

## PERSONAL FITNESS TRAINING SERVICES TO IMPROVE HEALTH OUTCOMES: A SURVEY EXPLORING CLIENTS' PERSPECTIVES

Ivan Curovic<sup>1</sup> and David Grecic<sup>2</sup>

<sup>1</sup>Institute of Coaching and Performance, School of Health, Social Work and Sport, student of DAS  
University of Central Lancashire, Preston, UK

<sup>2</sup>Centre for Applied Sport, Physical Activity and Performance,  
University of Central Lancashire, Preston, UK

### Abstract

It is currently unclear how personal fitness training (PT) clients in Serbia evaluate this service and what motivates them to be consistent with the training practice in the quest for obtaining physical literacy and health outcomes. A cross-sectional explorative study was used to investigate consumers' perceptions on the PT service with the aim to inform trainers on clients' motivational factors, challenges and experiences in the pursuit of training goals. A total of 148 respondents completed the anonymous questionnaire via Qualtrics platform. The key findings of the study can be summarised as follows: 1) PT clients in Serbia are using up these services primarily for sustained exercise adherence and motivation to attain and maintain health-related goals, 2) PT clients in Serbia highly value professional dedication of a personal trainer as well as their ability to facilitate supportive social environment, 3) Personal trainers in Serbia are expected to play a significant role in motivating clients, especially those with weight management needs and limited capacity for self-directed lifestyle changes. Additionally, there is a need for increased transparency from fitness centres regarding the qualifications of employed trainers and their backgrounds. Stakeholders should find a way to encourage PT consumers to provide feedback and express their impressions more effectively, thereby reducing the chances of losing the motivation to hire or keep a personal trainer. In conclusion, PT clients in Serbia value holistic training practices and expect their personal trainers to lead them and motivate them to reach the targeted health-related objectives.

**Key words:** EXERCISE MOTIVATION / WEIGHT REDUCTION / GYM / SERBIA

**Correspondences with the authors:** Ivan Curovic, E – mail: [ICurovic@uclan.ac.uk](mailto:ICurovic@uclan.ac.uk)

Ivan Čurović <https://orcid.org/0000-0003-1340-9393>

David Grečić <https://orcid.org/0000-0003-1487-8327>

## INTRODUCTION

Low levels of physical activity have strong connections to poor physical and mental health and this is now a worldwide issue (Global Status Report on Physical Activity, 2022). Of the many health concerns, obesity is identified as a serious consequence (Dixon, 2010; James, 2018), and its prevalence has been especially noted in the last 30 years (Dixon, 2010). This metabolic disease is associated with high all-cause mortality in general population (Flegal et al., 2013), mostly via link to multiple health problems (Dixon, 2010). In 2000, World Health Organisation recognised the hazardous impact of this epidemic and suggested the creation of strategies to counteract its spread. Unfortunately, however, the battle against obesity still poses a global public challenge (James, 2018), which is especially concerning ever since this state has been brought up in close connection with life-endangering illnesses like cancer and diabetes (Lega & Lipscombe, 2020; Pearson-Stuttard et al., 2018).

It is widely recognised that exercise paired with appropriate diet leads to reduced weight and improved health (Church, 2011; Okay et al., 2009). Despite this common awareness, it seems that behaviour change models show conflicting results in motivating people to change their unhealthy habits (Hardeman et al., 2000; Samdal et al., 2017). This lack of success in the pursuit of lifestyle modifications may have something to do with the way how the targeted message is being addressed and communicated (Salas, 2015). Indeed, motivational approaches for combating sedentary behaviour need to have a clear holistic focus and involve multiple socio-relational aspects (Leroux et al., 2013), psycho-emotional support (Rand et al., 2017), and cognitive involvement where individuals learn the underpinning theory to sustain their physical activity levels post intervention (Bélanger-Gravel et al., 2011). In other words, if an obese person is simply told to lose weight and change their behaviour via general recommendations, there is little hope they will apply the advice (Mann et al., 2015; Salas, 2015). In contrast, the success of behaviour change models is enhanced by the presence of a person-centred approach accompanied by supportive counselling (Samdal et al., 2017) with more humanistic and, therefore, holistic views of human development. One of the key professions positioned to support people in the pursuit of improved health outcomes is a personal fitness training service. The role of a personal fitness trainer (PT) holds significant importance for the optimization of functional translation from health advice to the exercise-oriented interventions (Muth et al., 2015) that lead to better health perspectives (Church, 2011). Moreover, PTs have a critical responsibility for the promotion of healthy lifestyles, engaging people in physical activity on a daily basis (Firmansyah & Mochklas, 2018; Kennedy-Armbruster et al., 2012.; Maguire, 2001). Therefore, in addition to the multifactorial knowledge required around exercise-related sciences (Barnes et al., 2014; Garber et al., 2011; Malek et al., 2002; Muth et al., 2015), it would appear that a successful PT needs to be able to provide adequate socio-emotional support for the “exerciser” (Salas, 2015), reinforcing positive attitudes with the gym practice (Maguire, 2001; Rodgers & Loitz, 2009).

Serbia has seen a significant raise in obesity rates in the last 10 years with one in five of its population suffering from obesity (Serbian National Health Survey, 2019) and 54.7% of citizens being classified as overweight (SASO, n.d.). This situation has been assessed as a systemic problem with the potential to exacerbate in future if health promotion initiatives are not applied (BBC, 2023). However, despite PT services being widely promoted and increasingly taken up by the population (Blic, 2023), obesity is still on a rise (BBC, 2023; SASO, n.d.), presenting a daunting perspective for the incidence of metabolic diseases (Fruh, 2017). There are numerous socio-economic contributors to this complex situation, but for the purposes of this paper, we suggest one potentially relevant factor for a segment of Serbian population

being the need for enhancing fitness training practices, which could be one of the valuable tools in addressing obesity (Jeffery et al., 1998; Niemi et al., 2023).

In order to maximise the effects of fitness training practices, it is crucial to ensure the quality of sessions (Petridou et al., 2019), but also to be able to transmit motivational messages (Rand et al., 2017; Rodgers & Loitz, 2009). In fact, the ability to motivate and provide holistic support is undoubtedly one of the most challenging aspects of a PT service (Rodgers & Loitz, 2009). The appeared lack of PT's impact on obesity epidemic in Serbia may, therefore, reflect limitations in the training and professional development available to Serbian fitness coaches. Indeed, there seems to be no recognised institution for accrediting PT professionals following standardised requirements, which left many organisations offering independent fitness training courses with the variety of different curriculums. This could have left practitioners potentially benefitting from additional knowledge and skills to motivate their clients in applying behavior change strategies, an aspect that will be explored within the context of three highly popular training centers for personal fitness training delivery in Serbia. Furthermore, due to the lack of specific evidence-based literature regarding the monitored individual exercise in Serbia, it is currently unclear what exercisers perceive important and what would improve their motivation to change and see positive effects on their future health. Therefore, with the goal to assist PTs to reflect on their work, inform their professional development needs (Craig & Eickhoff-Shemek, 2009), and, ultimately, understand how they can better support their clients' lifestyle modifications, this survey aimed to explore PT users' interpretations of the training experience with their views on social interactions and perceived motivational factors. To meet the study aim, we categorised three different objectives which were: 1. To investigate personal fitness training users' motivations to train and employ a PT, 2. To reveal the appreciated qualities of a successful PT and highlight the factors that influence their evaluation, and 3. To identify those characteristics that differentiate between more and less desired practice in order to increase motivation for improving health outcomes. Our intention was to use the study data to inform future thinking around what is needed for Serbian PTs to make more of a difference to the obesity epidemic in this country and make a positive contribution to the overall health for their exercisers.

## **METHODS**

### **Study design**

A cross-sectional explorative study was used to investigate PT clients' perceptions on the exercising process with their fitness coaches to gain a better understanding of their wishes and needs. All clients were approached within three highly promoted personal fitness training centres in Belgrade, Serbia, in order to get insights by the exercisers with assumingly higher awareness of physical literacy and appreciation of a professional fitness training service. To ensure anonymity, gym managers were asked to distribute the survey via provided anonymous link themselves or via employed personnel. The study examined clients' evaluations of their PT via experienced interactions, preferences, dislikes, and motivational factors, aiming to provide valuable information for fitness practitioners and enhance the attainment of health-related training objectives.

### **Participants**

Inclusion criteria required participants to be at least 18 years old and to have currently or previously worked under the supervision of a Serbian professional individual fitness coach for at least one year. All respondents provided informed consent at the start of the survey, and those who failed to do so were unable

to proceed. Ethical approval for the study was granted by the University of Central Lancashire's Ethics Review Panel (reference: HEALTH 01072 CA), in line with the principles of the Declaration of Helsinki.

#### Procedures

A questionnaire was created using Qualtrics online software that gathered anonymous answers in two languages (i.e., Serbian and English). Clients were contacted via first authors' direct network and personal contacts. Both authors reviewed the survey at different stages to ensure its validity, providing feedback and recommendations that were incorporated before the survey was ethically approved and distributed. The survey was available online for six weeks, from October 23, 2023 to December 3, 2023. Respondents provided demographic information at the start of the survey, after which the sections "Personal fitness training experience" and "Personal fitness trainer's features" followed. The questionnaire contained a series of multiple-choice questions (13), Likert scale-based questions (4), a rank order question (1) and open-ended questions (2), resulting in 20 questions in total. Multiple-choice questions served to assess valued aspects of a personal fitness training service, open-ended questions provided the space to elaborate with greater detail on the contextual nature of exercising with a PT, while scale-based and rank order questions revealed likes and dislikes, as well as the most appreciated characteristics of a personal fitness training process. This method has been demonstrated to effectively provide various data points for examination and sharing, and is, therefore, appropriate for the purposes of this research (Harper & McCunn, 2017).

#### Data analysis

The survey data, collected using a cross-sectional design, were exported to an Excel spreadsheet for in-depth analysis. Responses to each question were collated based on simple frequency patterns. Data were then split into defined categories in order to explore relationships between responses. In addition to demographic categories, participants were also categorised in regard to their motivation goals and self-reported outcomes, with relationships then explored in regard to key factors of analysis such as their likes, dislikes, preferred PT qualities, and challenges faced in the training process. The primary purpose of the quantitative data presentation was to describe the frequency counts and percentages calculated. The relative importance of responses to a unipolar Likert scale was determined by combining and ranking answer frequencies. As participants were limited to "very," "moderately," and "no" for expressing their preferences, we considered "very" responses to be the most reliable indicator of a true preference for a particular option, under the condition that no notable differences in the strength of evaluation would exist in regard to the inclusion of "no" answers. With reference to the open questions (No. 14 and No. 20), they were subjected to simple thematic analysis with frequency counts provided to illustrate the strength of opinion. One author constructed the data themes, classified the responses and discussed his rationale with the other author, thus arriving at an agreement of terms and inclusion criteria throughout this process (Thomas, 2006).

## RESULTS

Participant demographics are first presented, followed by results grouped according to the study's three research objectives which were to: 1) investigate personal fitness training users' motivations to train and employ a PT, 2) reveal the appreciated qualities of a successful PT and highlight the factors that influence their evaluation, and 3) identify those characteristics that differentiate between more and less desired practice to increase motivation for improved health outcomes. In relation to the set objectives, we extrapolated the data relating to two specific criteria: a) the pursuit of drastic weight loss with the assessment

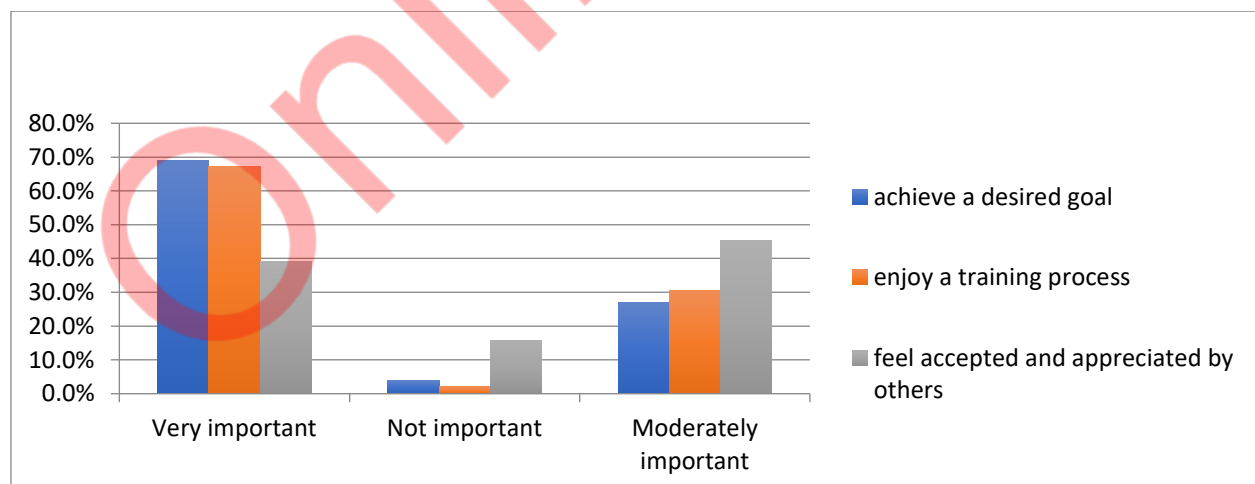
of results, and b) prioritised health goals as the main motivating factors in contrast to the aesthetic appearance and/or fitness gains. The purpose was to differentiate specific subgroups in order to inform discussion and recommendations of training needs in context of Serbian population's health concerns.

### Participant Demographics

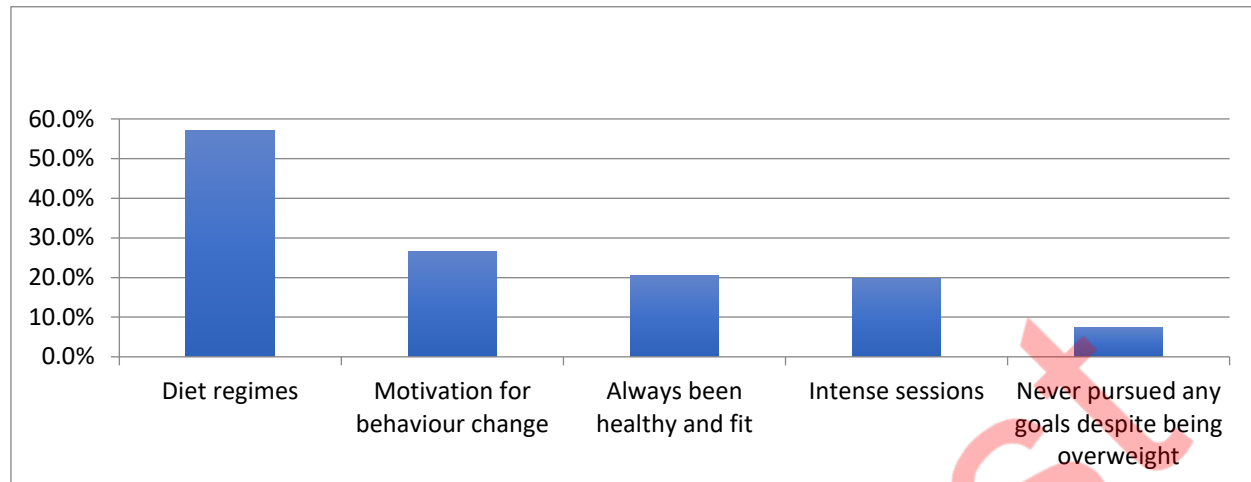
Out of 160 respondents in total, 148 completed the survey (completion rate 92.5%). There were approximately 50% of both sexes involved (i.e., 72 males and 70 females revealed their sex). The age profile of participants placed most respondents in the 30-50 age group (71.7%), while 20.4% were under the age of 30, and 7.9% belonged to the 51-65 age range. Slightly more than half (51.7%) of the respondents reported having 1-3 years of experience exercising with the PT, while the remaining 48.3% trained with the PT for longer than 3 years. Majority of respondents (n = 142) listed themselves as Serbians, joined by Montenegro (n = 3), France (n = 1), Hong Kong (n = 1), Sweden (n = 1) and Russia (n = 1) as selected countries. The vast majority reported exercising with the PT in the gym (99%, n = 146), while only two reported training at home or outside, respectively.

**Research Objective 1:** To investigate personal fitness training users' motivations to train and employ a personal fitness trainer

In regard to the main drivers for the training process, "achieving a desired goal (i.e., weight reduction, strength gain, health management)" was perceived "very important" by 68.9% of participants, and "enjoying a training process" was rated second with 67.3% "very important" selections, while "feeling accepted and appreciated by other gym goers and staff members" was third with 39% (Figure 1). Furthermore, options "health" and "general wellbeing" were selected as the main motivating factors (85.1% of respondents selected "very motivated" response for both options, respectively), ahead of "fitness gains (i.e., strength, endurance, power, etc.)" (57.8%), and "aesthetic appearance" (52.4%). The most challenging aspects in the pursuit of training goals with the selected PT were: 1) "sticking to the diet regimes" (57.1% of respondents selected this option), 2) "motivation to start applying behaviour change" (26.5%), and 3) "sticking to the intense and/or frequent training schedule" (19.7%) (Figure 2).



**Figure 1.** Chart illustrating the strength of clients' responses to the question on importance of personal fitness training segments via percentage scale.



**Figure 2.** Chart illustrating the most challenging aspects in the pursuit of training goals relative to the percentage of selected responses.

Due to the study's focus being on health gains and weight loss in response to participants' personal training experiences, we extrapolated the group with self-perceptions on the need for change. This was realised via question on the achieved drastic weight change described as "weight loss of at least 15% of body mass". Because of the allowance of multiple responses, we grouped the provided answers into three distinct categories: a) group with achieved drastic weight loss (WLG) ("yes" response) ( $n = 63$ ); b) group that did not need drastic weight loss ("no" response paired with "I do not need drastic changes because I have always looked decent" or the latter response alone) ( $n = 57$ ); and c) group that did not achieve weight loss despite the need (NWL) ("no" response alone, "I do not want drastic changes because it requires too much effort" response alone, or both responses combined) ( $n = 28$ ) (Figure 3). In addition, we extrapolated the group of health-motivated participants if the response "very motivated" was attached only to the "health" or "wellbeing" option, while other options such as "aesthetic appearance" and "fitness gains" were answered with the less emphasised weighing (i.e., "moderately motivated" or "not motivated"). By doing this, we obtained two categories that excluded other variables: health and wellbeing-motivated group (HMG) ( $n = 33$ ) and look & fitness-motivated group ( $n = 4$ ).

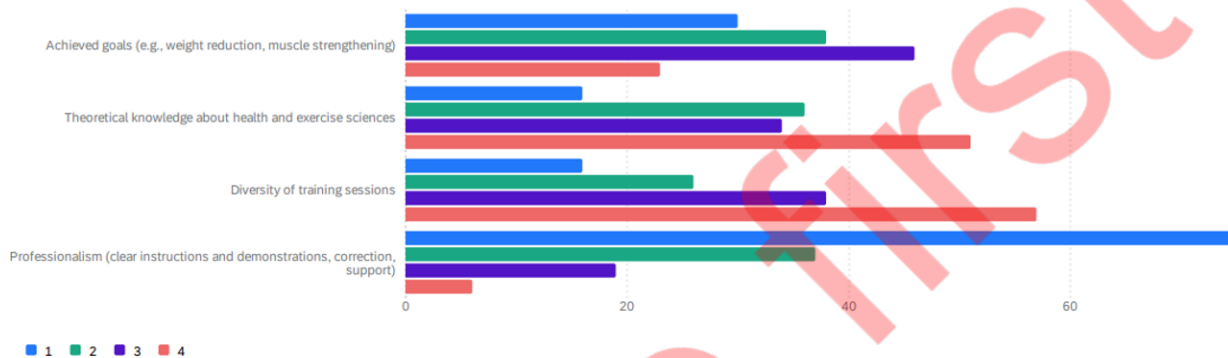


**Figure 3.** Chart showing the percentage of respondents grouped in relation to the drastic weight loss achievement (at least 15% of body mass).

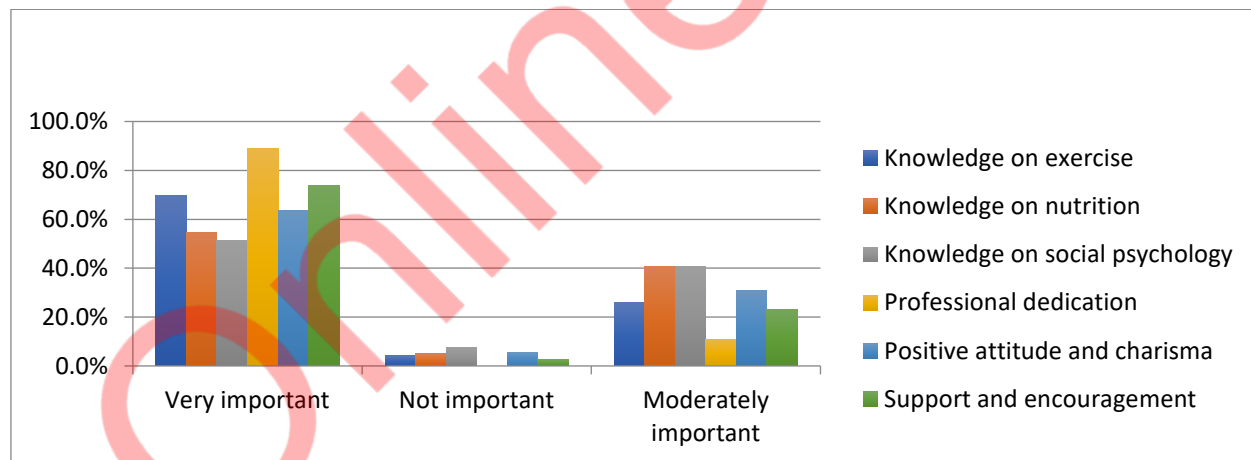
**Note:** WLG = achieved weight loss group, NWLG = no weight loss group

Research Objective 2: To reveal the appreciated qualities of a successful personal fitness trainer and highlight the factors that influence their evaluation

In regard to the prioritised criteria for rating a PT, “professionalism (clear instructions and demonstrations, correction, support)” emerged as the most critical with 55.1% of respondents placing it on top, followed by “achieved goals” with 21.7% top selections, and “theoretical knowledge about health and exercise sciences” being matched with “diversity of training sessions” with 11.6% of top spots for each, respectively (Figure 4). Likewise, top three spots for the highest valued PT features were “professional dedication to the training process (correcting, instructing, planning, assessing)”, which was perceived “very important” by 89.1% participants (n = 122), followed by the “ability to provide support and encouragement” with 73.9% (n = 105) and “knowledge on exercise sciences” with 69.9% (n = 100) (Figure 5). Furthermore, formal education of a PT was highly appreciated by the majority of the surveyed clients (78%, n = 111), whereas 7% of them (n = 10) did not seem to care, and 15% (n = 21) selected the “not sure” option.



**Figure 4.** Chart illustrating the selected ranking order from most important (1) to least important (4) criterion for rating a personal fitness trainer by the survey respondents.



**Figure 5.** Chart illustrating the strength of clients' responses to the question on valued personal fitness trainer's features.

The important factors for the wanted PT were their social skills, as evidenced by the 1-5 scale used to assess the challenges of selecting the right one. Namely, highest perceived challenges in the PT selection (responses with the grades 4 and 5 grouped together) were the “inability to test personality matching” (55.3%) and “inability to assess their attitude before the start” (47.2%), while the “lack of transparency with their educational background” occupied third spot (44.4%). This was in accordance with the response in which 58.5% (n = 83) of participants would rather have a PT who possesses average knowledge on exercise sciences but exceptional social qualities compared to 41.5% (n = 59) who would rather have a PT with outstanding knowledge on exercise sciences but lower social qualities (i.e., lack of charisma). Likewise, having a close friendship with the PT seems to be supportive to the training process for 43.1% of respondents

(n = 62), while it was perceived jeopardising to the training process for only 4.2% respondents (n = 6). Finally, the role of a PT to facilitate client's social interactions in the gym helping them feel accepted and appreciated was primarily assessed as "moderately important" (44.4%, n = 64). Interestingly and somewhat worryingly, 14.7% (n = 21) of the surveyed clients would stay with the same PT despite not being happy with the choice so to avoid awkward situations in the gym, while 54.5% (n = 78) would change the gym to find another PT. Only 47.6% (n = 68) of participants responded they would substitute the PT within the initially chosen gym facility.

**Research Objective 3:** To identify those characteristics that differentiate between more and less desired practice to increase motivation for improved health outcomes

In regard to the personal fitness training aspects that clients value in their PT, we collected four distinguished main themes that emerged from the open question (No. 14) responses: motivation reinforcement (37 mentions), accountability (13 mentions), provided knowledge on exercise (9 mentions), and health & safety (7 mentions) (Table 1). In regard to the changes that clients want to see in their current personal fitness training, we collected three distinguished main themes that emerged from the open question (No. 20) responses: nothing (33 mentions), better knowledge and innovation (10 mentions), more personalised approach (9 mentions) (Table 2).

**Table 1.** Themed responses on what the clients value about their personal fitness training practice

| Main Theme                                      | Sub Theme                            | Indicative Participant Responses   |
|---|--------------------------------------|--|
| Reinforce Motivation (37)                       | Keeps you going (31)                 | Without a responsible and good trainer, I would quickly give up training. I need motivation.   |
|   | Helps achieve goals (4)              | Personal trainers' role is to guide you through the training process and help you achieve your goals.  |
|   | Provides company (2)                 | It's much more difficult for me to train on my own, and I am happy to know there is someone to support me  |
| Hold Accountable (13)                           | Stick to the plan (9)                | I need motivation during training to make the workout done as intended   |
|   | Obligation to train (4)              | It keeps me motivated knowing that someone is following and actively included in my training progress. Besides yourself, someone else is depending on you to show up. I'm not skilled enough to train on my own, I want to be in safe hands, and it's important for me to have that moment of control. If I didn't have a trainer, I would slack off |
| Ensure Healthy and Safe Practice (7)            | Reduces Risk of Injury (5)           | I have greater responsibility to come to the gym without excuses. I know that in that case, the exercises I do are done correctly and that there is minimal risk for any kind of injury. I think it's safe.  |
|   | Recognises Issues (2)                | I have multiple health issues, so it's important that the trainer is aware of them and follows my progress.  |
| Provide High Level Knowledge about Training (9) | Tracking and monitoring progress (4) | For better results, balanced training based on my current strength and the right choice of exercises is necessary. It's easier to have someone keeping track of the training plan.   |
|   | Professionalism and expertise (3)    | You can never reach those limits in training compared to what someone can convince you of with their knowledge, attitude, and professional approach.   |
|   | Honest appraisal (2)                 | Because it is someone who can give a real picture of how much and how you train, which can be opposite to my perception...   |

**Table 2.** Themed responses on what the clients would change in their personal fitness training practice



| Main Theme                                 | Sub Theme                              | Indicative Participant Responses   |
|--|--|--|
| Nothing (33)                               | No change (20)                         | I wouldn't change anything in my current training/trainer situation.   |
|  | Very Satisfied (13)                    | I wouldn't change anything because the knowledge, energy, professionalism, and dedication of my fitness trainer are at an enviable level, which my results also show! I am satisfied with the experience so far. |
| More personalised and bespoke approach (9) | Stop using general materials (2)       | The exercise plan may not have always been prepared in advance specifically for me and often involved repeating the same exercises.  |
|  | Recognise individual needs (2)         | More custom-tailored trainings and a bit more motivational support.  |
|  | More interest in me (1)                | In my case, friendship with the trainer in some cases leads to training being done "just like that", without a plan and goal. I would change that.   |
|  | Flexibility (4)                        | I would have liked for my trainer to have a more flexible schedule.  |
| Better Knowledge and Innovation (10)       | New Exercises, Equipment and Ideas (6) | Changing approach 2 times per year, innovative approach, more diet and nutrition recommendation.   |
|  | Incompetency (2)                       | What I can notice around me is superficiality in work, incompetence in setting up programs, and an easy understanding of the role of a personal trainer.   |
|  | Better record keeping (2)              | Progress was not tracked, and records were not kept from month to month, and limits were not pushed.   |

As previously reported, we extrapolated groups within different categories in order to extract relevant results for the main study objectives. One category was based on the primary motivation for the training practice, where we separated those motivated exclusively by health and wellbeing (HMG,  $n = 33$ ) from those motivated exclusively by look and fitness ( $n = 4$ ). The other category was based on the accomplishment of weight loss results, where we separated a group of respondents who failed to make drastic weight loss despite the need (NWLG,  $n = 28$ ) from those who successfully made it (WLG,  $n = 63$ ) and those who never needed drastic weight changes ( $n = 57$ ) (Figure 3). With the goal to unveil how successful HMG had been in achieving a notable weight loss, we discovered that 36.4% of respondents managed to get it ( $n = 12$ ) compared to 33.3% who had not made notable results ( $n = 11$ ), and 30.3% who had never needed drastic weight change from this group ( $n = 10$ ) (Figure 6). Hence, the population that was initially motivated by health parameters was partially successful with the accomplishment of health-focused results (i.e., weight reduction) despite the perceived need.

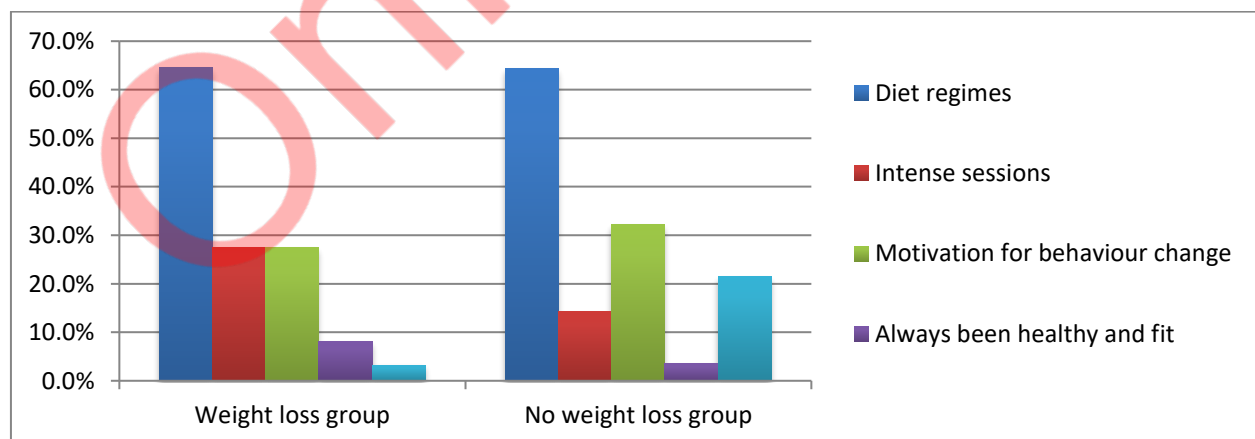


**Figure 6.** Chart showing health and wellbeing-motivated group of respondents categorised in relation to the drastic weight loss achievement (at least 15% of body mass).

The challenges in the pursuit of training goals from HMG mostly aligned with all other groups with the exception that “sticking to intense and frequent training schedule” was joined to the second most selected spot, which was shared with the “motivation to apply behaviour change” option. Intriguingly, almost fifth of these participants (18.2%) stated they were fine with being overweight (Figure 7). This likely means that the mentioned population lacked the motivation to undergo significant energy investment in getting the needed results, which was in agreement with their most valued aspect of exercising with the PT being “enjoying a training process” (78.1% of “very important” responses) ahead of “achieving a desired goal” (48.5%). When we ran the same sub-analysis for WLG and NWLG, there appeared to be some notable differences. Namely, while the option “sticking to intense and/or frequent training schedule” was among the most challenging for those with the history of achieved weight reduction, those without weight reduction results considered it the least challenging (Figure 8). Strikingly, 21.4% of the exercisers from NWLG were “fine with being overweight”. These findings suggest that those who struggled to correct their weights likely lacked the required motivation to engage in needed diet and training regimes. Oddly, 8.1% from WLG selected the option “I have always been healthy and fit”, which is somewhat contradictory to their “yes” response to the question on whether they ever achieved drastic weight loss in the past.



**Figure 7.** Chart illustrating percentage of allocated responses to the question on the most challenging aspects in pursuit of training goals by respondents from the health and wellbeing-motivated group.



**Figure 8:** Chart illustrating percentage of allocated responses to the question on the most challenging aspects in pursuit of training goals by respondents from groups formed in relation to the weight loss achievement (at least 15% of body mass).

The top ranked criteria for a desired PT in relation to the weight reduction results are presented in the Table 3. Interestingly, even after grouping two top spots together for a selected criterion, “achieved goals” was still ranked higher by those who never got notable weight loss results compared to those who did (Table 4). This was somewhat surprising because the clients who had success with correcting their weight issues did not seem to particularly value PT’s ability to help them achieve the training goal. Moreover, while “professional dedication” and “ability to provide support and encouragement” remained very highly valued features for a successful PT by both subgroups, “positive attitude and charisma” was slightly more appreciated by exercisers from NWLG (75% “very important” responses) than by those from WLG (65% “very important” responses) (Table 5). In contrast, respondents from WLG valued theoretical knowledge of a PT higher than those from NWLG, demonstrating their appreciation of a PT’s expertise (Table 5).

**Table 3.** Percentage number of the most No.1 ranked criterion in assessment of a personal fitness trainer relative to respondents grouped according to weight loss achievement (at least 15% of body mass)

| Criterion | Professionalism | Achieved goals | Knowledge | Session variations |
|-----------|-----------------|----------------|-----------|--------------------|
| Groups    |                 |                |           |                    |
| WLG       | 45.8%           | 27.1%          | 11.9%     | 15.3%              |
| NWLG      | 56%             | 28%            | 4%        | 12%                |

**Note:** WLG = weight loss group, NWLG = no weight loss group

**Table 4.** Combined percentage number of the most No.1 ranked criterion and No.2 ranked criterion in assessment of a personal fitness trainer relative to respondents grouped according to weight loss achievement (at least 15% of body mass)

| Criterion | Professionalism | Achieved goals | Knowledge | Session variations |
|-----------|-----------------|----------------|-----------|--------------------|
| Groups    |                 |                |           |                    |
| WLG       | 76.3%           | 42.4%          | 45.8%     | 35.6%              |
| NWLG      | 80%             | 68%            | 20.4%     | 28%                |

**Note:** WLG = weight loss group, NWLG = no weight loss group

**Table 5.** Percentage number of the selected “very important” responses for the features of a desired personal fitness trainer relative to respondents grouped according to weight loss achievement (at least 15% of body mass)

| Features | Professional dedication | Support and encouragement | Positive attitude and charisma | Knowledge on exercise | Knowledge on social psychology | Knowledge on nutrition |
|----------|-------------------------|---------------------------|--------------------------------|-----------------------|--------------------------------|------------------------|
| Groups   |                         |                           |                                |                       |                                |                        |
| WLG      | 87.5%                   | 76.3%                     | 65%                            | 76.7%                 | 61.7%                          | 66.1%                  |
| NWLG     | 80.8%                   | 75%                       | 75%                            | 59.3%                 | 42.3%                          | 39.3%                  |

**Note:** WLG = weight loss group, NWLG = no weight loss group

## DISCUSSION

The main findings of this study are: 1) PT clients in Serbia are hiring PTs for the presence of long-term exercise adherence and motivation to achieve and preserve health-related outcomes, 2) PT clients in Serbia highly appreciate holistic training practices with the emphasised professional support, social reinforcement of a positive training atmosphere, and goal-oriented interventions, and 3) PTs in Serbia are expected to motivate the clients in need of weight correction goals. This is especially emphasised for the population that lack the self-directed initiative for the lifestyle modifications. It also looks important to underline that gym managers in Serbia might want to be more transparent with the information on employed PTs and encourage clients to speak up their wishes, expressing their impressions more freely (e.g., via protected surveys).

In regard to Research Objective 1, it seems that the motivation to change unhealthy lifestyle habits was the main reason for employing a PT for the surveyed participants. For example, two highest perceived challenges in the pursuit of training goals by all respondents were “sticking to the diet regimes” and “motivation to apply a behaviour change” (Figure 2). Considering that the main initial motivation for the majority of respondents was to achieve a desired training goal (Figure 1), and that the main goals were health and wellbeing (85.1%), it is clear that clients see their PTs as main facilitators of the health-related outcomes. This is in line with research showing that individuals who need obesity interventions require more pronounced cognitive and emotional support to modify their behaviour (Bélanger-Gravel et al., 2011; Rand et al., 2017), otherwise they may be less motivated to want it in the first place (Bélanger-Gravel et al., 2011; Fock & Khoo, 2013; Rand et al., 2017). Worryingly, our sub-analysis for both the NWLG and HMG revealed that many participants from both of these categories were not motivated to pursue any changes despite being overweight (21.4% and 18.2%, respectively) regardless of a PT presence. This may be associated with motivational barriers to move out of the comfortable exercise routines and unhealthy diet regimes, which is critical in addressing weight issues (Fock & Khoo, 2013). It may be the case that their PTs were not able to provide sufficient encouragement for this population to gain effective exercise adaptations. For example, the respondents from NWLG did not perceive the habit of “sticking to intense and frequent training schedule” too challenging compared to the WLG (Figure 8), which raises a question on whether a training plan they followed had an adequate progression and/or intensity. Moreover, these individuals might not have been ready to invest much of their energy into significant alterations of their living routines required for a notable weight loss. Therefore, hiring a PT might reflect a desire for professional accountability and external motivation (Table 1), in order to surpass personal limitations with diet and exercise, potentially facilitating lifestyle adjustments for better health outcomes.

Gyms in Serbia might need more open communication on the offer they have with the PT professionals. For instance, one respondent expressed frustration with the limited information about the trainers in the fitness centres, which made the selection process feel like lucky guess. This may serve as a meaningful direction to take by the gyms where more transparency may need to be displayed with the employed PTs in order to attract more customers (Park & Lee, 2023). It is especially concerning that the majority of dissatisfied clients with their PT would rather choose to try another gym (54.5%) than to hire other PT within the initially chosen facility (47.6%). Strikingly, a significant portion (14.7%) chooses to stick with their current trainer despite being unhappy. This might reduce the motivation for potential clients to employ a PT in the first place due to not being able to assess who they are getting and what level of training and education staff members possess (Craig & Eickhoff-Shemek, 2009).

In regard to Research Objective 2, it seems that the surveyed clients prioritise holistically oriented PTs, looking into their educational level, professional behaviour (i.e., clear instructions and emphasised support), training achievements and social skills. For example, enjoying a training process was almost equally valued as achieving a desired goal (Figure 1). Notably, enjoyment did not seem to depend on the exercise selection because this was the least selected top criterion for rating a desired PT. Hence, it looks like the value in “process” is related to the communication and interaction with the coach, which was reinforced with preferably selected option to have a PT with better social qualities (59%) than the expert one with less social qualities (41%). This is hardly surprising because the role of a professional trainer extends beyond client’s immediate presenting issues due to its far-reaching effects not only on their physical health, but also on mental and emotional wellbeing reflected through social interaction, improved self-esteem, and enhanced self-awareness (Carraça et al., 2021; Cooper, 2020; Guo et al., 2023; Mahindru et al., 2023; Tracey, 2008). As a result, a satisfied and happy client who looks forward to going to the gym will likely have increased adherence (Wayment & McDonald, 2017). This is important not only for the lowering of obesity-related health risks (Church, 2011), but also for exercise-induced improvements in the quality of life (Penedo & Dahn, 2005), cognitive performance (Gomez-Pinilla & Hillman, 2013), mental wellbeing (Windle et al., 2010), and physical functioning (Chou et al., 2012). In accordance, professionalism and social skills (i.e., personality and attitude) emerged as key factors for PT’s evaluation in this investigation, with clients valuing social qualities (n = 83) even more than expertise (n = 59).

This study further revealed that individuals who had not achieved significant training results placed greater value on trainer’s positive attitude and charisma compared to those who successfully reached their goals (Table 5). The impression may, therefore, be given that having a PT with strong interactive skills was sufficient for the clients who failed to see drastic weight loss, placing a greater value on social enjoyment in the process. Nevertheless, the second most important criterion for rating a PT by these respondents was “achieving a goal” (after “professionalism”), which was, interestingly, ranked even higher by this group than by the WLG. In contrast, those from WLG did not necessarily require a PT who delivers results (Table 4), suggesting that their initial motivation may have been sufficient to make the lifestyle modifications on their own. This indicates that clients who desire outcomes such as weight correction typically seek not only a PT with a professional attitude, but also someone who can provide results, whilst being socially competent to offer a positive experience. Therefore, this study confirms that a successful trainer has a duty of care that goes beyond simple training delivery, but includes the need to facilitate a positive training atmosphere (Firmansyah & Mochklas, 2018; León-Quismondo et al., 2020; Maguire, 2001) that is motivating for a client (Rodgers & Loitz, 2009).

In regard to Research Objective 3, it has emerged that clients value PTs for their motivational role and accountability (Table 1), while the main suggestions for change were better knowledge and more emphasised dedication (Table 2). Nonetheless, the majority of the surveyed clients were very satisfied with their current PT and wish nothing to be changed, suggesting the overall satisfaction with the training practice. This may be in part due to the fact that the majority of respondents arrived from one of the most renowned fitness training centres in Serbia with highly qualified staff. Notably, however, the sub-analysis of participants who are motivated by health and wellbeing revealed varying levels of success with the weight reduction goals: 36.4% have achieved significant weight changes, 33.3% have not experienced major weight shifts, and 30.3% likely began with healthy weights, minimising the need for substantial change. Hence, though majority of exercisers expressed their happiness with the personal fitness training process, it remains questionable how high of an impact PTs have had towards those health pursuing clients who lacked the starting motivation. For example, clients from WLG did not particularly value “achieved goals” in the

assessment of their PT (Table 4), questioning their role in the achieved transformations. This is in line with the findings from a systematic review by Teixeira et al. (2015), who reported autonomous motivation and self-regulation skills as the best predictors of weight management results, enabling individuals to pursue lifestyle modifications on their own. Thus, the participants from the study may have had more sustainable initial drive, owned to the higher health awareness. This is reflected in the survey responses regarding the most desired training goals, where health emerged as the most important by far (85.1% “very important” responses), whereas aesthetical appearance appeared as the least wanted achievement (52.4% “very important” responses). This finding contrasted the impression by the Australian PTs that “people do not care as much about their health as they do about their looks” (Donaghue & Allen, 2016), evidencing greater health-pursuing drive for our respondents. Nevertheless, for the individuals who struggle with initial motivation to commit to changes, PT’s role may need to highlight psychological encouragement, igniting the enthusiasm for behaviour change in the overweight adults (Samdal et al., 2017; Sweet, 2008), which was suggested with this study as well. Critical frameworks for delivering successful interventions in any sphere mostly utilise holistic approaches (National Research Council & Institute of Medicine, 2002; 2009), focused upon social, emotional, physical and cognitive dimensions (National Research Council & Institute of Medicine, 2009; Grecic, 2021), influencing targeted individuals from multiple standpoints. Similarly, the most appreciated training practice by the surveyed clients involved professional support, socially stimulative environment, and encouragement in the pursuit of training results. Therefore, for the population who struggle to modify living habits, it may be necessary to have a holistically oriented PT who knows how to empower them to move out of the comfort zone, ultimately leading to improved health outcomes.

The main limitation of this study is the lack of objective anthropometric data, which made the assumptions on obesity population exploratory, and discussion on the weight reduction needs somewhat speculative. Furthermore, all the respondents from this investigation arrived from three training centres with high reputation, which warns against interpreting the findings as definite representatives of entire PT client population from Serbia. Unfortunately, this might mean that the quality of personal training service is more limited elsewhere.

## CONCLUSION

In conclusion, the presented study suggests that PT clients from Serbia decide to employ a PT counting on their psycho-social support with the aim to foster lasting lifestyle changes that lead to better health outcomes. Hence, PTs are expected to possess wide range of qualities in order to satisfy clients’ needs. These qualities do not only include theoretical knowledge, but also social skills that facilitate the enjoyment in the process and provide motivation to engage in lifestyle modifications. Importantly, knowledge on the models of behaviour change may need to be highlighted for PTs who train clients struggling with the initial drive to fix the weight issues. Educational institutions in Serbia should, therefore, strive to adopt necessary understanding of multiple disciplines required for the recreational exercise practice and carefully consider the teaching strategies that provide high application and good retention rates for fitness coaches (Craig & Eickhoff-Shemek, 2009). Further larger scale research is needed to shed more light on the perspective of personal fitness training delivery with its impact on obesity epidemic and metabolic health in Serbia.

## Acknowledgements

Data availability is not applicable to this manuscript. The authors received no financial support, nor they have any conflicts of interest relevant to this article.

## REFERENCES

1. Barnes, C., Archer, D., Hogg, B., Bush, M., & Bradley, P. (2014). The Evolution of Physical and Technical Performance Parameters in the English Premier League. *International Journal of Sports Medicine*, 35(13), 1095–1100. <https://doi.org/10.1055/s-0034-1375695>
2. BBC. (2023, March 4). Can Serbia win a battle against obesity? *BBC News in Serbian*. <https://www.bbc.com/serbian/lat/srbija-64833562>
3. Bélanger-Gravel, A., Godin, G., Vézina-Im, L.-A., Amireault, S., & Poirier, P. (2011). The effect of theory-based interventions on physical activity participation among overweight/obese individuals: A systematic review. *Obesity Reviews*, 12(6), 430–439. <https://doi.org/10.1111/j.1467-789X.2010.00729.x>
4. Blic Biznis/MONDO. (2023, November 23). *General Craze for The Job of Fitness Personal Trainer in Serbia*. *Blic.rs*. <https://www.blic.rs/biznis/moj-novcanik/opsta-pomama-za-ovim-poslom-u-srbiji-zaraduju-vise-i-od-programera-ali-uspeh-najvise/tp34nh2>
5. Carraça, E. V., Encantado, J., Battista, F., Beaulieu, K., Blundell, J. E., Busetto, L., Van Baak, M., Dicker, D., Ermolao, A., Farpour-Lambert, N., Pramono, A., Woodward, E., Bellicha, A., & Oppert, J. (2021). Effect of exercise training on psychological outcomes in adults with overweight or obesity: A systematic review and meta-analysis. *Obesity Reviews*, 22(S4), e13261. <https://doi.org/10.1111/obr.13261>
6. Chou, C.-H., Hwang, C.-L., & Wu, Y.-T. (2012). Effect of Exercise on Physical Function, Daily Living Activities, and Quality of Life in the Frail Older Adults: A Meta-Analysis. *Archives of Physical Medicine and Rehabilitation*, 93(2), 237–244. <https://doi.org/10.1016/j.apmr.2011.08.042>
7. Church, T. (2011). Exercise in Obesity, Metabolic Syndrome, and Diabetes. *Progress in Cardiovascular Diseases*, 53(6), 412–418. <https://doi.org/10.1016/j.pcad.2011.03.013>
8. Cooper, S. L. (2020). Promoting physical activity for mental well-being. *ACSM's Health & Fitness Journal*, 24(3), 12. <https://doi.org/10.1249/FIT.0000000000000569>
9. Craig, A. C., & Eickhoff-Shemek, J. M. (2009). Educating and training the personal fitness trainer: A pedagogical approach. *ACSM's Health & Fitness Journal*, 13(2), 8. <https://doi.org/10.1249/FIT.0b013e318198e4cc>
10. Dixon, J. B. (2010). The effect of obesity on health outcomes. *Molecular and Cellular Endocrinology*, 316(2), 104–108. <https://doi.org/10.1016/j.mce.2009.07.008>
11. Donaghue, N., & Allen, M. (2016). “People don’t care as much about their health as they do about their looks”: Personal trainers as intermediaries between aesthetic and health-based discourses of exercise participation and weight management. *International Journal of Sport and Exercise Psychology*, 14(1), 42–56. <https://doi.org/10.1080/1612197X.2015.1016086>
12. Firmansyah, M. A., & Mochklas, M. (2018). The Effect of Quality of Interaction, Physical Environment and Quality of Results on the Loyalty of ATHLETIC CLUB in Surabaya. *Saudi Journal of Business and Management Studies (SJBMS)*. <http://scholarsmepub.com/wp-content/uploads/2018/03/SJBMS-33-205-211-c.pdf>
13. Fitness Coaching, Personal Training: Do they Really Work? (n.d.). *ACE Fitness*. Retrieved March 13, 2024, from <https://www.acefitness.org/certifiednewsarticle/2136/personal-training-and-fitness-coaching-do-they-really-work/>
14. Flegal, K. M., Kit, B. K., Orpana, H., & Graubard, B. I. (2013). Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-analysis. *JAMA*, 309(1), 71–82. <https://doi.org/10.1001/jama.2012.113905>
15. Fock, K. M., & Khoo, J. (2013). Diet and exercise in management of obesity and overweight. *Journal of Gastroenterology and Hepatology*, 28(S4), 59–63. <https://doi.org/10.1111/jgh.12407>

16. Fruh, S. M. (2017). Obesity: Risk factors, complications, and strategies for sustainable long-term weight management. *Journal of the American Association of Nurse Practitioners*, 29(Suppl 1), S3–S14. <https://doi.org/10.1002/2327-6924.12510>
17. Garber, C. E., Blissmer, B., Deschenes, M. R., Franklin, B. A., Lamonte, M. J., Lee, I.-M., Nieman, D. C., & Swain, D. P. (2011). Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise. *Medicine & Science in Sports & Exercise*, 43(7), 1334–1359. <https://doi.org/10.1249/MSS.0b013e318213fefb>
18. Global status report on physical activity 2022: Executive summary. (2022). *World Health Organization*
19. Gomez-Pinilla, F., & Hillman, C. (2013). The Influence of Exercise on Cognitive Abilities. *Comprehensive Physiology*, 3(1), 403. <https://doi.org/10.1002/cphy.c110063>
20. Grecic, David. (2021). The CARE Curriculum in Physical Education and Sport: A Guide to Pupil and Athlete Development Chapter 1 Introduction: What is the CARE Curriculum? *Sport and Wellbeing Press, Preston*
21. Guo, L., Chen, J., & Yuan, W. (2023). The effect of HIIT on body composition, cardiovascular fitness, psychological well-being, and executive function of overweight/obese female young adults. *Frontiers in Psychology*, 13, 1095328. <https://doi.org/10.3389/fpsyg.2022.1095328>
22. Hardeman, W., Griffin, S., Johnston, M., Kinmonth, A. L., & Wareham, N. J. (2000). Interventions to prevent weight gain: A systematic review of psychological models and behaviour change methods. *International Journal of Obesity*, 24(2), Article 2. <https://doi.org/10.1038/sj.ijo.0801100>
23. Harper, L. D., & McCunn, R. (2017). “Hand in Glove”: Using Qualitative Methods to Connect Research and Practice. *International Journal of Sports Physiology and Performance*, 12(7), 990–993. <https://doi.org/10.1123/ijsp.2017-0081>
24. James, W. P. T. (2018). Obesity: A Global Public Health Challenge. *Clinical Chemistry*, 64(1), 24–29. <https://doi.org/10.1373/clinchem.2017.273052>
25. Jeffery, R. W., Wing, R. R., Thorson, C., & Burton, L. R. (1998). Use of personal trainers and financial incentives to increase exercise in a behavioral weight-loss program. *Journal of Consulting and Clinical Psychology*, 66(5), 777–783. <https://doi.org/10.1037/0022-006X.66.5.777>
26. Lega, I. C., & Lipscombe, L. L. (2020). Review: Diabetes, Obesity, and Cancer—Pathophysiology and Clinical Implications. *Endocrine Reviews*, 41(1), 33–52. <https://doi.org/10.1210/endrev/bnz014>
27. León-Quismondo, J., García-Unanue, J., & Burillo, P. (2020). Best Practices for Fitness Center Business Sustainability: A Qualitative Vision. *Sustainability*, 12(12), Article 12. <https://doi.org/10.3390/su12125067>
28. Leroux, J. S., Moore, S., & Dubé, L. (2013). Beyond the “I” in the Obesity Epidemic: A Review of Social Relational and Network Interventions on Obesity. *Journal of Obesity*, 2013, e348249. <https://doi.org/10.1155/2013/348249>
29. Maguire, J. S. (2001). Fit and Flexible: The Fitness Industry, Personal Trainers and Emotional Service Labor. *Sociology of Sport Journal*, 18(4), 379–402. <https://doi.org/10.1123/ssj.18.4.379>
30. Mahindru, A., Patil, P., & Agrawal, V. (2023). Role of Physical Activity on Mental Health and Well-Being: A Review. *Cureus*. <https://doi.org/10.7759/cureus.33475>
31. Malek, M. H., Nalbone, D. P., Berger, D. E., & Coburn, J. W. (2002). Importance of Health Science Education for Personal Fitness Trainers. *The Journal of Strength & Conditioning Research* (Vol. 16, Issue 1, pp. 19–24). [https://journals.lww.com/nsca-jscr/fulltext/2002/02000/importance\\_of\\_health\\_science\\_education\\_for.4.aspx](https://journals.lww.com/nsca-jscr/fulltext/2002/02000/importance_of_health_science_education_for.4.aspx)
32. Mann, T., Tomiyama, A. J., & Ward, A. (2015). Promoting Public Health in the Context of the “Obesity Epidemic”: False Starts and Promising New Directions. *Perspectives on Psychological Science*, 10(6), 706–710. <https://doi.org/10.1177/1745691615586401>
33. Muth, N. D., Vargo, K., & Bryant, C. X. (2015). The Role of the Fitness Professional in the Clinical Setting: *Current Sports Medicine Reports*, 14(4), 301–312. <https://doi.org/10.1249/JSR.0000000000000174>



34. National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. (2009) *The National Academies Press*. <https://www.ncbi.nlm.nih.gov/books/NBK32792/>
35. National Research Council & Institute of Medicine (Committee on Community-Level Programs for Youth). (2002). Adolescent development. In J. Eccles & J. A. Gootman (Eds.), *Community programs to promote youth development* (pp. 42-78). *The National Academies Press*. <https://nap.nationalacademies.org/catalog/10022/community-programs-to-promote-youth-development>
36. Niemi, G. M., Rewane, A., & Algotar, A. M. (2024). Exercise and Fitness Effect on Obesity. *StatPearls Publishing*. <http://www.ncbi.nlm.nih.gov/books/NBK539893/>
37. Okay, D. M., Jackson, P. V., Marcinkiewicz, M., & Papino, M. N. (2009). Exercise and Obesity. *Primary Care: Clinics in Office Practice*, 36(2), 379–393. <https://doi.org/10.1016/j.pop.2009.01.008>
38. Park, S., & Lee, H.-W. (2023). Emphasizing effort vs talent in personal trainers' performance: Consumption response of personal fitness training customers. *International Journal of Sports Marketing and Sponsorship*, 24(2), 359–374. <https://doi.org/10.1108/IJSMS-06-2022-0115>
39. Pearson-Stuttard, J., Zhou, B., Kontis, V., Bentham, J., Gunter, M. J., & Ezzati, M. (2018). Worldwide burden of cancer attributable to diabetes and high body-mass index: A comparative risk assessment. *The Lancet Diabetes & Endocrinology*, 6(6), e6–e15. [https://doi.org/10.1016/S2213-8587\(18\)30150-5](https://doi.org/10.1016/S2213-8587(18)30150-5)
40. Penedo, F. J., & Dahn, J. R. (2005). Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry*, 18(2), 189.
41. Petridou, A., Siopi, A., & Mougios, V. (2019). Exercise in the management of obesity. *Metabolism*, 92, 163–169. <https://doi.org/10.1016/j.metabol.2018.10.009>
42. Rand, K., Vallis, M., Aston, M., Price, S., Piccinini-Vallis, H., Rehman, L., & Kirk, S. F. L. (2017). “It is not the diet; it is the mental part we need help with.” A multilevel analysis of psychological, emotional, and social well-being in obesity. *International Journal of Qualitative Studies on Health and Well-Being*, 12(1), 1306421. <https://doi.org/10.1080/17482631.2017.1306421>
43. Rodgers, W. M., & Loitz, C. C. (2009). THE role of motivation in behaviour change: How do we encourage our clients to be active? *ACSM's Health & Fitness Journal*, 13(1), 7. <https://doi.org/10.1249/FIT.0b013e3181916d11>
44. Salas, X. R. (2015). The ineffectiveness and unintended consequences of the public health war on obesity. *Canadian Journal of Public Health / Revue Canadienne de Santé Publique*, 106(2), e79–e81.
45. Samdal, G. B., Eide, G. E., Barth, T., Williams, G., & Meland, E. (2017). Effective behaviour change techniques for physical activity and healthy eating in overweight and obese adults: A systematic review and meta-regression analyses. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 42. <https://doi.org/10.1186/s12966-017-0494-y>
46. Serbian Association for the Obesity Examination. (2017, August 13). The Excessive Body Weight—Obesity. <https://www.gojaznost.org.rs/cardiac-department/>
47. Sweet, W. G. (2008). Personal Trainers: Motivating and Moderating Client Exercise Behaviour [The University of Waikato]. <https://hdl.handle.net/10289/2271>
48. Teixeira, P. J., Carraca, E. V., Marques, M. M., Rutter, H., Oppert, J.-M., De Bourdeaudhuij, I., Lakerveld, J., & Brug, J. (2015). Successful behavior change in obesity interventions in adults: A systematic review of self-regulation mediators. *BMC Medicine*, 13(1), 84. <https://doi.org/10.1186/s12916-015-0323-6>
49. Thomas, D. R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*, 27(2), 237–246. <https://doi.org/10.1177/1098214005283748>

50. Tracey, J. (2008). Inside the Clinic: Health Professionals' Role in Their Clients' Psychological Rehabilitation. *Journal of Sport Rehabilitation*, 17(4), 413–431. <https://doi.org/10.1123/jsr.17.4.413>
51. Wayment, H. A., & McDonald, R. L. (2017). Sharing a Personal Trainer: Personal and Social Benefits of Individualized, Small-Group Training. *The Journal of Strength & Conditioning Research*, 31(11), 3137. <https://doi.org/10.1519/JSC.0000000000001764>
52. Windle, G., Hughes, D., Linck, P., Russell, I., & Woods, B. (2010). Is exercise effective in promoting mental well-being in older age? A systematic review. *Aging & Mental Health*, 14(6), 652–669. <https://doi.org/10.1080/13607861003713232>
53. World Health Organisation. (2000). *Obesity: Preventing and Managing the Global Epidemic : Report of a WHO Consultation*

Online first