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Ghanaian clients' perception of fitness instructors' adherence to exercise delivery services codes of conduct: An exploratory study

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Abstract

Background and Aims: Patronage for fitness and wellness activities has increased in Ghana, but the perception of primary consumers regarding exercise delivery service codes of conduct (EDCC) remains undocumented. This study reported the perception of clients about fitness instructors' adherence to EDCC.

Methods: Three hundred and seventy-nine (mean age = 26.12 ± 8.83 years) clients registered with National Sports for ALL Association, Ghana (NASFAAG) were recruited. The participants were not living with any diagnosed disability, using psychiatric medication, and had consistently participated in fitness training, at least three times a week for a year, and not below the age of 18 years. The participants were recruited from fitness and wellness centers, gyms, and fitness clubs in three regions (Greater Accra—GA, Upper East—UE, and Ashanti—A) of Ghana. A closed-ended, self-structured and validated awareness and adherence exercise delivery codes of conduct questionnaires was administered. The questionnaire focused on data protection and responsibility, informed consent, competence, and professional and personal conduct adapted from the British Association of Sports and Exercise Science codes of conduct was administered. Statistical Package for Social Sciences (SPSS) version 23.0 was used to run factor analysis which determined factorial distribution of clients' perception of instructors on codes of conduct.

Results: In total, 50.99% (UE), 47.68% (A), and 46.02% (GA) clients indicated that identities were unprotected when trainers displayed information. In all, 31.05% (UE), 40.34% (A), and 36.48% (GA) showed they were introduced to substances without consent. In total, 38.89% (UE), 32.70% (A), and 53.55% (GA) clients participated in training to realize that the expertise expected was not provided. In all, 38.10% (UE) and 36.23% (A) agreed that instructors put safety at risk, while 23.02% (GA) exploited clients for personal gain.

Conclusion: Fitness instructors need enlightenment to adhere ethically to EDCC activities in Ghana. Activities related to wellness and fitness in Ghana require regulations.

KEYWORDS

clients, code of conducts, competence, confidentiality, data protection and responsibility, exercise

1 | INTRODUCTION

The mounting challenges of obesity, overweight, and associated co-morbidities[1–4] in the world continue to increase demands for fitness instructors' services. Increased non-communicable diseases, declining quality of life, and the quest for healthy living globally have shifted attention toward preventive health through the adoption of widely recommended regular physical activity and exercise.[5–7] Many people from all occupations now register with wellness and fitness centers to satisfy their personal strive to prevent or reduce non-communicable diseases and stay healthy.[8] Wellness and fitness service providers and instructors are recognized as preventive healthcare providers with professional codes of conduct and follow standard ethical practices in the advanced world.[9] Indeed, instructors in Ghana are significantly contributing to the quality of health and standard of living of Ghanaians through exercise delivery. It is, however, difficult for the activities of instructors to make sense if clients have a negative perception of their adherence to exercise delivery service codes of conduct (EDCC). The issues of codes of conduct or ethics in the fitness industry have long attracted unresolved attentions.[10] Most unresolved issues are probably due to the significant contributions of fitness trainers or personal instructors in lessening the overwhelming ordeal of non-communicable diseases.[11] The motions to maximally benefit from the contributory roles of instructors in Ghana could be unproductive without knowledge of how clients view the code of conduct guiding instructors.[13]

The issues of unscrupulous practices in the sports industry[13] coupled with dire evidence of ethical or unethical practices among fitness and wellness practitioners in Ghana. This issue raises different mindsets in clients toward EDCC, and investigating the perception clients in the fitness and wellness industry hold toward EDCC instructors in Ghana would be a vital first step toward meeting the optimal health needs of Ghanaians who painstakingly pay to access wellness and fitness services.

2 | METHODS

This descriptive exploratory research design study recruited clients who registered with fitness and wellness centers, gyms, and fitness clubs that are registered under the umbrella of the National Sports for ALL Association, Ghana (NASFAAG) through a multistage sampling technique. At the first stage, all the fitness and wellness centers, gyms, and fitness clubs registered with NASFAAG were identified. The identified centers were contacted via mobile phone calls and arranged based on population density, where Bolgatanga (Upper East), Kumasi (Ashanti), and Accra (Greater Accra) were observed to be densely populated regions for fitness and wellness activities in Ghana. Three-hundred and seventy-nine registered clients who had access to fitness and wellness services for at least 1 month were conveniently recruited as a sample for the study.

2.1 | Inclusion and exclusion criteria

Clients are included if they are registered with a fitness club under NASFAAG, The participants were not living with any diagnosed disability, using psychiatric medication, and had consistently participated in fitness training, at least three times a week for a year, and not below the age of 18 years. The participants were recruited from fitness and wellness centers, gyms, and fitness clubs in three regions (Greater Accra—GA, Upper East—UE, and Ashanti—A) of Ghana. Participants who were not sighted or failed to meet all the inclusion criteria were excluded.

2.2 | Instrumentation

2.2.1 | Exercise delivery codes of conduct questionnaires

The British Association of Sport and Exercise Sciences codes of conduct outline the principles of ethics guiding members to, among other things, exercise professional skills and judgment to the best of their ability, discharge professional responsibilities with integrity, and serve as an example to others; have regard at all times for the public interest; do everything within their power to ensure that their professional activities do not place the health and safety of others at risk; and have regard at all times for the public interest. Following these, professionals are expected to uphold 3 components of informed consent, 2 components of confidentiality, 4 components of professional conduct, 5 components of competence, and 13 components of professional and personal conduct.

Awareness and adherence exercise delivery codes of conduct questionnaires (AAEDCCQ) were developed using the professional conduct and research ethics provisions of the BASES codes of conduct.

The administered instrument contains sections on professional and personal conduct (six items), data protection and responsibility (four items), informed consent (three items), confidentiality (three items), and competence (eight items). A test–retest reliability analysis revealed that the Cronbach's alpha for the AAEDCCQ is 0.74.

The KNUST Committee on Human Research, Publications, and Ethics granted approval (Ref. CHRPH/AP/064/18). The authors declare that the work has been done in accordance to the declaration of Helsinki statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

2.2.2 | Statistical analysis

Demographic information was presented in a frequency table. The Statistical Package for Social Sciences (SPSS) version 23.0 was used to compute factor analysis to determine the level of awareness and adherence in the sample. Significance was accepted at the 0.05 level.

3 | RESULTS

This study revealed that majority of active fitness and wellness enthusiasts were between the ages of 18 and 30, and 58.3% were males. The mean age was 26.12 ± 8.83 years. The respondents' educational backgrounds ranged from junior high school, senior high school, diploma, bachelor's degree, master's degree, and no education. One hundred and eighty-seven (49.3%) had a WASCE certificate, 104 (27.4%) had a college degree, 65 (17.2%) had a diploma, and 21 (5.5%) had a post-graduate degree. This indicates that the privileged are the group of individuals who engage in wellness and fitness activities the most. They are prevalent in urban centers throughout the nation. Two hundred and seventy-five (72.6%) of the service recipients had 1–3 years, 65 (17.7%) had 4–6 years, and 37 (9.8%) had 7 years or more. Most respondents who have used fitness and wellness services for only a few years are likely to be unfamiliar with the industry code of conduct, as indicated by the statistics presented above. The foregoing also suggests that many people who engage in fitness activities stop when they achieve their desired results and, therefore, do not realize that fitness and wellness activities should be a lifelong practise because there is relapse once you stop training.

4 | DISCUSSION

Results from clients' perspectives on data protection in the upper east region indicate that clients' identities are not protected when trainers are displaying information at 50.99% (Table 1). Similarly, results from the Ashanti region showed that the identity of clients is uncovered when data are displayed, and following due process in obtaining data is mostly practiced with 47.68% and 34.4%, respectively (Table 1). In the greater Accra region, disclosure of clients' identities and unfair publication of information were factored out as the most practiced, with respective percentages of 46.02% and 32.50% (Table 1).

Clients' viewpoint indicates that practitioners in the wellness and fitness industries do not adhere to the code of conduct. Their actions are against the Rights Act 1998, which states that transfer of data to third parties should only take place with identifiers removed or with clear consent and that patient information could only be entered onto "registers" with consent from those individuals concerned.[1] Region-wise, the percentage of not protecting clients' identities is highest in the upper east region, followed by Ashanti and then Accra. It can be argued that clients are not familiar with the fact that instructors owe them a duty of care to keep their identities covered as much as possible. This did confirm the finding of the Wotruba et al.[14] study that the perceived usefulness of codes of ethics positively relates to the level of familiarity with the code.

Clients' perspectives on informed consent showed that they are introduced to substances without their consent by trainers, with a percentage of 31.05% in the upper east region, 40.34% for the Ashanti region, and 36.48% for the greater Accra region. Clients' responses to the inform consent aspect of adherence to the EDCC place a major focus on what constitutes a valid inform consent. Valid informed consent incorporates five elements: voluntarism, capacity, disclosure, understanding, and decision.[15] Therefore, on the one hand, clients are not given the freedom to make choices on what is introduced (voluntarism), or they are not given all the detailed information on what they are introducing (disclosure), and they may not be given authorization before the execution of what is introduced (decision). On the other hand, informed consent covers the understanding and meaning given to the client, even if the information is not fully understood due to the use of technical terms. The study also showed that demands for professional codes of ethics positively relate to the level of familiarity with Code,[16] which as indicated by the years of experience, may be a novice on what is expected of WFSP. Rushforth and Mckinney[17] raise a concern to stress the issues of clients' consent in any healthcare delivery as the primary end users. Clients should have an unreserved right of consent in whatever healthcare delivery is obtained.[18] Therefore, one can say informed consent is not observed by instructors, as shown by the results.

Results from clients' viewpoints on the competence of the instructors showed that in the upper east region, instructors do refer them to other specialists, with a contributing percentage of 38.89%. This suggests that instructors know their limits, but in another view, clients attest that they have ever participated in training where they realized the right expertise was not provided, with a percentage of 29.81%. With reference to these two values from the perspective of the clients in the upper east, instructors are competent, although there are instances where the right expertise is not provided; their percentage is comparably lower.

In the Ashanti region, clients realize a limitation in the conduct of the instructors and have identified instances where the right expertise is not obtained. The components have 30.54% and 32.70% contributions (Table 1), respectively. This indicates that, from the clients' viewpoint, instructors are not competent since the above

TABLE 1 Factorial distribution of clients' perception of instructors on codes of conduct.

Factors	Upper east				Ashanti				Accra			
	1	2	3	%	1	2	3	%	1	2	3	%
Data protection and responsibility												
Follow due process of obtaining/ publishing data	**0.71**			27.63	0.01	**0.982**		34.41	−0.29			21.48
Disclosing clients identity in display of information	**0.78**			50.99	**0.849**	−0.17		47.68	**0.80**			46.03
Unfair display of information by a trainer	0.64			21.38	**0.842**	0.19		17.91	0.80			32.50
Informed consent												
Trainer seeks approval before imposing stress	0.12	**0.886**		48.45	−0.02	**0.82**		31.72	0.11	**0.85**		25.27
Introduced to substances without consent	**0.91**	−0.045		31.05	**0.91**	−0.19		40.34	**0.81**	0.06		36.48
I am well informed of risk/benefits before starting exercise program	−0.34	**0.772**		13.13	0.08	**0.718**		19.43	−0.301	0.58		21.76
I am well informed of risk/benefits before starting exercise program	−0.34	0.772		7.363	**0.72**		−0.30	8.50				16.495
Competence												
Realizing a limitation instructor action	0.248	−0.729		38.89	0.191	**0.776**		32.7	**0.74**			53.55
Referred to different specialist when the issue is quite challenging	**0.865**	0.066		29.82	−0.21	**0.755**		30.54	**0.735**			19.20
Participating in training where you felt the right expertise is not provided	0.178	**0.812**		19.04	**0.789**	0.156		19.08	**0.803**			14.83
Experience critical health situation due to training schedule	0.834	−0.121		12.25	−0.173		0.634	17.67				12.40
Professional and personal conduct												
Trainer playing with client safety	0.016	**0.87**		38.10	**0.716**	−0.396	−0.339	36.233	0.109	**0.822**		38.013
Conduct of trainer have risk my safety and interest	**0.833**	0.094		30.07	**0.799**	0.129	0.228	22.615	0.615	0.471		23.024
Actions of trainer ensures maximum safety	0.011	**0.861**		14.37	0.153	**0.912**	−0.131	20.036	**0.793**	0.17		16.537
Trainers consider my wellbeing as paramount	−0.715	−0.005		9.75	0.072	−0.12	**0.945**	11.2	−0.489	0.495		12.605
Trainer consider my wellbeing paramount	−0.72	−0.005		7.71	−0.12	**0.945**	−0.489	9.916				9.82

Note: Bold values are factors that are significant for factors analysis.

components being the most practised depict incompetence on the part of the instructors. Results from Accra also indicated that clients are of the view that the right expertise is not provided. Clients may not actually have in-depth knowledge of what to expect from instructors and therefore expect more than what instructors should offer as service providers since years of experience in fitness and wellness activities are low, as indicated by the number of years of working experience being less than 5 for clients. This confirms the literature that code adherence and usefulness are factors of the level of exposure to the code of ethics.[19]

Clients' perspectives in the upper east region show that instructors have risked the safety of clients. The factor contrition of this component is 38.10%, which is countered by the same clients attesting that instructors ensure their maximum safety and interest with a percentage of 30.06. These two components, though contradictory, indicate that the percentage of instructors risking the safety of clients is comparably high, which indicates that instructors are not acting professionally from the viewpoint of clients in the upper east region. Similarly, results from the Ashanti region showed that risking clients' safety has 36.23% as against 22.6% contributions for trainer-ensuring clients' safety, confirming the results from the upper east region (Table 1). However, results from Greater Accra indicate that components that were mostly practised were instructors ensuring the safety of their clients and playing with clients' safety for personal gains. These components are also contradictory, but the percentage contributions of 38.01% against 23.02% (Table 1), respectively, indicate that, per the greater Accra region, instructors do act professionally. Critically examining the results from clients' perspectives, EDCC is not adhered to in the fitness and wellness industry.

5 | CONCLUSION

Our study revealed that clients who patronize fitness and wellness services in Ghana are of productive age. In Ghana, clients believe that instructors do not adhere to EDCC. Clients do not actually have an in-depth understanding of what exercise delivery services should be expected from instructors but only concede to whatever services are provided.

RECOMMENDATION

There is a proactive need to develop legally documented exercise delivery codes of conduct for the health, wellness, and fitness industries under the supervision of the Ministry of Health in Ghana.

AUTHOR CONTRIBUTIONS

Isaac A. Tiguridaane: Conceptualization; formal analysis; methodology; project administration; writing—original draft; writing—review & editing. **Abigail O. Doku**: Formal analysis; methodology; project administration; writing—original draft. **Prince D.-G. Deku**, **Lady G. Akwa**, and **Anthony Asamoah-Mensah**: Formal analysis; methodology; project administration; writing—original draft; writing—review & editing. **Daniel Afrifa**: Formal analysis; methodology; project administration; writing—review & editing. **Monday O. Moses**: Conceptualization; formal analysis; methodology; supervision; writing—review & editing.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to restrictions associated with participants' information that could compromise the privacy of research participants.

TRANSPARENCY STATEMENT

The lead author Monday O. Moses affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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