



The **S**cottish **M**en's p**A**RTicipation after **E**xercise **R**eferral (SMARTER) study: provider staff perspectives

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Collaborators

Edinburgh Napier University, Edinburgh, UK

- Professor Susan Dawkes (principal investigator)
- Professor Lis Neubeck
- Dr Coral Hanson
- Dr Norrie Brown
- Dr Richard Kyle
- Bruce Forrest (PhD student)

Charles Perkins Centre, The University of Sydney, Sydney, Australia

- Professor Robyn Gallagher

Flinders University, Adelaide, Australia

- Professor Robyn Clark



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Background

- Exercise referral schemes (ERS) are a popular intervention delivered by leisure providers in the UK since the 1990s
- Staff perspectives have the potential to provide valuable insights into what works in ERS
- There is little published research about what ERS staff think about such schemes



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Aim of study

To explore staff perspectives of influences on engagement and adherence to a Scottish ERS



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Method and analysis

Participants (n=14):

- Face-to-face, audio recorded interviews
- Qualitative thematic analysis using the framework approach



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Participant demographics

| Demographics | n | % |
|--|---------------|------------|
| Gender | | |
| Male | 5 | 35.7 |
| Female | 9 | 64.3 |
| Contract type | | |
| Contracted | 8 | 57.1 |
| Freelance | 6 | 42.9 |
| | Median | IQR |
| Age | 46 | 33 - 55 |
| Hours employed (ERS) | 7 | 3 - 19 |
| Years working in fitness industry | 15 | 10 - 25 |



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Staff backgrounds and employment



- PA history
- Medical history
- Qualifications
- Contract type



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Staff perspectives of referrers



- Credible source of PA advice

BUT HCPs

- Attitudes to PA vary
- Lack time for PA promotion
- Lack ERS knowledge



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Staff perspectives of facilitators to uptake and adherence



- HCP recommendation
- Social aspect / fun
- Participants feel fitter
- Mental health benefits



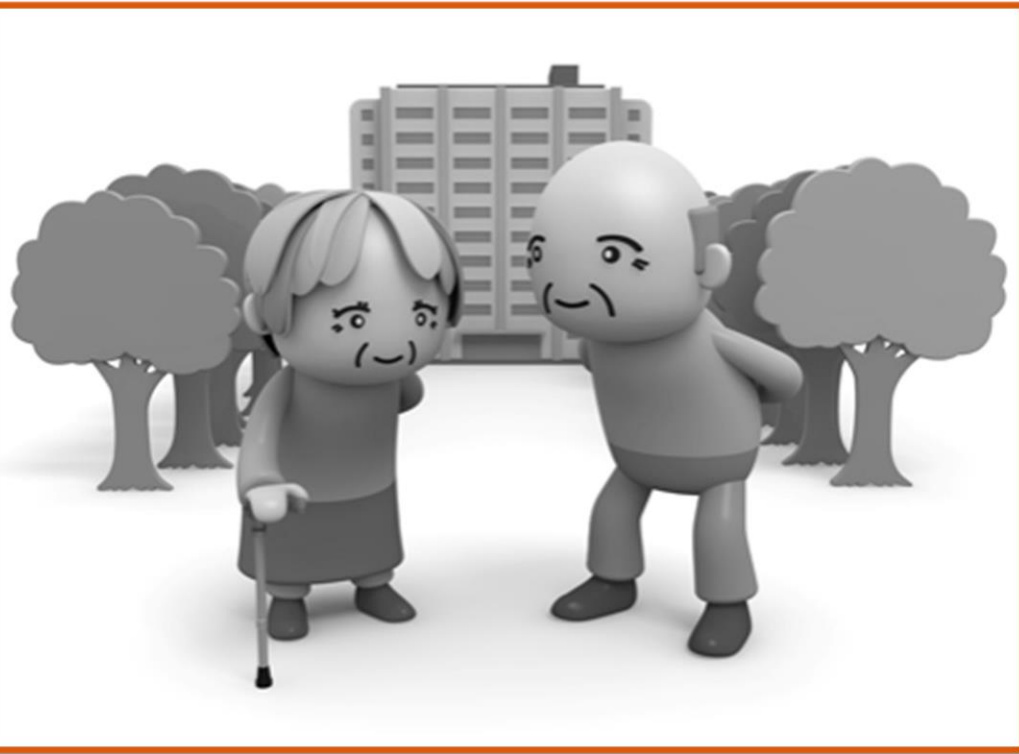
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Staff perspectives of barriers to uptake and adherence



- ‘It’s not for them’
- Contact by the ERS
- Transport
- Health deterioration



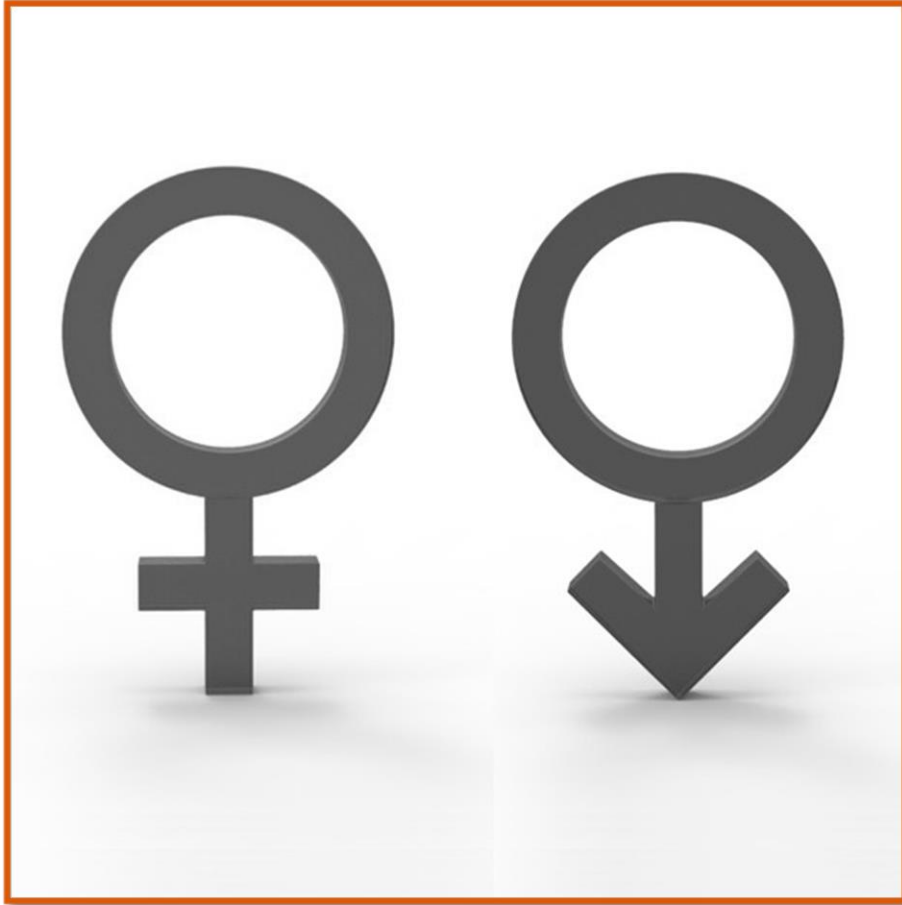
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Staff perspectives of gender differences



- Exercise prescription is based on medical conditions **NOT** gender

BUT MEN

- Are in denial about health issues
- Prefer individual exercise
- Want a 'proper workout'



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Some questions to finish

- How do we develop better career structures for ERS staff
- How can we help to optimise limited HCP time to promote PA and improve knowledge of ERS?
- What do we need to do differently to make sure that ERS appeals equally to both genders?



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