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Evaluation of fitness programme management in private commercial fitness centres in Gaborone-Botswana

Israel Sayed and Michael Seikano
Full Length Research Paper

Evaluation of fitness programme management in private commercial fitness centres in Gaborone-Botswana

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The aim of this study was to evaluate fitness programme management in five private commercial fitness centres in Gaborone (Botswana). The evaluation was based on fitness patrons’ perception of importance of American College of Sports Medicine’s (ACSMs) fitness facility standards and guidelines, and their perceived satisfaction on the implementation of such standards. A seventeen item likert type questionnaire developed from the ACSMs standards covered; facility, equipment, personnel, fitness programme management and safety was administered to 170 fitness patrons of the five private fitness centres. The results were; majority of the participants were from the middle class and perceived the ACSMs standards important (90%). 62% of the overall responses were satisfied and very satisfied with the implementation of the ACSMs standards. They were satisfied with standards on facilities and equipment, and were generally dissatisfied with standards on fitness management processes.

Key words: Fitness programme, commercial private fitness centres, fitness centres, benefit-based programming, ACSM fitness facility standards, fitness patrons.

INTRODUCTION

The provision of high quality fitness service by fitness centres would culminate in fitness patrons’ high satisfaction levels. This of course is dependent on adherence to appropriate fitness programme programming principles.

Benefit based programming

The application of benefit-based programming approach to the delivery of leisure service has transformed leisure service delivery throughout the World especially in the US and Canada where it received vigorous and enthusiastic application by a wide range of Leisure Organizations (Rossman and Schlatter, 2000). Benefit based programming resulted in Leisure Service Organizations designing and implementing recreation programmes and activities that were well articulated towards the realization of specific participation benefits of programme patrons (Rossman et al., 2000).

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Quality fitness service

In the context of Fitness Centres, fitness programmes and activities should be implemented and managed in ways that fitness programme patrons would derive important benefits and increase their satisfaction level with the fitness programmes and with Fitness centres. This would be accomplished through the implementation of the American College of Sports Medicine Facility and Fitness Management Standards (ACSMs) that would form the main basis of standard fitness programme programming.

Lack of implementation of such standards would result in low-quality fitness programmes/service that would not adequately meet the needs of fitness patrons. According to Russell and Jamieson (2008), quality “is providing the very best programmes via the very best programming practices.” Groonroos (1990) suggested a model of quality that consisted of; product quality, functional quality and image quality.

Quality in the context of Fitness Centres would refer to quality Fitness Centres and equipment. Functional quality would mean the quality of the methods of delivering fitness programmes and the capabilities of personnel in Fitness Centres. Image quality refers to public’s image/perception of the Fitness Centres. The application of the ACSMs standards in fitness programming would adequately meet the above model of quality. A study by Hyun et al. (2014) found that “fitness service quality positively influences satisfaction which in turn influences loyalty.”

Fitness programme evaluation

It is important that the management of fitness programmes and activities in Fitness Centres in Gaborone be evaluated in order to find out how fitness programmes and activities could be improved. Improved management of fitness programmes and activities would ensure improved fitness programme service by Fitness Centres in Gaborone that would accomplish the ideal of benefit based fitness programme outcome. According to Russell and Jamieson (2008), there are two main types of leisure programme evaluations, they are; Benefit evaluation and implementation evaluation. Hurd et al. (2008) named the two forms of evaluations; process evaluation and outcome evaluation. According to Russell et al. (2008), these forms of evaluations are; formative evaluation and summative evaluation. Formative evaluation is carried out during programme implementations to evaluate all processes of programme implementation while summative evaluation is done at the end of the programme to evaluate whether or not the programme had accomplished its set goals.

This study falls under formative evaluation as it attempts to evaluate fitness programme implementation processes in selected Fitness Centres in Gaborone. This evaluation takes the form of systems design and uses importance-performance protocol to evaluate procedures and events used in organizing and implementing of fitness programmes by Fitness Centres in Gaborone.

Several studies had used different assessment models/scales to evaluate Fitness Centres using customer satisfaction. Such studies include; the Service Quality (SERVQUAL) by Parasuraman et al. (1988); Center for Environmental and Recreation Management-Customer Service Quality (CERM-CSQ) by Howard et al. (1996); Scale of attributes of Fitness Services (SAFS) by Chelladurai et al. (1987); Quality Excellence of Sports Centres (QUESC) by Kim and Kim (1995); a four factor scale that included:

1). Instructor quality
2). Facility attraction and operation
3). Programme availability and delivery and
4). Other services by Papadimitriou and Karteroliotis (2000); Service Quality Assessment Scale (SQAS) by Lam et al. (2005) and a model that combined Service Quality (SERVQUAL), Service Quality Assessment Scale (SQAS) and Quality Excellence of Sports Centres (QUESC) by Jasinkas et al. (2013). All of the earlier mentioned satisfaction assessment scales of fitness patrons seemed to have been too general and not specific to the operations of fitness programme and facility management of Fitness Centres. On the basis of content irrelevance of previous models/scales used to evaluate Fitness Centres, a more relevant and specific standard model/scale to Fitness Centres based on Tharrett’s and Peterson’s (2012) ACSMs standards and Guidelines is required to assess Fitness Centres.

Other studies evaluated Fitness Centres’ fitness programmes in terms of customer satisfaction (Fernandez et al., 2012; Guo-Ming et al., 2013; Theodorakis et al., 2014; Tsitkari and Tsakraki, 2013). Some studies based their assessments of Fitness Centres on some of the ACSMs standards and guidelines. Such studies include the following; Gray et al. (2015) “The role of equipment, the physical environment and training practices in customer safety industry employees”, Boned et al. (2015) “The socio-demographic features of professionals in the Spanish fitness sector” and Springer et al. (2009) “An investigation to find out if health/fitness facilities carried out pre-activity cardiovascular screening procedures” (PACSPs). Poor adherence to safety standards/guidelines could lead to injuries and legal litigations.

METHODOLOGY

Research design

This study took the form of qualitative questionnaire survey using...
randomized-groups design. According to Riddick et al. (1991), “the survey design is one of the most common approaches in the evaluation of recreation programs.” This study is a survey study because it seeks to describe perceptions of randomly selected fitness patrons from randomly selected private commercial fitness centres in Gaborone. The study is primarily a questionnaire survey that sought to evaluate fitness programme implementation and management using importance-performance technique of evaluation.

**Population and sampling**

Probability sampling was used to select the study participants. A systematic sampling technique was used to select 20% (10% males and 10% females) from the total number of registered fitness patrons of the five randomly selected private commercial fitness centres in Gaborone. Simple ballot random selection technique was used to select the five private commercial fitness centres in Gaborone. A total of 170 study participants (85 men and 85 women) were systematically selected from the five fitness centres.

**Instrument**

The main data collection instrument of this study was the questionnaire. Closed, likert type questions with four responses (very important/very satisfied (4 to 5), important/satisfied (3), not important/not satisfied (1 to 2) and not necessary/not there (0) were used to collect data. Scaled questionnaire items permit quantitative analysis of data (Thomas and Nelson, 1996). The questionnaire consisted of three sections: section A collected demographic information of private commercial fitness patrons, section B consisted of seventeen closed likert type questions from the ACSM’s standards concerning; Facilities, Equipment, Personnel, Fitness Programme Management and Safety. This section assessed perceptions of importance of these ACSM’s standards. Section C consisted of seventeen likert type questions that assessed patrons’ perceived satisfaction with the implementation of the ACSM’s standard and guidelines by fitness centres.

**Instrument validity and reliability**

The questionnaire was constructed on the basis of the guidelines provided by Borg and Gall (1989). The first trial run of the questionnaire involved giving the questionnaire to a panel of experts in the area of Recreation Management to read and provide valuable critiques on the format, content, expression and importance of questions. After making some changes on the questionnaire, the questionnaire was sent for the second trial. The second trial involved test-rest of the questionnaire that involved administering the questionnaire on a group of ten fitness patrons from private commercial fitness centres. An analysis of variance from the first measures and the second measures was done. There was no significant difference with a correlation coefficient of 0.846 at \( p \leq 0.05 \) between the two questionnaire measures.

**Ethical considerations**

The research permit to conduct this study was obtained from the five private commercial fitness centres in Gaborone. Study participants signed consent form to give their assent to participate in the study. Their confidentiality was ensured since they were not required to write their names and the names of their fitness centres on the questionnaire.

**Procedure for data collection**

The questionnaire was completed by 20% (20%, 10% males and 10% females) of the total fitness patrons of the five randomly selected private commercial fitness centres in Gaborone. The questionnaire was completed by fitness patrons who attended their fitness training in the afternoons and in the mornings after their specific work-outs. All the necessary explanations and clarifications were provided to fitness patrons as they filled the questionnaire. The questionnaire was collected immediately after it was completed and this ensured 100% questionnaire return rate.

**Data analysis**

Descriptive statistics were used to analyse data. Descriptive statistics in terms of sums of frequencies and percentages were used to determine demographic characteristics of fitness patrons and which ACSM’s standards most fitness patrons of the five private commercial fitness centres were satisfied and not satisfied with their implementation.

**RESULTS AND DISCUSSION**

Table 1 shows that one hundred and seventy (170) fitness respondents from the five private commercial fitness centres in Gaborone responded to the questionnaire. Eighty four (84, 49%) of the respondents were males and eighty six (86, 50%) were females. A higher number of the respondents (50 out of 170, 29%) aged 44 years and majority of them (106 out of 170, 62%) were not married. Most of the participants had middle level educational attainment; 77 out of 170, (45%) of them had undergraduate degree and 51 out of 170 (30%) had diploma. This means that the fitness programme patrons of the five fitness centres in Gaborone were from the elite middle-class stratum. Majority of them had indicated to have four training sessions per week (56 out of 170, 32%) and that their training sessions lasted for 1h30 min per session (103 out of 170, 60%).

Table 2 shows that fitness patrons of the five Commercial Fitness Centres in Gaborone positively perceived the seventeen ACSMs standards used in the study. 90% of all the responses of the respondents perceived the ACSMs standards important and very important with a mean value of 152.7 and standard deviation of 13. On the other hand, only 10% of all the responses considered the standards not necessary and not important with an overall mean of 17.1 and a standard deviation of 13. The three most highly positively rated ACSMs standards were:

1). Fitness Centres should have adequate and safe to use equipment (100%)
2). Fitness Centres should have adequate space, be
Table 1. Demographic information of respondents.

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>84</td>
<td>49</td>
</tr>
<tr>
<td>Females</td>
<td>86</td>
<td>50</td>
</tr>
<tr>
<td>Age</td>
<td>44 years</td>
<td>29</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
<td>106</td>
<td>62</td>
</tr>
<tr>
<td>Married</td>
<td>64</td>
<td>38</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>51</td>
<td>30</td>
</tr>
<tr>
<td>Degree</td>
<td>77</td>
<td>45</td>
</tr>
<tr>
<td>Training sessions</td>
<td>4 per week</td>
<td>32</td>
</tr>
<tr>
<td>Duration</td>
<td>1 h 30 min</td>
<td>60</td>
</tr>
</tbody>
</table>

Well aerated, be clean, have less noise and should have good floor (99)
3). Fitness Centres should have general safety/security rules and procedures in order to ensure safety (93%).

These results clearly indicate that though the Fitness patrons value all the ACSMs standards, they highly value those standards related to quality physical facilities and equipment. The results are similar to the findings of Celina et al. (2013) that found out that “nice facilities and modern equipment appeared as the attributes key to the quality of services. Thus the results indicate that fitness managers should keep suitable and modern facilities and equipment.

It seems the perception of quality Fitness Centres to fitness patrons is highly influenced by quality physical structures in terms of facilities and equipment. Probably they care less or do not have knowledge on fitness programme management processes that usually result in quality fitness service (fitness programming). Quality fitness service cannot only be ensured through quality physical structures, fitness management processes are also important to quality fitness service.

Table 3 shows a higher overall satisfaction level (after combining satisfied and very satisfied responses) of 62% with a mean value of 105.1 and a standard deviation of 76.9. The results also show an overall dissatisfaction of thirty eight per cent (38%) with a mean value of 64.8 and a standard deviation of 24.9. The fitness patrons of the five Commercial Fitness Centres in Gaborone were highly satisfied with the implementation of the following ACSMs standards;

1). The Fitness Centres have adequate and safe to use equipment (92%).
2). Fitness Centres have adequate space, are well aerated, are clean, have less noise and have good floor surfaces (91%)
3). Pool water is always clean and proper safety equipment are provided (71%)
4). Patrons are informed of risk management policy and procedures in order to reduce accidents (70%).

On the other hand, the fitness patrons however expressed dissatisfaction with the implementation of the following ACSMs standards.

1). Pre-activity screening to determine readiness for physical activity (60%).
2). End of year fitness programme evaluation to determine accomplishment of goals (58%).
3). Pre-programme fitness testing to determine fitness entry level (54%).
4). Fitness testing after 30 days and 60 days to determine progress (51%).

These findings suggest that Commercial Fitness Centres in Gaborone have good physical infrastructures in terms of facilities, equipment and swimming pools and are weak in fitness programme management processes. It is quite evident that total adherence to the ACSMs standards has not yet been accomplished. These results are similar to a study by Jasinskas et al. (2013) that evaluated service quality of fitness centres in Kaunas from the customers’ perspectives. The study found out “that quality of services did not exceed customers’ expectations and the needs of fitness centres customers were not met.” Another study by Springer et al. (2009) found out that many health/fitness facilities are not conducting PACSPs or have “incomplete” PACSPs that do not fulfil the major purposes of screening procedures as well as adhere with national standards”.

Future studies in this area could focus on the development of standard measurement tool based on
Table 2. Perceived level of importance.

<table>
<thead>
<tr>
<th>ACSMs</th>
<th>Not necessary 0</th>
<th>Not important 1-2</th>
<th>Freq 0+1-2</th>
<th>Percentage (%)</th>
<th>Important 3</th>
<th>Very important 4-5</th>
<th>Freq 3+4-5</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important to have individualized fitness training programme</td>
<td>12</td>
<td>38</td>
<td>50</td>
<td>29</td>
<td>44</td>
<td>76</td>
<td>120</td>
<td>71</td>
</tr>
<tr>
<td>Assistance &amp; guidance to develop individualized fitness programme</td>
<td>8</td>
<td>21</td>
<td>29</td>
<td>17</td>
<td>52</td>
<td>89</td>
<td>141</td>
<td>83</td>
</tr>
<tr>
<td>Important for the gym to have qualified supervising staff (Directors of</td>
<td>2</td>
<td>17</td>
<td>19</td>
<td>11</td>
<td>46</td>
<td>105</td>
<td>151</td>
<td>89</td>
</tr>
<tr>
<td>fitness, group exercise, aquatics)</td>
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<tr>
<td>Important for different activity areas to be supervised and monitored?</td>
<td>2</td>
<td>19</td>
<td>21</td>
<td>12</td>
<td>34</td>
<td>115</td>
<td>149</td>
<td>88</td>
</tr>
<tr>
<td>Important to do pre-programme fitness testing to determine fitness</td>
<td>4</td>
<td>25</td>
<td>29</td>
<td>17</td>
<td>44</td>
<td>97</td>
<td>141</td>
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<td>entry level?</td>
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<tr>
<td>Important to do fitness testing after 30 and 60 days to determine</td>
<td>7</td>
<td>26</td>
<td>33</td>
<td>19</td>
<td>40</td>
<td>97</td>
<td>137</td>
<td>81</td>
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<td>progress towards attainment of goals?</td>
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<tr>
<td>Important to do end of year fitness programme evaluation to determine</td>
<td>1</td>
<td>22</td>
<td>23</td>
<td>14</td>
<td>26</td>
<td>121</td>
<td>147</td>
<td>86</td>
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<tr>
<td>accomplishment of goals?</td>
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<tr>
<td>Important to undertake pre-activity screening to assess physical activity</td>
<td>5</td>
<td>21</td>
<td>26</td>
<td>15</td>
<td>47</td>
<td>97</td>
<td>144</td>
<td>85</td>
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<td>readiness?</td>
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<tr>
<td>Important for fitness patrons to complete pre-activity screening tool</td>
<td>2</td>
<td>13</td>
<td>15</td>
<td>9</td>
<td>54</td>
<td>101</td>
<td>155</td>
<td>91</td>
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<td>once annually?</td>
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<tr>
<td>Fitness Centre should have adequate and safe to use equipment?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>154</td>
<td>170</td>
<td>100</td>
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<tr>
<td>Important for the fitness centre to have adequate space, well aerated,</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>26</td>
<td>142</td>
<td>168</td>
<td>99</td>
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<tr>
<td>be clean, have less noise and good floor?</td>
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<tr>
<td>Important for fitness patrons to be oriented on the gym’s facility,</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>158</td>
<td>165</td>
<td>97</td>
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<tr>
<td>equipment and procedures?</td>
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<tr>
<td>Participation should be informed of the risk management policy and</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>32</td>
<td>129</td>
<td>161</td>
<td>95</td>
</tr>
<tr>
<td>procedures in order to prevent accidents?</td>
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<tr>
<td>Pool water should always be clean and proper safety equipment should</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>16</td>
<td>149</td>
<td>165</td>
<td>97</td>
</tr>
<tr>
<td>be provided?</td>
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<tr>
<td>Important for fitness centre to have general safety/security rules and</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>22</td>
<td>145</td>
<td>167</td>
<td>98</td>
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<tr>
<td>procedures to ensure safety?</td>
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<tr>
<td>Important for the gym to have different programmes that aim at; physical,</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>8</td>
<td>24</td>
<td>132</td>
<td>156</td>
<td>92</td>
</tr>
<tr>
<td>emotional and social development?</td>
<td></td>
<td></td>
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<tr>
<td>Important for the gym to have qualified fitness instructors, group</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>23</td>
<td>137</td>
<td>160</td>
<td>94</td>
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<tr>
<td>exercise instructors, lifestyle counsellors and personal trainers?</td>
<td></td>
<td></td>
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<tr>
<td>Overall</td>
<td>-</td>
<td>-</td>
<td>292</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>2597</td>
<td>90</td>
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<tr>
<td>Mean</td>
<td>-</td>
<td>-</td>
<td>17.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>152.7</td>
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<tr>
<td>Standard deviation</td>
<td>-</td>
<td>-</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 3. Perceived level of satisfaction.

<table>
<thead>
<tr>
<th>ACSM standards</th>
<th>Not there 0</th>
<th>Not satisfied 1-2</th>
<th>0+1-2 Freq</th>
<th>Percentage (%)</th>
<th>Satisfied 3</th>
<th>Very satisfied 4-5</th>
<th>3+4-5 Freq</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness centre encourages patrons to have individualized training programme?</td>
<td>17</td>
<td>46</td>
<td>63</td>
<td>37</td>
<td>53</td>
<td>54</td>
<td>107</td>
<td>63</td>
</tr>
<tr>
<td>The facility provides assistance and guidance to develop training programme?</td>
<td>11</td>
<td>54</td>
<td>65</td>
<td>38</td>
<td>50</td>
<td>55</td>
<td>105</td>
<td>62</td>
</tr>
<tr>
<td>The facility has qualified directors of fitness, group exercise and aquatics?</td>
<td>4</td>
<td>52</td>
<td>56</td>
<td>33</td>
<td>68</td>
<td>46</td>
<td>114</td>
<td>67</td>
</tr>
<tr>
<td>There is effective supervision and monitoring of activity areas?</td>
<td>9</td>
<td>43</td>
<td>52</td>
<td>31</td>
<td>56</td>
<td>62</td>
<td>118</td>
<td>69</td>
</tr>
<tr>
<td>The facility carries out pre-activity fitness testing to determine fitness entry level</td>
<td>43</td>
<td>49</td>
<td>92</td>
<td>54</td>
<td>37</td>
<td>41</td>
<td>78</td>
<td>46</td>
</tr>
<tr>
<td>The fitness testing is carried out after 30 and 60 days to determine progress?</td>
<td>38</td>
<td>49</td>
<td>87</td>
<td>51</td>
<td>38</td>
<td>45</td>
<td>83</td>
<td>49</td>
</tr>
<tr>
<td>The facility carries out annual evaluations to determine accomplishment of goals</td>
<td>31</td>
<td>67</td>
<td>98</td>
<td>58</td>
<td>27</td>
<td>45</td>
<td>72</td>
<td>42</td>
</tr>
<tr>
<td>The facility carries out pre-activity screening to determine readiness for exercise?</td>
<td>20</td>
<td>82</td>
<td>102</td>
<td>60</td>
<td>35</td>
<td>33</td>
<td>68</td>
<td>40</td>
</tr>
<tr>
<td>Patrons are encouraged to complete pre-activity screening tool every end of year?</td>
<td>20</td>
<td>62</td>
<td>82</td>
<td>48</td>
<td>38</td>
<td>50</td>
<td>88</td>
<td>52</td>
</tr>
<tr>
<td>The facility has adequate and safe to use equipment?</td>
<td>1</td>
<td>12</td>
<td>13</td>
<td>8</td>
<td>37</td>
<td>120</td>
<td>157</td>
<td>92</td>
</tr>
<tr>
<td>Facility has adequate space, is well aerated, is clean, has less noise and good floor</td>
<td>2</td>
<td>14</td>
<td>16</td>
<td>9</td>
<td>32</td>
<td>122</td>
<td>154</td>
<td>91</td>
</tr>
<tr>
<td>New patrons are oriented on the facility, equipment and procedures?</td>
<td>10</td>
<td>47</td>
<td>57</td>
<td>34</td>
<td>60</td>
<td>53</td>
<td>113</td>
<td>66</td>
</tr>
<tr>
<td>Patrons are informed of risk management policy and procedures to reduce accidents</td>
<td>1</td>
<td>50</td>
<td>51</td>
<td>30</td>
<td>42</td>
<td>77</td>
<td>119</td>
<td>70</td>
</tr>
<tr>
<td>Pool water is always clean and proper safety equipment is provided?</td>
<td>0</td>
<td>50</td>
<td>50</td>
<td>29</td>
<td>52</td>
<td>68</td>
<td>120</td>
<td>71</td>
</tr>
<tr>
<td>Facility has general safety security rules and procedures to ensure safety?</td>
<td>20</td>
<td>62</td>
<td>82</td>
<td>48</td>
<td>38</td>
<td>50</td>
<td>88</td>
<td>52</td>
</tr>
<tr>
<td>Facility has different programmes for physical, emotional and social development?</td>
<td>38</td>
<td>49</td>
<td>87</td>
<td>51</td>
<td>38</td>
<td>45</td>
<td>83</td>
<td>49</td>
</tr>
<tr>
<td>Facility has qualified fitness instructors, group exercise instructor, lifestyle counsellors and personal trainers?</td>
<td>10</td>
<td>60</td>
<td>70</td>
<td>41</td>
<td>47</td>
<td>53</td>
<td>100</td>
<td>59</td>
</tr>
<tr>
<td>Overall</td>
<td>-</td>
<td>-</td>
<td>1123</td>
<td>38</td>
<td>-</td>
<td>-</td>
<td>1787</td>
<td>62</td>
</tr>
<tr>
<td>Mean</td>
<td>-</td>
<td>-</td>
<td>64.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>105.1</td>
<td>-</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>-</td>
<td>-</td>
<td>24.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>76.9</td>
<td>-</td>
</tr>
</tbody>
</table>
the ACSMs standards and guidelines to assess fitness centres. The measurement tool could have the standards categorized into several categories e.g. facilities, equipment, programme management. The use of this assessment tool would enable the identification of specific strengths and weaknesses of fitness centres.

The limitations of this study include the following; over reliance on the use of a questionnaire as the main instrument of data collection may not be appropriate because the application of certain principles could not effectively be assessed from fitness patrons' perspectives. Patrons' perspective may be limited by their education or experience or may not take the answering of a questionnaire seriously and so a combination of methods in assessing the application of the ACSMs standards could be helpful.

Conclusions

On the basis of the earlier findings, the following conclusions were drawn;

1). Fitness patrons of the commercial private fitness centres in Gaborone were single, middle aged and were from middle socio-economic background.

2). Majority of the commercial private fitness centres’ fitness patrons perceived the ACSM’s Health/Fitness Facility Standards and Guidelines as Important. The most highly rated ACSMs standards were those related to quality facilities and equipment.

On satisfaction with the Fitness Centres’ implementation of the ACSM’s Health/Fitness Facility Standards and Guidelines, fitness patrons of the commercial fitness centres showed an overall satisfaction level of 62%, and a dissatisfaction level of 38% with the implementation of some standards and guidelines. Standards which patrons showed dissatisfaction with their implementation are; pre-activity screening, annual fitness programmes evaluations, pre-activity fitness assessments and fitness assessments 30 days and 60 days after the start of fitness programme to determine fitness progress and that Fitness Centres should have different programmes that aim at physical, emotional and social development of patrons.

RECOMMENDATIONS

On the basis of the earlier mentioned major findings and conclusions, the following recommendations were made;

1). Private Commercial Fitness centres in Gaborone should encourage participation of members of the lower class in their fitness programmes. This could probably be accomplished by providing incentives such as lower fees for them. This would be in accord with the principle of recreation for “all”.

2). Private Commercial Fitness Centres in Gaborone should improve the quality of their service by implementing some ACSM’s Health/Fitness Facility Standards and Guidelines. These standards are; pre-activity screening to determine readiness for physical activity, pre-programme fitness testing to determine fitness entry level and fitness testing 30 days and 60 days to determine progress. Fitness Centres should carry out annual programme evaluations to determine accomplishment of goals. Improved fitness service would invariably meet the needs of fitness patrons. Fitness patrons would derive value for their money from the service provided to them and their satisfaction level would be increased.

Conflict of Interests

The authors have not declared any conflict of interests.

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