Improving fitness professional education in working with older adults – a case study from a therapeutic relationship perspective

Chien Ju Ting and Luigi Bercades

Abstract

Purpose – *As populations around the world, including Aotearoa New Zealand (NZ), continue to age, supporting the well-being of older adults has become increasingly important. Regular physical activity (PA) is a key contributor to healthy ageing and enhancing well-being. Fitness instructors play a crucial role in engaging older adults in ongoing PA; however, many trainers lack adequate training and support to work effectively with this population to sustain their long-term engagement. This study aims to explore the role of the therapeutic relationship (TR) in facilitating long-term and sustained engagement in PA among older adults. Specifically, it examines how fitness professionals (FPs) construct trust, negotiate power and foster adherence in ways that go beyond physical training alone.*

Design/methodology/approach – *In this case study, we focus on ''expert voice'' and interviewed two veteran trainers from the never2old exercise programme. We explore the aspects that contribute to the establishment of a TR, which is characterised by collaboration and trust. A Foucauldian discourse analysis approach is used to explain how power and trust can be co-constructed and shared.*

Findings – *The findings show how FPs construct trust, negotiate power and engage with older adults. The paper identifies concrete facilitators (self-disclosure, joint decision-making, communication strategies, innovation and autonomy), and makes practical recommendations to the current curricula for trainer education beyond creating a workout plan.*

Research limitations/implications – *This study highlights the need to reframe frailty discourse within FP education, moving beyond age-based deficit models towards strengths-based, self-determination approaches. It also shows that as NZ becomes more diverse in population, training needs to foster cultural awareness. While the research only contains expert interviews from two participants, their experience provided rich data to explore the case study. Further studies could draw on the older clients' perspectives and co-design what is needed for the future curriculum.*

Practical implications – *Training should integrate motivational interviewing, intercultural competence and age-appropriate communication strategies to better support Aotearoa New Zealand's super-diverse and ageing population. Institutional cultures that privilege narrow notions of ''Kiwiness'' require critical reflection to avoid exclusion. Promoting workplace autonomy and innovation may enhance practitioner engagement and client trust. The principle of the TR should be part of the curriculum.*

Social implications – *Socially, this study suggests that FP education can either reinforce or disrupt ageism and cultural exclusion. Reframing frailty as resilience challenges deficit-based views of older adults and supports dignity and participation. Strengthening intercultural competence is critical in Aotearoa New Zealand's super-diverse context to ensure equitable access. Promoting autonomy and shared decision-making further enhances older adults' agency, voice and social inclusion in later life.*

Originality/value – *This study presents a unique methodological approach, combining the theoretical lens of the TR with a Foucauldian approach, to offer evidence-informed implications for fitness trainers' education.*

Keywords *Physical activity, Therapeutic relationship, Foucauldian discourse analysis, Fitness professional education, Never2old, Older adults*

Paper type *Research paper*

Chien Ju Ting is based at Community and Public Health, Auckland University of Technology, Auckland, New Zealand.
Luigi Bercades is based at Sport and Recreation, Auckland University of Technology, Auckland, New Zealand.

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Introduction

The world population is ageing. The rapidly changing nature of our social make-up requires a paradigm shift as non-communicable diseases, frailty and multimorbidity present challenges to how we approach health management strategies for older adults (Newman and McDowell, 2016). While physical activity (PA) cannot prevent ageing, it has great benefits as a protective measure against non-communicable diseases for older adults (Langhammer *et al.*, 2018, Damiot *et al.*, 2020). It also builds resilience to the rapidly changing environment, such as extreme temperature changes/extreme heat (U.S. Environmental Protection Agency, 2024; Chang *et al.*, 2022) and pandemics (Damiot *et al.*, 2020). Despite the well-known importance of PA, data from 2022/23 indicate that most of NZers aged 55+ are not active enough (Ministry of Health, 2024).

For older adults, self-motivation and willingness to engage with their PA provider become a necessary step to a longer "healthspan". Clearly, more could be done to enhance the uptake and adherence of older adults in fitness settings. Within this context, the trainer–client relationship plays an increasingly important role.

Current research about barriers and motivators to older adults' PA are limited to physical issues, social factors (e.g. family), self-awareness (e.g. fear of injury) and environmental factors (e.g. walkability) (Liu and Liu, 2022; Gao *et al.*, 2015; O'Driscoll *et al.*, 2014; Rosenkranz *et al.*, 2013; Bethancourt *et al.*, 2014). These studies inevitably place the responsibility of inactivity on older adults, and it does not help in understanding how older adults engage with their fitness providers in the long run. Such discourse ignores the reciprocal nature of the trainer–trainee relationship.

Although studies have identified relational needs in fitness training with older adults (Lucas *et al.*, 2025), Powell (2022) alluded to the fact that research examining the PA interventions for older adults tends to place focus on anatomy and physiology, which often measures an individual's physical fitness in isolation. Currently, fitness professional (FP) trainings lack relational and cultural elements. Trainer education in this area has not sufficiently rectified the negative discourse surrounding "old age" or "frailty" across various levels: social, institutional, interpersonal and personal (Fealy *et al.*, 2024, Fleming *et al.*, 2018, Skoss *et al.*, 2022). Thus, the concept of the "therapeutic relationship" (TR) (Cole and McLean, 2003; Bordin, 1979) offers a promising conceptual tool to explore relational elements that foster the success to understanding how FP could support older adults' long-term and ongoing engagement with PA.

Currently, the application of TR in the context of PA for older adults remains limited. The aim of this paper is to explore how TR facilitates sustained engagement. We apply a Foucauldian discourse analysis lens (Skoss *et al.*, 2022; Foucault, 1972; Wodak and Meyer, 2016) to the analysis to unpack relations of power. Below, we introduce the concepts, explain the empirical data and provide practice suggestions to inform PF education when working with this demographic.

Therapeutic relationship

TR has been recognised as a catalyst for treatment success in fields of psychotherapy, rehabilitation and mental health research (Bishop *et al.*, 2021) as it builds mutual purpose between the therapist and the clients. TR is defined as "a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual understanding and respect" (Cole and McLean, 2003). It is also known as "therapeutic alliance" (Bishop *et al.*, 2021) or "working alliance" (Bordin, 1979). In short, the three key elements of TR are mutual agreement on target outcomes, consensus on tasks to achieve them and the formation of a positive emotional bond (Bordin, 1979, Bishop *et al.*, 2021, Powell, 2022). Because client factors account for 40% of the success in therapy (McKenna and Davis, 2009), a TR approach supports the client to self-manage their

condition more effectively. To that effect, Martin *et al.* (2000) suggest, "the quality of the alliance is more important than the type of treatment in predicting positive therapeutic outcome".

TR has also been linked to health coaching as research-informed practice (Newman and McDowell, 2016). Viewed through this lens, we believe fitness instructors have a similar role to therapists, and therefore, the development of TR is necessary in engaging older adults. In this paper, TR refers to the relational processes through which FP create trust, safety, shared purpose and engagement.

To effectively engage with older clients, a strong foundation of trust is essential to encourage them to feel comfortable and confident in their exercise journey. Anderson and Griffith (2022) reminded us that patients have a propensity for trust, shaping their engagement with a care provider. Therefore, we believe that a TR approach can significantly increase PA in people aged 60+ and sustain long-term efficacy of the intervention, especially for the clients to regain a sense of control (Hawley-Hague *et al.*, 2016).

In this paper, we explore three dynamics within this relationship that are trust, engagement and power. Trust is generally relationship-based, built over time and across a series of interactions (Shaughnessy *et al.*, 2023). This reciprocal nature implies that in situations of power imbalance, trust can still be maintained to satisfy clients' needs (Shaughnessy *et al.*, 2023, O'Reilly-Jacob *et al.*, 2022). For this reason, FP must be aware that sometimes clients may enter into care reluctantly, such as when exercise is mandated by doctors or spouses, making them even more vulnerable to the abuse of trust. Bright *et al.* (2015) look at the term "engagement" in rehabilitation settings and emphasise that the development of a mutual trusting relationship appeared to be key in fostering a therapeutic intervention. In health coaching, the clients are viewed as "collaborators", and therefore reduce professional barriers that may limit effectiveness by sharing decision-making power (Newman and McDowell, 2016).

The application of TR in PA has a greater potential to improve older adults' PA engagement. A good trainer–trainee relationship could mediate power and accountability, and function as an engagement and maintenance mechanism. In line with this, Powell (2022) highlights that most research of PA interventions for older adults may have overlooked common factors such as TR. As such, there remains uncertainty about what makes PA interventions most effective for older adults in the long run. Thus, the objective is to explore the role of TR in facilitating long-term and sustained engagement in PA among older adults. Specifically, it examines how FPs construct trust, negotiate power and foster adherence in ways that go beyond physical training alone.

Fitness professional education on older adults in NZ

The Register of Exercise Professionals NZ (REPs NZ) is the registration body for the New Zealand (NZ) exercise industry that seeks to ensure the public receives safe and effective exercise advice. Currently, NZ has some entry-level Exercise Consultant qualifications. Notably, most of these courses focus on knowledge and skills to instruct exercise to apparently healthy adults. Thus, REPs NZ recognises there is a need within their continuing professional development courses that specialise in training for older adults (Register of Exercise Professionals New Zealand, 2024).

PA training for older adults is somewhat akin to rehabilitation work. The practice of rehabilitation has increasingly centred on the "damaged part" rather than the "whole person" as it reflects the principles underlying the "Biopsychosocial Model of Wellness" (McNaughton *et al.*, 2023). Similarly, anatomy and physiology are the standard course components for FP training, where they see the body as "parts" and the aim is often to increase "physical fitness". But more therapy (or training) does not necessarily mean better

outcomes. When a training program is fixated on physical fitness, being old or frail (as a default position) intrinsically contradicts what the PA intervention seeks to achieve.

Regardless of the two most prevalent discourses around older adults and PA in current research: age optimisation and risk management (Harvey and Griffin, 2020; Hawley-Hague *et al.*, 2016), Powell (2022) identified that social emotional support is very helpful to create a sense of accountability and motivation for older adults about PA uptake and maintenance. This highlights the need for a paradigm shift in how we approach FP training in older adults' PA. For this reason, creating a good TR between trainer and trainee plays an important role in fitness training education concerning working with older adults.

With increasing awareness of the social dimension in the fitness setting, we believe further efforts are needed to improve FPs' education to support their older clients beyond the dimension of "designing a workout programme" and create a trusting environment that encourages older adults to engage.

Research design and methods

This case study investigates the "expert view" about establishing relationships and trust. Two semi-structured interviews with experienced fitness instructors were analysed using a Foucauldian discourse analysis approach (Wodak and Meyer, 2016). Thematic analysis (Braun and Clarke, 2020) was carried out to uncover practical insights that contribute to TR.

Methodology

Foucauldian discourse approach uncovers deep layers of meaning in texts and explores how power plays an important role in interactions. Foucault's (1972) notion that discourse is a "regulating practice" means that having control over the discourse can create or reduce social distance and thus affect communicative outcomes. In a fitness setting, certain social actors, such as FPs, have the power to control the discourse and its associated ideology and practices. With this relational approach in mind, the central question is: What role does the TR play in facilitating sustained engagement in older adults' PA with their trainers?

The never2old active ageing program

The never2old (n2o) is a fitness training program, started in 2002, designed for older individuals, hosted by the Auckland University of Technology (AUT) in New Zealand (NZ). The success of the trial n2o project has led to its continuation, and it was awarded the 2016 Age-Friendly Business Award by Age Concern North Shore, NZ. The program offers health and functional assessments, individualised gym-based routines, group classes, sports events/games and seminars for people aged 60 and over (AUT, 2024)]. In 2024, the program had 122 enrolled clients, the same as in 2023. Aside from catering to the 60+ population, n2o also offers training opportunities for trainee fitness instructors, as AUT provides certificate-level courses for FP. After 20 years, the program is still going strong, despite the challenges along the way.

Data collection and analysis

This study defines trainers or instructors as FPs, which is the term for the occupational group that encompasses fitness, gym and group-exercise instructors, as well as personal trainers (De Lyon *et al.*, 2017).

The research data came from interviews with two FPs with extensive experience in the program. PB started at N2O in 2006. DH started in 2011. They both resigned in 2022. DH was with the programme for over 10 years and PB was with the programme from nearly the beginning, thus both were able to provide rich data.

Ethical approval for the study was gained from the university's ethical committee (AUT, reference number 19/356). The semi-structured interviews were conducted in person over two sessions with the two participants simultaneously. We asked the participants to reflect on their practice, specifically around what qualities, skills and knowledge helped them to work with their clients in the past years. The interviews were recorded and transcribed for coding and analysis.

Data were organised with thematic analysis. Thematic scholars (Braun and Clarke, 2020) believe that the themes in people's narratives represent moments of reality in time. The themes were manually coded based on their relevance to the research question. The themes build on each other to form larger themes that correspond to the research objective.

Results

The findings explore the role of TR in facilitating long-term and sustained engagement in PA among older adults. Specifically, it examines how FPs in the n2o construct trust, negotiate power and foster adherence discursively.

Frailty discourse as barriers to engagement

The prevalent negative discourse around frailty appears to be an umbrella barrier in the study. Older clients were often described in terms of their physical limitations, including medical conditions. But, physical frailty is a spectrum. As [PB] acknowledges, "So, you know there is a range of ability from completely frail right through to very fit and active". While these observations reflect real physical limitations, they also reinforce assumptions that older adults are fragile in all aspects of their lives. Trainers noted that everyday factors, such as temperature, space and the volume of music, footwear or environmental conditions, were interpreted as risks and potentially undermining client confidence. One trainer said, "It's simple things like new shoes". The use of "simple things" seems to indicate that older adults "cannot handle the environment". This kind of discourse does not empower the clients because it does not establish an agreed outcome, nor does it reflect their capabilities.

This suggests a potential need for FPs' education to include more focus on shared goals and tasks rather than emphasising the limitations.

A good relationship is better than a workout plan

For the clients, physical and emotional connections create a supportive and satisfying environment. For example, PB stated:

> I saw the benefits both from a physical point of view, but also the fact that we're coming alongside and talking to these people on a daily basis or weekly basis. You recognise a connection that was important to them.

"Standing beside someone and holding their hand and having a chat" is just one of the examples that provide human connection beyond the physical benefits. The level of satisfaction vicariously transforms trust in the environment, the trainers and the perceived efficacy of their work. This process includes understanding individual needs, having closely tailored programs with achievable goals and maintaining personal communication.

The participants also talked about going to clients' funerals and interacting with their families. Although the emotional impact might undermine the relational factors, their interactions with the families show that the instructors' relationship with their clients goes beyond the institutional setting. This expands the instructors' role from institutional agents to independent agents, fostering trust beyond institutional power dynamics. While this expansion does not always involve "task agreement" or "goal setting", it highlights that in a

relational approach, older adults may not always need visible goals. Instead, an emotional bond is essential to engagement. What may be the most valuable is developing a roadmap towards living a more engaged and meaningful life.

Self-disclosure of FP

In the interview, both participants were quick to highlight their cultural heritage, specifically being Kiwi (New Zealander). This establishes a connection with their clients as they are mainly older Kiwis:

> PB: my background is a conglomeration of really … my growing up in New Zealand was a typical Kiwi kid running around doing a lot of things, sport was quite important in my life,
>
> DH:Um, well, I my upbringing was typical. So, a Kiwi upbringing I played is the normal sort of range of sports.

Both FPs have a "typical Kiwi kid" upbringing, which included a variety of sports and activities. Although this may not be true for all NZers, there is a direct cultural association between NZers and sport. Self-disclosure has been identified in rehabilitation and occupational therapy as facilitators to improve the TR between clinician and patient (Bishop *et al.*, 2021, Bright *et al.*, 2015). Trainers shared their own "Kiwi upbringing" and lifestyle choices, which built rapport with clients who largely shared similar cultural backgrounds.

Joint decision-making

Joint decision-making is key to trust-building mechanisms. Older people should be included as key decision-makers in their own care (Newman and McDowell, 2016). This means the trainer seeks decision-making opportunities from and with their clients, as demonstrated below:

> DH: And this, we can work on this or work on that and either improve where they are, or you're one of the as I said, we want you to be able to do the things you want to do, let's do one thing, which is all functional, you know, we want you to be able to do the things you can do for as long as possible [. . .] If you want to be, well, we'll give it a go.

In the example above, phrases like "things you want to do" and "if you want to be" demonstrate an understanding from the client's perspective. This approach contrasts with traditional professional discourse, where practitioners often adopt a more direct and authoritative role. While instructors hold a certain level of institutional power, clients also have decision-making power. In this sense, trust is promoted through joint decision-making, which aligns well with a person-centred approach, as it aims to promote the "good life" for the clients (Ebrahimi *et al.*, 2021). In this process, the power is negotiated and transferred.

Good communication fosters connections and trust

Mistrust often stems from communication difficulties (Davey *et al.*, 2013), and in cases of fitness training, it can be influenced by factors ranging from cognitive decline to human error. Recognising that misunderstandings can happen and keeping communication open is crucial to building trust. Our participants talked about "having a conversation", "putting them in context" and "why it is important" to demonstrate that good communication is about effectively negotiating meaning and power. Foucault (1972) recognised the intrinsic link between knowledge and power. While the instructors' expertise gives them power, the clients have the power to clarify and question. This dialogical process facilitates trust-building and TR by establishing shared goals, tasks and pathways.

Trainers acknowledged the need to avoid condescending or age-specific language, instead focusing on person-centred dialogue. Communication should be appropriate and relatable to the context, rather than age-specific. Older adults have a wide range of life

experiences, so it is important not to talk down to them or use a condescending tone or language (Jack *et al.*, 2019).

Freedom to innovate

Having the "freedom to innovate" is a unique quality of n2o's story, granting instructors the autonomy to connect, explore and learn. Initially, n2o operated as "its own little business unit" [PB], which allowed the trainers to try new things with a certain level of freedom.

The freedom highlights how autonomy can drive innovation and growth within the organisation. [PB] mentioned that the innovations "came out of circumstances" due to limited resources. This aspect fostered continuous learning for the instructors as well as joint decision-making between trainers and their clients. Together, they explored what works and what does not. Although it seems *ad hoc*, this autonomy has been crucial in creating an environment where innovation and co-learning are integral parts of the programme. The instructors felt a sense of ownership and accountability for their programme and saw themselves as actively researching what works. As a result, they engage in continuous self-learning and improvement. Although clients are occasionally used as subjects to trial new approaches, which can introduce risk.

Nonetheless, this collaborative process allows both instructors and clients to co-learn and determine effective methods. Importantly, clients are granted decision-making power and agency within this approach. Adhering to the TR principles, autonomy means that the participants can be innovative in their approach to creating adaptive activities and keep the clients interested. In doing so, institutional power is challenged, and personal relationships are reinforced by the sharing of interpersonal power, aims and goals.

Practical implications

This section discusses the findings and offers several recommendations for improving FP education.

Reframing bias and agism discourse

We are facing an ageing and increasingly diverse population. Life experiences and age significantly shape the discourse of frailty, but it also reframes older adults as resilient and accomplished individuals. Recognising this shift is therefore critical. We argue that the FP training courses should look into positive aspects, such as innovation in health delivery, and adaptability to the environment as part of their education if they were to work with older adults.

Also, self-determination-based intervention could be used to promote client need satisfaction (Ntoumanis *et al.*, 2021). Techniques such as motivational interviewing (Teixeira *et al.*, 2020) could be beneficial in checking client readiness without making assumptions about their ability or willingness.

The need for intercultural competence

NZ is known as a "super-diverse" country (Wright-St Clair *et al.*, 2017). The trainers had a strong emphasis on "Kiwiness". This could alienate culturally and linguistically diverse individuals. As agents of the institution, how they see themselves also reflects the institutional discourse. The self-perception around "sporty" or "outdoor" could exclude certain groups, such as Asians (Liu and Liu, 2022; Pringle and Liu, 2023), which will reach 33% population by 2048 (Stats NZ, 11 Sep, 2025).

To address these issues, FP training should cultivate cultural competencies and awareness. Stubbe (2020) mentioned that cultural competence and sensitivity are key elements in

designing effective interventions that promote trust in intercultural settings. This includes understanding and respecting the unique perspectives and health beliefs of different ethnic groups.

Workplace autonomy, innovation and engagement

Our participants benefitted from autonomy, self-learning and innovation. Studies have shown that the freedom to build relationships and trust between practitioners and patients is vital (Crezee and Roat, 2019). Therefore, creating an environment where FP can be creative and innovative promotes trust between the institution and trainers, consequently fostering job satisfaction (Ramos *et al.*, 2021) and allowing instructors to explore new methods to engage. As a result, this process gives older clients joint decision-making power.

Good communication

It is important to treat older adults as individuals rather than focusing solely on their age. Evidence-based resources, such as Jack *et al.* (2019) could be incorporated to provide effective age-appropriate communication strategies that respect and empower older clients. It is important to monitor and adapt the communication accordingly, thus fostering trust and the client's independence.

Finally, soft skills, such as handling sensitive discussions, are crucial for FPs and therefore should be essential components of training curricula. This training should prepare instructors to handle difficult conversations with empathy and professionalism. We recommend developing protocols and guidelines for soft skills training, such as dealing with sensitive topics or end-of-life conversations.

Limitations

While the research only contains expert interviews from two participants, their experience provided rich data to explore the case study. Further studies could draw on the older clients' perspectives and co-design what is needed for the future curriculum.

Conclusion

In this study, we explored the experiences of two fitness instructors working with older adults in the n2o program. We conclude that there is a clear need to focus on aspects beyond physical fitness in FP training. Programmes should integrate critical reflection on discourses of frailty, emphasise trust-building and power-sharing. The development of a TR can prepare FPs to support older adults as collaborators, rather than as passive recipients of care, creating a pathway to long-term engagement with PA.

This research case study provides rich data for the purpose of contributing to workshops that inform n2o trainers' education. This article offers practical, evidence-informed examples of how research can be translated into day-to-day delivery in a long-running community programme. In the end, for this demographic, it is not about having a great gym or equipment.

Contribution

Chien Ju Ting – literature review, coding, analysis, discussion and recommendation, Luigi Bercades – literature review, data collection and manuscript input.

Declarations

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Corresponding author

Chien Ju Ting can be contacted at: chien.ting@aut.ac.nz