher will be conducting the interviews over a period of 1-2 months in time (April 2017-May 2017 maximum). For professionals, there will be two focus groups offered for each occupation (personal trainers and group exercise instructors). The researcher will set up individual appointments with past clients. If your availability does not match up with the researcher’s at any point in time in the duration of this study, this will be discussed between you and the researcher. In such a case, you will be emailed the list of interview questions to refer to when participating in a Skype or telephone interview with the researcher.
Risks
There are no foreseeable risks for participating in this research.

Benefits
There are no direct benefits to you as a participant other than giving back to further research in the field of recreation, health, tourism, and the field of findings within the fitness industry.

Confidentiality
The data in this study will be confidential. The researcher will be conducting in-person qualitative focus group interviews of the fitness professional participants, including ten personal trainers and ten group exercise instructors. Individual interviews will be conducted with a maximum of ten past personal training clients. The researcher will conduct field notes on a note pad, in addition to audio recordings via a tape recorder or mobile recording device. Both sets of notes will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher's workplace, which is located on George Mason University property. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the data collected. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of your identifiable data with anyone other than the researchers and fellow focus group attendees, should you participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Although focus group participants will be asked to keep the contents of the discussion confidential, due to the nature of a focus group, the researcher cannot control what participants might say outside of the research setting. You may have access to your own data should you request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July or August 2017, the audio recordings will only be deleted once the recordings are fully transcribed, and the transcripts will be retained for 5 years after study closure.

The data collected will be coded and identifiable, although the subjects’ names will not be included in the actual thesis paper results. As a participant, your individual name will not be included on the general survey question list that the researcher asks you, nor will your name be included in the Data Collection, Discussion, Limitations, or Conclusion sections of the thesis that are compiled after data collection is complete. The use of coding by employment position and number (i.e., PT-001, PT-002, GX-001, GX-002, etc.) will be used to identify individual personal trainers and group exercise instructors included in the study. The researcher will have a single sheet that indicates a research subject’s name with the code phrase and number that corresponds with the name. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of your identifiable data, this coding sheet, or other research material collected, with anyone other than the researchers and fellow focus group
attendees, should you participate in one as a fitness professional. Only the researchers will have access to the identifiable data. You may have access to your own data should you request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July or August 2017, the audio recordings will only be deleted once the recordings are fully transcribed, and the transcripts will be retained for 5 years after study closure. Participants who choose to be interviewed over Skype may review Skype’s website for information about the privacy statement. https://www.microsoft.com/privacystatement/en-us/skype/default.aspx. While it is understood that no computer transmission can be perfectly secure, reasonable efforts will be made to protect the confidentiality of your transmission.

Audio Recordings

Some data the researcher collects will be audio recordings via a tape recorder or mobile recording device. The recordings will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher's workplace. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the subjects' data. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of your identifiable data with anyone other than the researchers and fellow focus group attendees, should you participate in one as a fitness professional. Only the researchers will have access to the identifiable data. You may have access to your own data should you request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing else. After the study is complete and the researcher defends her Thesis during July or August 2017, the audio recordings will only be deleted once the recordings are fully transcribed, and the transcripts will be retained for 5 years after study closure.

You may offer to give, or request to decline permission for the researcher to audio record your answers to interview questions. Your choice to accept or decline permission for audio recordings will not affect your participation in the study in any way, other than if your answers to interview questions are in fact audio recorded or not. The option to either accept or decline is included in the consent and signature section of this Informed Consent Form.

Participation

Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. There are no costs to you or any other party. In order to participate in this study, you shall meet the following criteria: EITHER a.) A past client who began personal training at Mason Recreation but discontinued (during the period of January 2016-December 2016), OR b.) A certified
group exercise instructor or certified personal trainer in the fitness segment of Mason Recreation. You must also meet the criteria of responding with interest to the researcher's preliminary invitation to participate.

Alternatives to Participation
There are no non-research options or alternatives to participation for students who do not participate in the research, because subjects will not receive course credit and the research will not be conducted in a classroom.

Contact
The research is being conducted by Thesis Committee Chair and Faculty Advisor Dr. Brenda Wiggins, a graduate faculty member in the Sport and Recreation Studies (SRST) program at George Mason University, as well as by Masters of Science Thesis Candidate Amanda Garrett, a SRST major at George Mason University. Dr. Wiggins may be reached at 703-993-2068, and Amanda Garrett (Graduate Student Researcher) may be reached at 540-847-9931, both for questions or to report a research-related problem. You may contact the George Mason University Institutional Review Board office at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

The research has been reviewed according to George Mason University procedures governing your participation in this research.

Consent
I have read this form, all of my questions have been answered by the research staff, and I agree to participate in this study.

_______ I agree to audio taping.

_______ I do not agree to audio taping.

__________________________
Name

__________________________
Date of Signature

*If you are participating in a telephone or a Skype interview with the researcher, please ensure that you have read this form entirely, and give verbal consent upon the beginning of your interview.*
The following two pages includes the recruitment document that the researcher used to recruit participants for her study.

**Invitation to participate in the research project titled:**

“Health Coaching and Motivation: Using the Health Belief Model to Explain Fitness Facility Members’ Barriers to Healthy Behaviors”

**IRBNet Number of Project: [1036715-1]**

Dear (Fitness staff member or past personal training client),

My name is Amanda Garrett and I am the Fitness Graduate Professional Assistant within Mason Recreation. I am a Master’s of Science Thesis Candidate working towards my degree in Sport and Recreation Studies. During Spring 2017, I am conducting focus group in-person interviews (for professionals) and 1-on-1 interviews (with past personal training clients) as part of the research study. These interviews will use suggestions from current fitness, recreation and health professionals to explore why clients may not currently practice healthy behaviors, as well as perspectives of past personal training clients. As a fitness professional or past personal training client, you are in an ideal position to provide valuable insight.

The interview takes approximately 45 minutes-an hour. I am simply attempting to capture your knowledge regarding various health problems that individuals can experience from not positively modifying lifestyle behaviors, as well as your perceived benefits of positive healthy behaviors. I will be asking approximately 10 open-ended questions, as applicable.

Your responses to the questions will be kept confidential, and the responses will be in the researcher’s possession at all times, or in a locked filing cabinet. Each interviewee will be assigned a number code (i.e., PT-001, PT-002, GX-001, GX-002, etc.) to help ensure that personal identifiers are not revealed during the analysis and write up of findings. You will have the option on the Informed Consent Form, to either accept or decline permission for the researcher to audio-record the focus group interview. Your choice will not impact your participation in the study, except for whether or not your interview is audio-recorded. During the study, you may stop participating at any time, and you will not be penalized.

There is no compensation for participating in this study, however, your participation will be a valuable addition to the research. The findings may be used to develop components of a beneficial health and wellness coaching program in the future. I would be happy to provide you with the results.
These interviews will take place in April and May 2017. If you are willing to participate, please suggest several days and times throughout the duration of the above indicated time period that suit you, and I will do my best to become available. If you have any questions, please do not hesitate to contact me. My contact information is provided below, as well as that of my Faculty Research Advisor and Committee Chair, Dr. Brenda Wiggins.

Thank you!

Sincerely,

Amanda Garrett, Graduate Research Student, M.S. Thesis Candidate  
(540)-847-9931  
agarret4@masonlive.gmu.edu

Dr. Brenda Wiggins, Graduate Faculty Research Advisor, Committee Chair  
(703)-993-2068  
bwiggins@gmu.edu
The following pages contain the IRB Application Form that was approved before the researcher began the recruitment process of her participants.
Instructions:
1. CITI certification ([www.citiprogram.org](http://www.citiprogram.org)) must be completed for all team members at the time of application submission.
2. Complete all sections and required addenda. Submit one complete package via IRBNet.
3. Projects with funding/proposed funding must include a copy of the grant application or proposal.
4. Research may not begin until you have received notification of IRB approval.
5. Handwritten and incomplete forms cannot be accepted.

### Study Title:
**HEALTH COACHING AND CLIENT MOTIVATION: Using the Health Belief Model to Explain Fitness Facility Members' Barriers and Motivators to Practicing Healthy Behaviors.**

### Study Investigators
- **Principal Investigator (must be faculty/staff) and meet P-Eligibility, ([University Policy 2012](#))**
  - Name: Brenda Wing
  - Department: Sport and Recreation Studies
  - Phone: 703-993-3568
  - Email: bwiggin@gmu.edu
- **Co-Investigator/Student Researcher**
  - Name: Amanda Garrett
  - Department: Sport and Recreation Studies
  - Phone: 540-887-9921
  - Email: agarrett@gmu.edu

### Additional Information
- Are there additional team members? Yes
- Do any investigators or team members have conflicts of interest related to the research? Yes

### Study Type:
- Faculty/Staff Research
- Doctoral Dissertation
- Masters Thesis
- Student Project/Specify
- Grad or Undergrad
- Other (Specify)

### Description of Study Procedures
- **A.** Describe the aims and specific purpose of the study. Given the high obesity rate in the United States and the high prevalence of people discontinuing healthy lifestyle behaviors, the purpose of this study will be to use suggestions from current fitness, recreation and health professionals to explore why clients may not currently practice healthy behaviors. The researcher will use information from those 2016 Personal Training clients of the Mason Recreation Fitness program who started training and did not continue. Current literature included in the researcher’s thesis paper suggests that motivational wellness coaching can positively affect health behaviors of clients ([Stier, 2012; Davis, 2008; Segars, 2012; Clark, 2016; Kraatz, 2016; Meltley, 2014; Ulleth, 2008]). Hence, this proposal also seeks to use the Health Belief Model based on the following: (a) health problems that individuals can experience from not positively modifying their behaviors, and (b) on the professionals’ and clients’ perceived benefits of positive healthy behaviors presented by the Health Belief Model for the facility members. Further, suggestions that are derived from health professionals and clients during the qualitative focus group interviews (for fitness professionals) and individual interviews (for past clients) may develop into aspects/components of a beneficial health/wellness coaching program. This health/wellness coaching program could help future clients see the advantages that participation in such a program can have on health, lifestyles, and well-being.

- **B.** Provide a COMPLETE description of the study procedures in the sequence they will occur including the amount of time each procedure will take (attach all surveys, questionnaires, standardized assessment tools, interview questions, focus group questions/prompts or other instruments of data collection):

  1. The individuals in the sampling frame, (the fitness segment of Mason Recreation’s employees, and 2016 personal training clients who have discontinued), will be asked via a recruitment email (over a period of two weeks) whether or not they would be willing to participate in the interview process. Based on the individuals within the sampling frame who respond, test respondents from each occupational group (Personal Trainers, and Group Exercise Instructors), along with up to ten past Personal Training clients, will be randomly selected to participate via an online randomized order calculator.

  2. The individuals will be given an informed consent form before beginning the study, which includes a section for the participants to accept/deny permission for the researcher to record their voices audibly. The form will indicate that the recordings will only be used for purposes of the research study. The researcher will attempt to record as many interviews as the participants will give her permission to do so. The research subjects who are interviewed over the phone or via Skype will be emailed the Informed Consent Form, and will be asked to read it and give verbal consent.
upon the beginning of the interviews. The Informed Consent Form is attached to the IRBNet package.

3. The researcher will spend 45 minutes or an hour for each fitness professional focus group interview. There will be two focus groups offered for each occupation (Personal Trainers and Group Exercise Instructors), which translates to approximately four hours of interviewing the professionals. Each individual client interview will last approximately 30-45 minutes, which is approximately 3-4.5 hours of interviewing the past clients. If any of the professionals or clients cannot match up their availability with any of the times the researcher is available or the times the focus groups are being offered, then the researcher may need to conduct a Skype or telephone interview with an interviewee. The researcher will record data findings via field notes that she writes while the interviewees are speaking, in addition to audio recordings of the interviews, in the spirit of gathering as much information as possible.

If the researcher finds that a particular individual(s) need to drop out or discontinue participating in the interview process for whatever reason, the researcher will randomly select a member of the same occupational or client group from which the original participant came within the sampling frame.

4. The handwritten field notes and oral/audio-recorded materials will be classified into categories and groups of related meanings. Through qualitative content analysis, the researcher will be able to classify, code, and identify groups of data through various themes and patterns.

After the grouping, the goal is to interpret meanings of the categories. Therefore, the researcher will work with coding software to reorganize, refine, review, and regroup the data as needed. The list of interview questions is attached to the IRBNet package.

5. If the researcher needs to do follow-up interviews for any reason, (although this is not anticipated), then she will do so in the same means as above.

C. Describe the target population (age, sex, ethnic background, health status, etc.). The target population’s age range is from young adult (20-22 years old) to older adults (age 70 and above). The target population includes both sexes, as well as ethnic backgrounds. This study is aimed to motivate those who desire to make healthy behavior changes to their lifestyles, as well as assist those currently making healthy behavior changes to maintain the practice.

1. Summarize the inclusion/exclusion criteria for participation in the study. In order to participate in this study, the individual must meet the following criteria: Either a) a past client who began Personal Training at Mason Recreation but discontinued during the period of January 2016-December 2016, or b) a Certified Personal Trainer or Certified Group Exercise Instructor in the fitness segment of Mason Recreation. Every participant must also meet the criteria of responding with interest to the researcher’s preliminary invitation to participate. Three groups of individuals, Group Exercise Instructors, Personal Trainers, and past personal training clients, will be invited to participate via email. The researcher will randomly select ten individuals from each of the professionals’ groups (Group Exercise Instructors and Personal Trainers). Therefore, there will ideally be 30 fitness professionals who will participate in the focus group interviews. The randomized selection will be conducted with the assistance of an online randomized order calculator after each respondent is assigned a number, and the desired number of participants for both occupational groups is reached. The researcher will select to interview however many past personal training clients wish to participate, up to ten. The researcher is willing to take a lower number if she may receive this, because any clients’ feedback is valuable and it is unlikely that ten or more past clients will be willing to participate in the study.

2. Are there any enrollment restrictions based on gender, pregnancy, race or ethnic origins? [Yes] No. If yes, please describe the process and reasons for restriction. [ ]

3. Do any researchers listed or the application have a relationship to any of the participants that could unduly influence them to participate (including a teacher/student relationship)? [Yes] No. If yes, please describe the relationship and how any possibility of undue influence will be managed. [ ]

4. Estimated number of subjects (may use a range): 20-30 (depending on response rate)

5. Estimated amount of total participation time per subject: 1 hour for fitness professional focus group interviews (it will be offered), and 30-45 minutes per past client individual interview

C. Where will the study occur (list all study sites and collaborators)? The study will occur inside the Mason Recreation facilities most likely the Aquatic & Fitness Center. This is located on the Fairfax Campus of George Mason University.

D. Describe other approvals that have been/will be sought prior to study initiation (facility authorizations, board membership, IRB approval from collaborating institutions, approval from public school system IRB, etc.). In order to recruit past Personal Training clients/members of the Mason Recreation facilities, the researcher will seek verbal permission from the Mason Recreation Fitness Administration, the Fitness Director and other staff as needed.

5. Recruitment and Consent

A. Describe the processes used for selecting subjects and the methods of recruitment including when, how, and by whom the subjects will be recruited (attach all recruitment materials including letters, emails, SONA posting, scripts, etc. and also please include the IRBNet number of the project and the PI’s name on all recruitment documents) The sampling frame, which comes from the fitness segment within Mason Recreation, consists of approximately 60-70 individuals. Some of these individuals are full and part-time undergraduate and graduate students, and some are not students at all. Some work full-time for the University, and others work part-time with outside jobs. The sampling frame consists of two groups of professionals based on their job types: Personal Trainers and Group Exercise Instructors. Also included in the sampling frame will be clients who began personal training with the fitness program at Mason, but chose not to continue for one or more reasons. There will be approximately twenty professional.
Interviews selected from the sampling frame for this qualitative study (ten Personal Trainers and ten Group Exercise Instructors), and ten client interviewees, if clients wish to participate. That group of 20-30 professionals and clients will serve as the sample. A quota sampling technique will be used; therefore, the focus will be to receive a certain number of participants from each group: ten Group Exercise Instructors, ten Personal Trainers, and ten past Personal Training clients.

Regarding the selection process, the goal is to draw from a variety of occupations within the recreation and fitness industry, specifically at Mason Recreation. Gender and age will be noted, but these factors will not be recorded for the purpose that this study is trying to accomplish. The main goal for the researcher is to explore factors that professionals and past clients believe do/do not motivate clients/members, and to develop a list of components for a successful health coaching program. The classifications such as gender and age are used to produce the study an unbiased sample of individuals, and to categorize the data during the analysis stage.

A list of possible interviewees in the sampling frame (approximately 60-70 individuals) from two sections of the fitness segment of Mason Recreation (Personal Trainers and Group Exercise Instructors) in addition to all the 2016 personal training clients who chose not to continue with the program, will be developed. The researcher will email those individuals in the sampling frame in April 2017. The goal is to obtain responses from ten Personal Trainers, ten Group Exercise Instructors (which include Zumba, yoga, cycling, and Martial Arts/Self Defense instructors), and ten past clients, all from the sampling frame list. After emailing the potential participants the invitation to participate in the research, the researcher will give them approximately two weeks to respond and accept the invitation. It should be noted that not all past clients will be willing to respond and/or participate. Suggestions and viewpoints from any number of clients who would like to participate in interviews will be welcomed by the researcher. All individuals will be asked via email if they would like to participate in an ongoing research study that involves in-person interviews. Based on the number of responses received, it will then be determined how many participants will be in the sample for the qualitative interview phase of the study.

As previously stated, the goal is to obtain 20 professionals and 10 clients who are willing to participate in the interviews. If more than enough professionals are willing to participate from a particular occupational group, (i.e., 12 Personal Trainers expressed interest in participating, but only 10 are needed), the researcher will develop a list of all who responded in that group within the time window that the researcher sets (approximately two weeks). Once this time window ends, the researcher will list the respondents within their occupational groups in alphabetical order. For example, ten Personal Trainers are desired, so the researcher will use an online randomized order calculator ten times to reach the desired number of respondents for that occupational group. The researcher will do this for those occupational groups that have more than the desired number of interested participants. For example, if more than enough

Group Exercise Instructors respond with interest, they will all be listed in alphabetical order, but if the Personal Training respondents do not exceed the desired number (ten), their group will be kept as is. Because each group that exceeds the desired number of respondents will have its own list, an online randomized order calculator will be used for one group at a time, until the number of desired respondents is met for each group. The desire for a certain number of participants from various groups demonstrates the concept of the quota sampling technique.

In terms of client participation, the researcher predicts that there will not be an excess of ten clients who would be willing to participate, considering they did not continue their involvement in the fitness program. If more than ten clients are willing to participate, they will be listed in alphabetical order and chosen by an online random number calculator, just as the professional participants will be. However, any number of client participants will be welcomed by the researcher, even if there are only five, because their reasons for discontinuing their involvement may be partially unknown to the professionals. The clients may have had financial, personal, physical, or psychological reasons why they did not continue, but the professionals cannot offer this insight. The viewpoints and suggestions from individuals who have been clients in the past will be extremely helpful in determining why they were not motivated to continue.

The researcher views the grouping and selecting of respondents via occupational group to meet the number of desired respondents as highly important, and will devote great effort to do so. The reasoning for this is that one professional’s views on possible reasons why an individual is not motivated, and another’s views on what goes into a successful wellness coaching program, could be different than other professionals’ views on these topics in the sample. The past clients’ viewpoints will also diversify the types of responses and will reduce sampling bias in the study.

The interviews will be conducted from April until May, depending on when multiple fitness professionals are available to participate in the focus groups, and how quickly the researcher will be able to access the subjects and put the professionals into these said groups. The data collection/interviews will take no longer than 1-2 months maximum. The email invitation to potential research subjects is attached to the IRB cover sheet.

B. Describe the consent process including how and where the consent will take place, who will conduct the consent process, information that will be discussed with and distributed to subjects, and how participants will indicate consent even if a waiver of signature is being requested below (attach all consent documents). The researcher will conduct the consent process via an informed consent form that she will give each participant shortly before each interview and focus group takes place. Because these interviews are being conducted within the researcher’s workplace, this is also where the Informed Consent Forms will be signed. The Informed Consent Form includes a section for the participants to accept/deny permission for the researcher to record
their voices audibly. The form will indicate that the recordings will only be used for purposes of the research study. The researcher will attempt to record as many interviews as the participants give her permission to do so. The audio recordings will be used for the compilation of the results section of the study, as well as the future development and implementation of a health coaching program. The researcher will give each participant ample time to read the form, ask any questions they may have to understand the form completely, and sign it. The research subjects who are interviewed over the phone or via Skype will be emailed the Informed Consent Form, and will be asked to read it and give verbal consent upon the beginning of the interviews. The Informed Consent Form is attached to the IRBNet package.

C. Is a waiver of signature on the Informed Consent being requested? [ ] Yes [ ] No
If yes, complete the following:
1. This waiver is being sought because (check one):
   ■ The only record linking the subject and the research would be the consent document
   ■ AND the principal risk would be potential harm resulting from a breach of confidentiality.
   ■ The research presents no more than minimal risk of harm to subjects AND involves no procedure for which written consent is normally required outside of the research context.

2. Explain why the waiver of signature is being requested: N/A

6. Privacy & Confidentiality
   A. How will the researchers protect the privacy of the participants and the confidentiality of the data obtained? The data in this study will be confidential. The researcher will be conducting in-person qualitative focus group interviews of the fitness professional participants, including ten Personal Trainers and ten Group Exercise Instructors. Individual interviews will be conducted with a maximum of ten past personal training clients. The interviews will be conducted over the period of 1-2 months, ideally from April-juine maximum, depending on the availability of each subject and how quickly the researcher will be able to access the subjects. The researcher will conduct field notes on a note pad, in addition to audio recordings via a tape recorder or mobile recording device. Both sets of notes (hand-written field notes and audio taped notes) will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher’s workplace, which is located on George Mason University property. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the data collected. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects’ identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participant in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data if he/she requests it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will only be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July/August 2017, the audio recordings will only be deleted once they are fully transcribed, and the transcripts will be retained for 5 years after study closure.

The data collected will be coded and identifiable, although the subjects’ names will not be included in the actual thesis paper results. Participants’ individual names will not be included on the general survey question list that the researcher asks them, nor will they be included in the Data Collection, Discussion, Limitations, or Conclusion sections of the thesis that are compiled after data collection is complete. The use of coding by employment position and number will be used, i.e., FT-001, FT-002, GT-001, GT-002, etc., will be used to identify individual Personal Trainers and Group Exercise Instructors included in the study. The researcher will have a single sheet that indicates a research subject’s name with the code phrase/number that corresponds with the name. This sheet, along with all other research material collected, will not be shared with anyone other than the researchers. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects’ identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will only be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July/August 2017, the audio recordings will be retained for 5 years after study closure.

CONFIDENTIALITY REGARDING AUDIO RECORDINGS
The researcher will conduct field notes on a note pad, in addition to audio recordings via a tape recorder or mobile recording device. Both sets of notes will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher’s workplace, which is located on George Mason University property. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the subjects’ data. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects’ identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will only be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July/August 2017, the audio recordings will be retained for 5 years after study closure.
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The purpose of the audio recording process is to gather as much information from each individual subject as possible. The researcher will not feasibly be able to gather all of a subject's thoughts on paper during the interview, so the audio recordings will allow the researcher to repeatedly listen to their thoughts without needing to ask them to return to answer unanswered questions the researcher may have. The information sought from participants include their thoughts regarding motivation of fitness facility members to continue practicing healthy behaviors.

Participants may offer to give, or request to decline permission for the researcher to audio record their answers to interview questions. Before each scheduled interview or focus group, the participants will be given informed consent forms that include the option for them to give or reject permission for the researcher to conduct the audio recordings, for the sake of confidentiality. The participants will be aware that their choice to accept or decline permission for audio recordings will not affect their participation in the study in any way, other than if their answers to interview questions are in fact audio recorded or not. The option to either accept or decline is included in the consent and signature section of the Informed Consent Form.

3. What individually identifiable information will be collected as part of the study data and who will have access to that information? Each individual participant's name, as well as group status (Group Exercise Instructor, Personal Trainer, or past personal training client) will be collected. Gender and age will be noted, but these factors will not be recorded for the purpose that this study is trying to accomplish. The main goals for the researcher are to explore factors that professionals and past clients believe do/do not motivate clients/members, and to develop a list of components for a successful health coaching program. The classifications such as gender and age are used to produce for the study an unbiased sample of individuals, and to categorize the data during the analysis stage.

The data collected will be coded and identifiable, although the subjects' names will not be included in the actual thesis paper results. As a participant, his/her individual name will not be included on the general survey question list that the researcher asks him/her, nor will it be included in the Data Collection, Discussion, Limitations, or Conclusion sections of the thesis that are compiled after data collection is complete. The use of coding by employment position and number will be used, (i.e., PT-001, PT-002, GY-001, GY-002, etc.) will be used to identify individual Personal Trainers and Group Exercise Instructors included in the study. The researcher will have a single sheet that indicates a research subject's name with the code phrase/number that corresponds with the name. This sheet, along with all other research material collected, will not be shared with anyone other than the researchers. Although the researcher's Thesis committee may have access to the identifiable data, there will be no sharing of research subjects' identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July/August 2017, the audio recordings will only be deleted once they are fully transcribed, and the transcripts will be retained for 5 years after study closure.

C. When will identifiable information/the identification key be destroyed? (if applicable)? Please note that when feasible, the IRB recommends that personal identifiers be destroyed as soon as possible, though research data must be stored for 5 years. The use of coding by employment position and number will be used, (i.e., PT-001, PT-002, GY-001, GY-002, etc.) will be used to identify individual Personal Trainers and Group Exercise Instructors included in the study. The researcher will have a single sheet that indicates a research subject's name with the code phrase/number that corresponds with the name. This sheet, along with all other research material collected, will not be shared with anyone other than the researcher. Although the researcher's Thesis committee may have access to the identifiable data, there will be no sharing of research subjects' identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing more. After the study is complete and the researcher defends her Thesis during July/August 2017, the audio recordings will only be deleted once they are fully transcribed, and the transcripts will be retained for 5 years after study closure.

D. Where will the data be stored (copies of records must be stored on Mason property—for example, in the PI's office)? The data will be stored in a locked office inside the researcher's workplace, which is located on George Mason University property. The reasoning for the positioning of the records is because the data collected and suggestions gathered are intended to guide the fitness segment of Mason Recreation in the future regarding the potential planning/implementation of a Health Coaching program. The data collected may also be useful in determining retention and maintenance factors in facility members'/clients' health behaviors, adherence, and fitness program usage.

E. How long will the data be stored (data must be retained for at least 5 years after the study ends)? The data will be stored for 5 years, however, if the individuals in the fitness segment of Mason Recreation in the future believe the data will be valuable even further in the future than 5 years, then the data may be stored for as long as needed to respond to facility members' needs and concerns accordingly.

F. What, if any, are the final plans for disposition/destruction of the data? Both sets of notes (handwritten field notes and audio taped notes) will be in the possession of the researcher at all times.
or in a locked office inside the researcher’s workplace, which is located on George Mason University property. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects’ identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing else. After the study is complete and the researcher defends his Thesis during July/August 2017, the audio recordings will only be deleted once they are fully transcribed, and the transcripts will be retained for 5 years after study closure. This information is included in the informed consent form.

G. Will results of the research be shared with the participants? (Yes/No) If yes, describe how this will be accomplished: The researcher will ask each participant whether or not he/she would be interested in knowing the findings of the study. The researcher has access to participants’ email addresses, so after the study is complete and the Thesis is written, the researcher will email a copy of the “Results/Findings” section of the paper to each interested participant either through a Microsoft Word or PDF Document.

H. Will individually identifiable information be shared with anyone outside of the research team? (Yes/No) If yes, please explain: The only individuals outside of the research team who would have access to any identifiable data would be fellow focus group attendees of the fitness professionals’ focus groups. There will be two focus groups offered for each occupation (Group Exercise Instructors and Personal Trainers). This information is included/noted in the consent form. The individual client interviews would not be impacted.

I. Does the research involve possible disclosure by participants of intent to harm themselves or others or possible disclosure of child abuse or neglect? (Yes/No) If yes, please explain: This information is included in the consent form.

7. Risks
A. Summarize the nature & amount of risk if any (include side effects, stress, discomfort, physical risks, psychological and social risks): There are no foreseeable risks for participating in this research.
B. Estimate the probability if any (e.g. not likely, likely, etc.) that a given harm may/will occur and its severity: The probability that a given harm may/will occur during this study is not likely.
C. What procedure(s) will be utilized to prevent/minimize any potential risks? The researcher will provide each participant an Informed Consent form to read and sign at the beginning of the interview or focus group. The researcher will indicate that the participant may discontinue participation in the study at any time, for any reason, if the participant were to have his/her own personal medical concern (UNRELATED TO THE STUDY), the researcher and all staff who are employed at the location of data collection are CPR/AED and First Aid Certified. The researcher also readily has access to several telephones, if she were to need to call 911 for any issue (which would be unrelated to the study).

The data in this study will be confidential. The researcher will be conducting in-person qualitative focus group interviews of the fitness professional participants, including ten Personal Trainers and ten Group Exercise Instructors. Individual interviews will be conducted with a maximum of ten past personal training clients. The researcher will conduct field notes on a note pad, in addition to audio recordings via a tape recorder or mobile recording device. Both sets of notes will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher’s workplace. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the data collected. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects’ identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his/her own data should he/she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing else. After the study is complete and the researcher defends his Thesis during July/August 2017, the audio recordings will only be deleted once they are fully transcribed, and the transcripts will be retained for 5 years after study closure.

8. Benefits
A. Describe any probable benefits (if any) of the research for the subject(s): Do not address compensation in this section. There are no direct benefits to participants other than to further research in the field of health, fitness, and recreation.
B. Describe the benefits to society and general knowledge the study is likely to yield: This research will contribute to society and general knowledge by using suggestions from current fitness, recreation and health professionals to explore why clients may not currently practice healthy behaviors. This study also seeks to use the Health Belief Model based on the following: (a) health problems that individuals can experience from not positively modifying their behaviors, and (b) the professionals’ and clients’ perceived benefits of positive healthy behaviors presented by the Health Belief Model for the facility members. Suggestions from health professionals and/or trends of clients may be used to develop aspects/components of a beneficial health/wellness coaching program in the future that could help future clients see the advantages that participation in such a program can have on their health, lifestyles, and well-being.

9. Financial Information
A. Is there any internal or external funding or proposed funding for this project? (Yes/No) If yes, funding agency ____ and OSP # (if external funding) ______ (attach grant application)
B. Are there additional costs to the subjects? (Yes/No) If yes, please explain: ______
C. Will subjects be paid or otherwise compensated for research participation? (Yes/No) If yes, please respond to the following questions:
1. Describe the nature of any compensation to subjects (cash, gifts, research credits, etc.):

2. Provide a dollar amount/research credit amount, if applicable:

3. When and how is the compensation provided to the subject?

4. Describe partial compensation if the subject does not complete the study:

5. If research credit, what is the non-research alternative to research participation?

### 10. Special Topics

<table>
<thead>
<tr>
<th>A. Will the study involve minors?</th>
<th>Yes ☒ No</th>
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<tbody>
<tr>
<td>If yes, complete addendum A</td>
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<tr>
<th>B. Will the study involve prisoners?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum B</td>
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<tr>
<th>C. Will the study specifically target pregnant women, fetuses, or neonates?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum C</td>
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<th>D. Will the study involve FDA regulated drugs (other than the use of approved drugs in the course of medical practice)?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum D</td>
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<tr>
<th>E. Will the study involve evaluation of the safety or effectiveness of FDA regulated devices?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum E</td>
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<th>F. Will false or misleading information be presented to subjects (deception)?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum F</td>
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<th>G. Will participants be audio or videotaped?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum G</td>
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<th>H. Will the research involve other potentially vulnerable participants (e.g. disabled or addicted individuals, populations engaging in illegal behavior)?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum H</td>
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<tr>
<th>I. Will the research be conducted outside of the United States?</th>
<th>Yes ☒ No</th>
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<td>If yes, complete addendum I</td>
<td></td>
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### 11. Investigator Certification

I certify that the information provided in this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request and receive approval from the IRB for changes prior to implementing these changes. I will comply with all IRB policies and procedures in the conduct of this research. I will be responsible for ensuring that the work of my co-investigator(s)/student researcher(s) complies with this protocol. I understand that I am ultimately responsible for the entire conduct of this research.
The following four pages contain the Addendum G-Audio or Videotape form. The forms informed the George Mason University IRB that the researcher obtained proper permission from the participants to audio-record the interviews and informed that the confidentiality of the participants is protected.

**Addendum G-Audio or videotape**

1. Indicate type of taping: Audio

2. Describe the use of audio or videotape (including purpose): The researcher will be conducting in-person qualitative focus group interviews of the fitness professional participants, including ten personal trainers and ten group exercise instructors. Individual interviews will be conducted with a maximum of ten past personal training clients. The interviews will be conducted over the period of 1-2 months, ideally from April-May, depending on the availability of each subject and how quickly the researcher will be able to access the subjects. The researcher will conduct field notes on a note pad, in addition to audio recordings via a tape recorder or mobile recording device. Both sets of notes will be in the possession of the researcher at all times, or in a locked office at the location of collection, the researcher's workplace. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the subjects' data. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects' identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual
participate in one as a fitness professional. Only the researchers will have access
to the identifiable data. Each research subject will have access to his or her own
data should he or she request it, but the data will not be shared with any other
research subjects. Anything that is shared with the Thesis committee members
will ONLY be for research purposes, and nothing else. After the study is complete
and the researcher defends her Thesis during July or August 2017, the audio
recordings will only be deleted once the recordings are fully transcribed, and the
transcripts will be retained for 5 years after study closure. The purpose of this
recording is to gather as much information from each individual subject as
possible. The researcher will not feasibly be able to gather all a subject's thoughts
on paper during the interview, so the audio recordings will allow the researcher to
repeatedly listen to a subject's thoughts without needing to ask the subject to
return to answer unwavering questions the researcher may have. The information
sought from the subjects includes the subjects’ thoughts regarding motivation of
fitness facility members to continue practicing healthy behaviors.

3. If the audio-video tape consent is separate from the informed consent discuss
method of audio or video consent and attach consent form: Included in the
Informed Consent form will be a notification by the researcher to the participants
that the participants will be given the opportunity to offer or decline permission
for the researcher to audio record the interviews. Before each scheduled interview
or focus group, the subjects will be given informed consent forms that include the
option for participants to give or reject permission for the researcher to conduct
the audio recordings. The informed consent form is also attached to the package.

If the researcher is not able to access one or more particular research respondent(s) in person, those respondents(s) will need to read the Informed Consent Form that the researcher will email the respondents beforehand, and give the researcher verbal consent upon the beginning of the telephone or Skype interview.

4. What are your plans for storage of the audio or video taped material during the course of the data collection? Both sets of notes will be in the possession of the researcher at all times, or in a locked office, at the location of collection, the researcher's workplace, which is located on George Mason University property. While handling the documents, the researcher will ensure no one else will be around to witness (by sound or sight) the subjects' data. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects' identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his or her own data should he or she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing else. After the study is complete and the researcher defends her Thesis during July or August 2017, the audio recordings will only be deleted.
once the recordings are fully transcribed, and the transcripts will be retained for 5 years after study closure.

5. What are the plans for ultimate disposition or storage of the audio or video taped material (ensure that this information is included in the consent form)?

Both sets of notes will be in the possession of the researcher at all times, or in a locked office inside the researcher's workplace, which is located on George Mason University property. Although the researcher’s Thesis committee may have access to de-identifiable data, there will be no sharing of research subjects' identifiable data with anyone other than the researchers and fellow focus group attendees, should an individual participate in one as a fitness professional. Only the researchers will have access to the identifiable data. Each research subject will have access to his or her data should he or she request it, but the data will not be shared with any other research subjects. Anything that is shared with the Thesis committee members will ONLY be for research purposes, and nothing else. After the study is complete and the researcher defends her Thesis during July or August 2017, the audio recordings will only be deleted once the recordings are fully transcribed, and the transcripts will be retained for five years after study closure. The information is included in the informed consent form.
Appendix C focuses on the responses received from the client whom the researcher obtained interview responses. The information is not included in Chapter 4: Results because of the lack of participation from the past personal training clients that were recruited for the study. The sampling frame of clients began personal training with the fitness program at Mason Recreation, but chose not to continue for one or more reasons. The researcher reached out to 23 former clients. The maximum number of clients who could participate was 10. The researcher received a response from one client. However, the client’s suggestions were welcomed because her reasons for discontinuing involvement may have been partially unknown to the professionals. The client in the study, as well as many others, may have had financial, personal, physical, or psychological reasons for discontinuing, but the professionals could not offer direct client insight. The viewpoints and suggestions from the former client were extremely helpful in determining what led the client to discontinue.

Responses from Past Personal Training Clients

The researcher collected responses from one of the past personal training clients who were invited to participate in the research study. The client will be called “Client 1” for the purposes of this research. Client 1 was not able to participate in an actual interview, but consented to participating in an online questionnaire that the researcher
sent through email. The researcher sent the client all of the “past personal training client” questions, which can be found in Appendix A. From the questionnaire, the researcher strived to understand the perceived barriers that stand between facility members and maintaining healthy behavior practices. The researcher sought out specific reasons why the past personal training client discontinued with the exercise program the client started in 2016, as well as potential motivators that would incentivize the client to strive towards healthy behavior practices. The researcher also searched for suggestions on possible components of a health coaching program that would motivate clients (from the client’s perspective) to participate and to maintain healthy behavior practices long-term.

The results of Client 1’s responses were helpful for the researcher, especially because the client participated in George Mason Recreation personal training in 2016 but chose to discontinue. The responses made it easier for the researcher to gain a client’s perspective. When asked about barriers to success in starting or maintaining healthy behavior practices, and if these reasons led to the discontinued use of the Mason Recreation personal training program, Client 1 indicated that time and money were the top two barriers. Client 1 disclosed that she discontinued utilizing the personal training program because of the cost associated with it.

The researcher explained the concept of the Health Belief Model to Client 1, which theorizes that clients may have various ideas regarding whether certain health behaviors are benefits or hindrances in the clients’ lives. These beliefs have the potential to steer clients to either adhere or abstain from practicing healthy behaviors. The researcher asked Client 1 if barriers or benefits that the client believed will result from
practicing a healthy behavior would influence whether or not she desired to adhere to that behavior. Client 1 answered that “I feel like I can get some benefit by working out on my own after my trainer set up a workout routine for me. It is a good mix between receiving the benefit and minimizing the cost.” The client also believed that maintaining healthy behavior practices is more difficult than beginning the practices, “…because the initial momentum wears off.”

The next few questions focused on a potential health coaching program and Client 1’s views regarding the concept, implementation, interest, and necessary components of such a program. The researcher also asked Client 1 if there were additions she would make to the fitness segment of Mason Recreation, whose absence may have led Client 1 to discontinue her participation in the services. Client 1 indicated that she only participated in the personal training portion of the fitness segment of Mason Recreation. Therefore, “…all of the other aspects of health coaching would be additional.” Client 1 explained that she did not participate in other portions, so she was not able to speak on those components of the program. Client 1 stated that she believed health coaching may be useful to future clients who are looking to set and accomplish goals. “It depends how much the program costs and how much time the process takes. Health coaching would not be worth it for me because I feel like I know what I should be eating and how I should manage stress and get enough sleep, etc. What I did not know was how I could do a strength training regimen that would be appropriate and safe for me, and that is what I got out of personal training.” Client 1 did not have recommendations for a potential health coaching program’s components, because the program is not of interest to her.
Client 1 is not interested in assisting with the implementation of such a program in the future, however she is interested in the results and findings of the study. Client 1 stated that she would not participate in a health coaching program, therefore the incentive marketing for such a program would not encourage her. In addition, Client 1 was indifferent towards the frequency of meetings with a health coach because of disinterest.
APPENDIX D: INTERCHANGEABLE TERMS

The following terms are used interchangeably in this study to refer to individuals who may benefit from a health coaching program, and who may or may not be motivated to begin healthy behavior practices: member, facility member, individual.
APPENDIX E: TABLES AND FIGURES

Table 1: Distinctions Between Core Competencies of Health, Wellness and Life Coaches

<table>
<thead>
<tr>
<th>Coach Attributes</th>
<th>Health Coach</th>
<th>Wellness Coach</th>
<th>Life Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionally trained to assist individuals at risk for disease, with active disease and/or chronic conditions, acute illness, or medical conditions</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained to assist individuals with managing wellness</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Trained to assist individuals with managing life changes and challenges</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Requires a clinical academic degree</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Requires coach training beyond formal education</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Coach training based on knowledge already acquired through clinical licensure or clinical credential</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core competencies include at a minimum: motivational interviewing, transtheoretical model of change, safe goal-setting and guiding the agenda based on one’s health condition or health risk, active listening, active patient/client engagement, cultural competence, societal and generational influences on health behavior change, and wellness and prevention</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires a professional license or credential from either a State or National licensing/credentialing body</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides coaching within the boundaries of one’s State or National Practice Act or National Certification</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed/credentialed to assess, develop, and evaluate treatment/care plans or provide care based on one’s health and/or behavioral health diagnosis or condition, and safely provide health teaching accordingly</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained to give general disease/condition information</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Trained to identify behavioral health issues requiring referral to behavioral health specialist</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional certification or registration testing to deem coaching competency</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th><strong>Health Coaching Program Suggestions-From Certified Personal Trainers and Certified Group Exercise Instructors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboration with campus partners</strong> (International Programs and Services, Dining Services, Housing and Residence Life, etc.)</td>
</tr>
<tr>
<td><strong>Nutritional Component: (i.e., healthy recipes, portion sizes, how to read a nutrition label)</strong></td>
</tr>
<tr>
<td><strong>Community feel to the facility environment</strong></td>
</tr>
<tr>
<td><strong>Modern, fresh, open-minded perspectives from coaches</strong></td>
</tr>
<tr>
<td><strong>Online community for clients</strong></td>
</tr>
<tr>
<td><strong>Post-Program Evaluations from Clients</strong></td>
</tr>
<tr>
<td><strong>A core group of Mason Recreation employees to assist training the health coaches</strong></td>
</tr>
<tr>
<td><strong>Resource Allocation to train health</strong></td>
</tr>
<tr>
<td>coaches (trainers and trainees)</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Health coaching package included in “Gold Access” fee-based class memberships</td>
</tr>
</tbody>
</table>

Table 2: Health Coaching Program Suggestions from Professionals
Figure 1: Barriers to Fitness Facility Members’ Health Behaviors
Figure 2: Importance of Health Coaching Programs
REFERENCES


BIOGRAPHY

Amanda Garrett graduated from Mountain View High School, Stafford, Virginia, in 2011. She received her Bachelor of Science from George Mason University in 2015. She has been employed in the Fitness Department at George Mason Recreation in Fairfax County for 4 years in total thus far, and received her Master of Science in Sport and Recreation Studies from George Mason University in 2017.