

Exercise Motivation: What Starts and Keeps People Exercising?

Len Kravitz, Ph.D.

Although extolling all the benefits of exercise seems impressive, it is apparent that this approach by itself does not assure consistent exercise compliance for most individuals. Regular exercise is a complex, multi-factorial behavior that exercise professionals and scientists need to better understand, in order to help clients stay active and healthy.

Research suggests that 50% of persons starting an exercise program will drop out within the first 6 months (Wilson and Brookfield, 2009). This column will update what is now known about exercise adherers and dropouts, and describe some strategies exercise professionals can utilize with clients, to help them stay on path with their fitness program.

What is the Process that Leads to Exercise Participation?

According to Whaley and Schrider (2005), how people view themselves, from past experiences to current reality, will soundly influence their choice for physical activity. A person's sense of self-perception plays a major role in whether she/he will start an exercise program. So, even if for medical reasons a person has been encouraged to exercise, his/her own self-perception may impede this from happening. In fact, some people may view themselves as incompetent without ever trying to exercise. Whaley and Schrider highlight that a person's future hopes may also motivate them to exercise. For instance, if a person wishes to be independent in older adulthood, he/she may begin an exercise program and stay physically active to reach that goal. Whaley and Schrider assert that research consistently shows that positive feedback (from exercise professionals), reinforcement (that exercise is worthy and beneficial) and social support

(from significant others) will improve a person's self-perception to initiate an exercise program (See Figure 1).

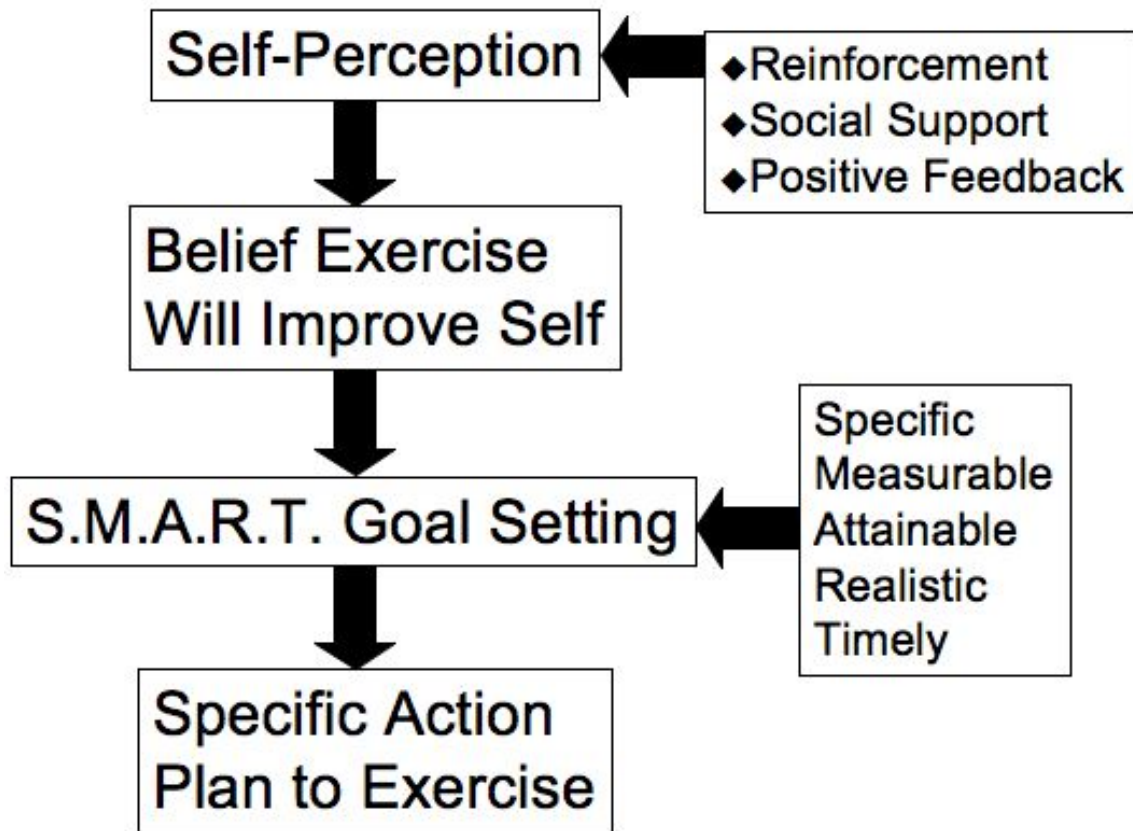


Figure 1. Self-Regulatory Strategy to Initiate an Exercise Program

What Motivates People to Continue to Exercise?

Trost et al. (2002) completed an exhaustive review of the correlates of participation and adherence to exercise: They followed previous research review designs in designating the following major categories: a) demographic and biological factors, b) psychological, cognitive and emotional factors, c) behavioral attributes and skills, d) social and cultural, and e) physical environment and/or physical activity characteristics.

a) Demographic and biological factors: Trost et al. note that the research indicates that men are more involved than women in physical activity. Moreover, being overweight and/or obese consistently proves to be negatively associated with exercise adherence.

b) Psychological, cognitive and emotional factors: The primary psychological factor associated with exercise adherence is a person's physical self-efficacy (Trost et al., 2002). Self-efficacy is a person's confidence in her/his ability to do exercise and be consistent with workouts. Huberty et al. 2008 propose that high self-efficacy is particularly important with women adherers to exercise. The authors add that self-worth (i.e., the foundations of a person's specific values about exercise) is also an important factor to exercise adherence in women. The more people think they can successfully do exercise signifies they will more likely adhere to the exercise program. Exercise adherers demonstrate an intrinsic (incentive to exercise based on the expected enjoyment) motivation to exercise (Huberty et al.). The influence of the exercise professional in empowering clients that they can 'succeed with exercise' is vitally important to exercise compliance. Designing programs where the client is 'successful' doing the exercises is essential. This is a unique validation for the concept of individualized exercise programs.

c) Behavioral attributes and skills: More research is necessary to determine what other behaviors (such as diet, sleep, smoking, alcohol use, etc) are associated (or not linked) with exercise adherence. It appears there is a positive association with a healthy diet and exercise adherence. Seguin et al. (2010) observe that the affirmative health-related outcomes people detect and appreciate from an exercise program are a principal catalyst to continue exercising. It is key to acknowledge that these outcomes often take months to truly realize after the initiation of the fitness program. Huberty et al. (2008) state that

exercise adherers seek a high quality of life and prioritize special time in their schedule to be physically active: “I am going to my personal training session because I want to, it makes me feel good, and I’m worth the time.” The authors continue that enjoying how exercise improves their quality of life is a major motivating factor to keep exercising. Specific knowledge of the actual gains in fitness is quite motivating to many individuals and increases their competence to exercise and continue exercising. Thus, doing assessments and reporting improvements is critically important to encouraging a client to continue exercising. Whatley and Schrider note that positive feedback and knowledgeable guidance from an exercise professional, within a supportive exercise atmosphere, is also consequential to exercise compliance. With proficiency of exercise people develop confidence that they can reach new, more specific and challenging goals, and thus will set these new goals into action plans (with the help of their personal trainer).

d) Social and cultural: Numerous studies show that social support from a significant other or meaningful friend is highly associated with exercise adherence (Troost et al., 2002). With exercise professions, group exercise programs routinely help to build these social support networks. With personal trainers, the concept of small group training, cardio clubs, boot camps and fitness workout camps are excellent programs for enhancing adherence with exercisers.

e) Physical environment and/or physical activity characteristics: It appears that easy access to exercise facilities enhances exercise adherence (Troost et al., 2002). As well, satisfaction with the workout facility (i.e., perceived safe equipment and facilities, which is user friendly to operate) is also highly associated with exercise adherence.

Interestingly, watching others exercise also helps to motivate people to continue with their own exercise plan. Seguin et al. (2010) emphasize that there is a significant relation in a client's exercise adherence with his/her personal trainer's leadership style. The authors continue that exercise leaders who are perceived to have a high mastery of exercise (developed from their own training, exercise habits and lifestyle) favorably influences client exercise adherence. Thus, exercise professionals may be esteemed role models for their clients (See Figure 2 for other exercise professional characteristics associated with client exercise adherence).

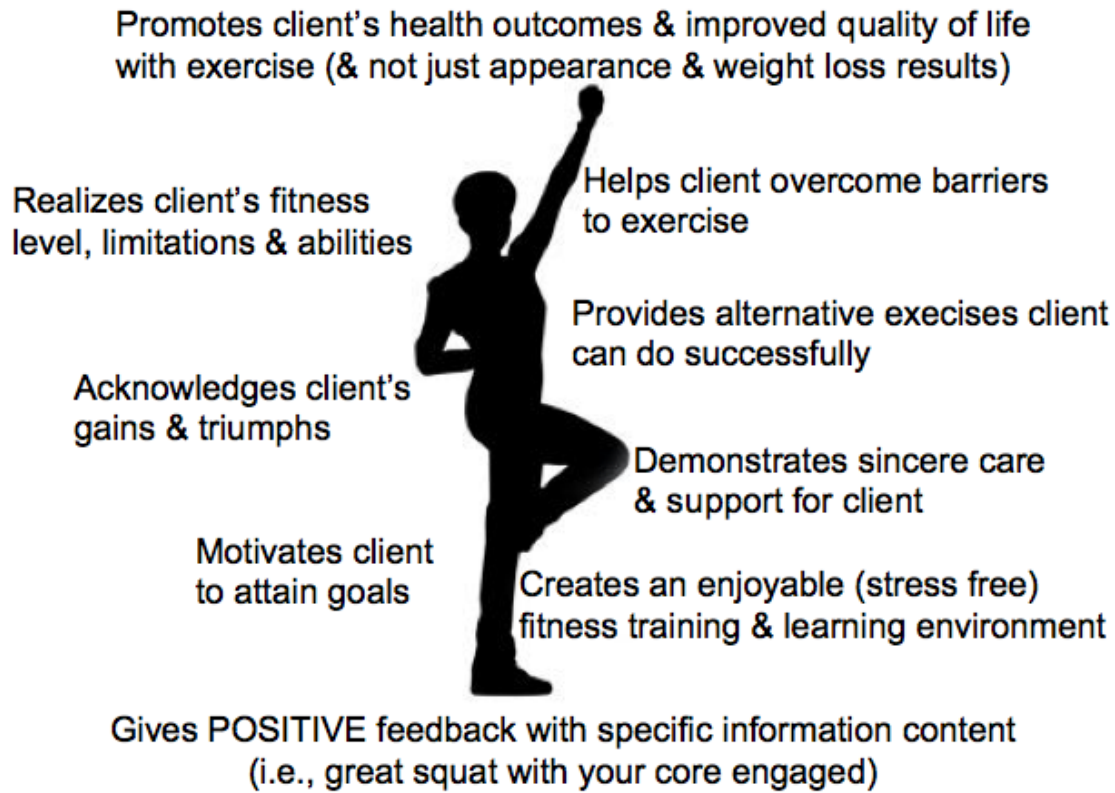


Figure 2. Exercise Professional Characteristics Associated with Client Exercise Adherence

What Do We Know About Exercise Dropouts?

People who over-estimate their expectancies from exercise are most likely to drop out (Whaley and Schrider, 2005). Thus a person who expects to lose a lot of weight from exercise, and does not, is likely to drop out from the exercise program. The message here denotes how pivotal 'realistic' weight loss goals presented in an 'attainable' 'timeline' (See Figure 1 for all S.M.A.R.T. goals) are imperative to helping a person stay with the exercise program. Common barriers to exercise are shown in Figure 3. Perhaps not surprising, but confirmed in the research, is that people who smoke are less likely to adhere to an exercise program (Trost et al., 2002). Furthermore, a person with low self-worth (i.e., self-doubt, insecure, negative self talk) and poor body image is more likely to be an exercise dropout (Huberty et al., 2008). These individuals tend to place less value on the benefits of exercise as compared to those who adhere to exercise. Huberty et al. add that exercise dropouts often worry a lot about how others perceive their exercise abilities (or lack of them).



Figure 3. Common Barriers to Exercise (From Seguin et al. 2010 & Trost et al. 2002)
Personal trainers should ask each client to identify her/his barrier(s) to exercise and then jointly discuss possible resolutions to triumph over the barriers (See Side Bar 1).

Final Thoughts

From this review it may be most helpful for the exercise professional to openly discuss his/her client's 'barriers to exercise,' and then proactively create some strategies to overcome them for each client (See Side Bar 1). As professionals, we plan scientifically based exercise programs that are tailored to the needs of each individual. Now is the time to design evidence-based adherence strategies to empower clients to exercise for life.

Side Bar 1. Strategies for Overcoming Barriers to Exercise

| Barrier | Strategy |
|--------------------|---|
| Lack of time | Help client plan, organize and prioritize exercise. |
| Lack of motivation | Try new and different exercise options. Find ways to make the workout more enjoyable, such as playing the client's favorite music when training. |
| Poor body image | Have client focus on his/her personal accomplishments and not compare herself/himself to others. Focus client education on the many health and lifestyle benefits of exercise. |
| Need for support | Arrange to have client exercise with a partner or in a small group of colleagues. |
| Guilt | Discuss ways the client can seek the support of family (and friends) so client does not feel guilty about the time they are spending for exercise. For instance, as the client gets healthier he/she will have more energy and vitality to spend with family and friends. |

(adapted from Huberty et al., 2008)

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@Bio: Len Kravitz, PhD, is the program coordinator of exercise science and a researcher at the University of New Mexico, Albuquerque, where he won the Outstanding Teacher of the Year award. He has also received the prestigious Can-Fit-Pro Lifetime Achievement Award and the Aquatic Exercise Association Global Award.