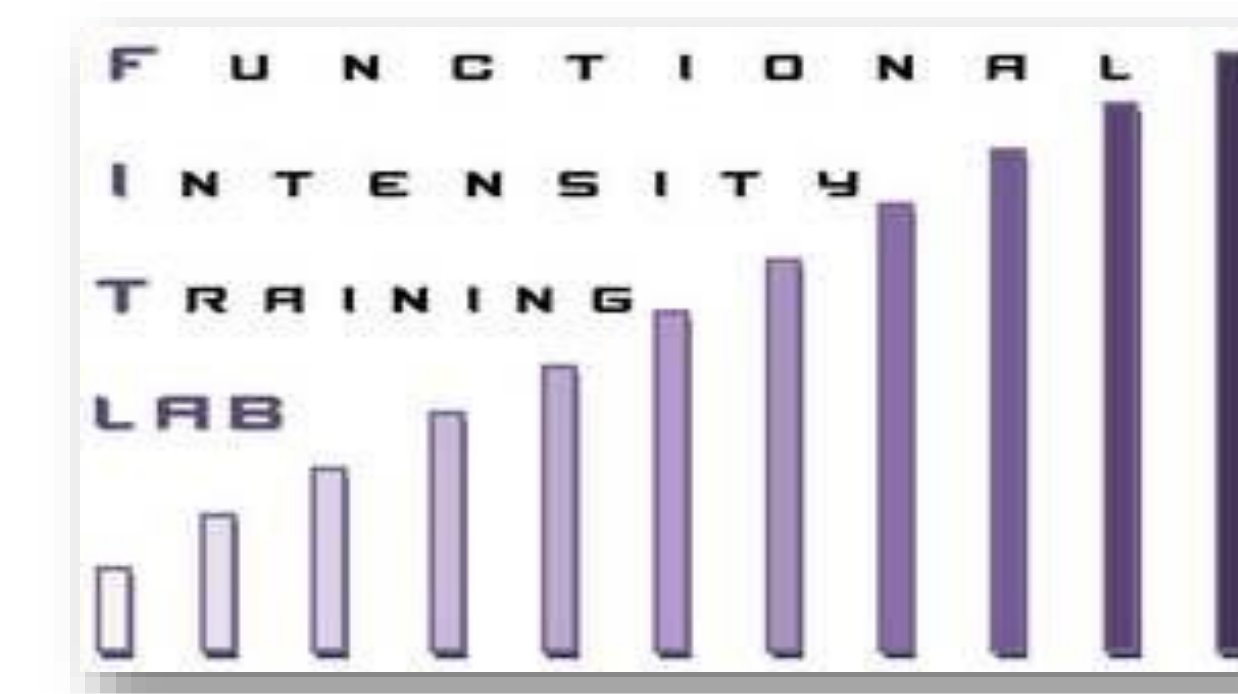


Understanding Initiation of and Adherence to High-Intensity Functional Training: An Application of the Integrated Theory of Health Behavior Change

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INTRODUCTION

- Time is a key barrier to exercise and many exercise programs have high dropout rates.
- People are more likely to engage in and continue exercise if they work out with more than one other person and receive social support; adults often find it easier to exercise in a group.
- Group-based high-intensity functional training (HIFT; e.g., CrossFit) has been rapidly growing in popularity and can improve health and fitness in less time than moderate exercise.
 - HIFT workouts temporally combine aerobic and muscle strengthening exercises in an infinite number of combinations across multiple time domains, averaging about 15 minutes.
 - Workouts are led by a certified coach and all exercises are individually scaled as needed.
 - Anecdotal reports show that HIFT participation can result in lifestyle changes as well as improved fitness and health.
 - However, research studies regarding initiation of and adherence to HIFT are non-existent.
- The Integrated Theory of Health Behavior Change (ITHBC) is based on the premise that behavior change is dynamic and iterative.
 - Fostering knowledge and beliefs, self-regulation skills and abilities, and enhancing social facilitation facilitate the change with engagement in the behavior as the proximal and improved health status as the distal outcomes.

PURPOSE

The purpose of this study was to apply the ITHBC to examine factors related to the initiation of and adherence to HIFT.

METHODS

Design: Purposive selection of 6 HIFT gym owners/head trainers in Kansas and Missouri. Gyms varied in type (i.e., university, within YMCA, garage, stand-alone, military, fitness club), had been open 1-11 years and averaged 30 members (84% adherers).

Participants: All participants were white and college educated with 4±3 years of coaching experience; average age was 39±8 years.

Measures: 60-minute semi-structured (17 question) interviews

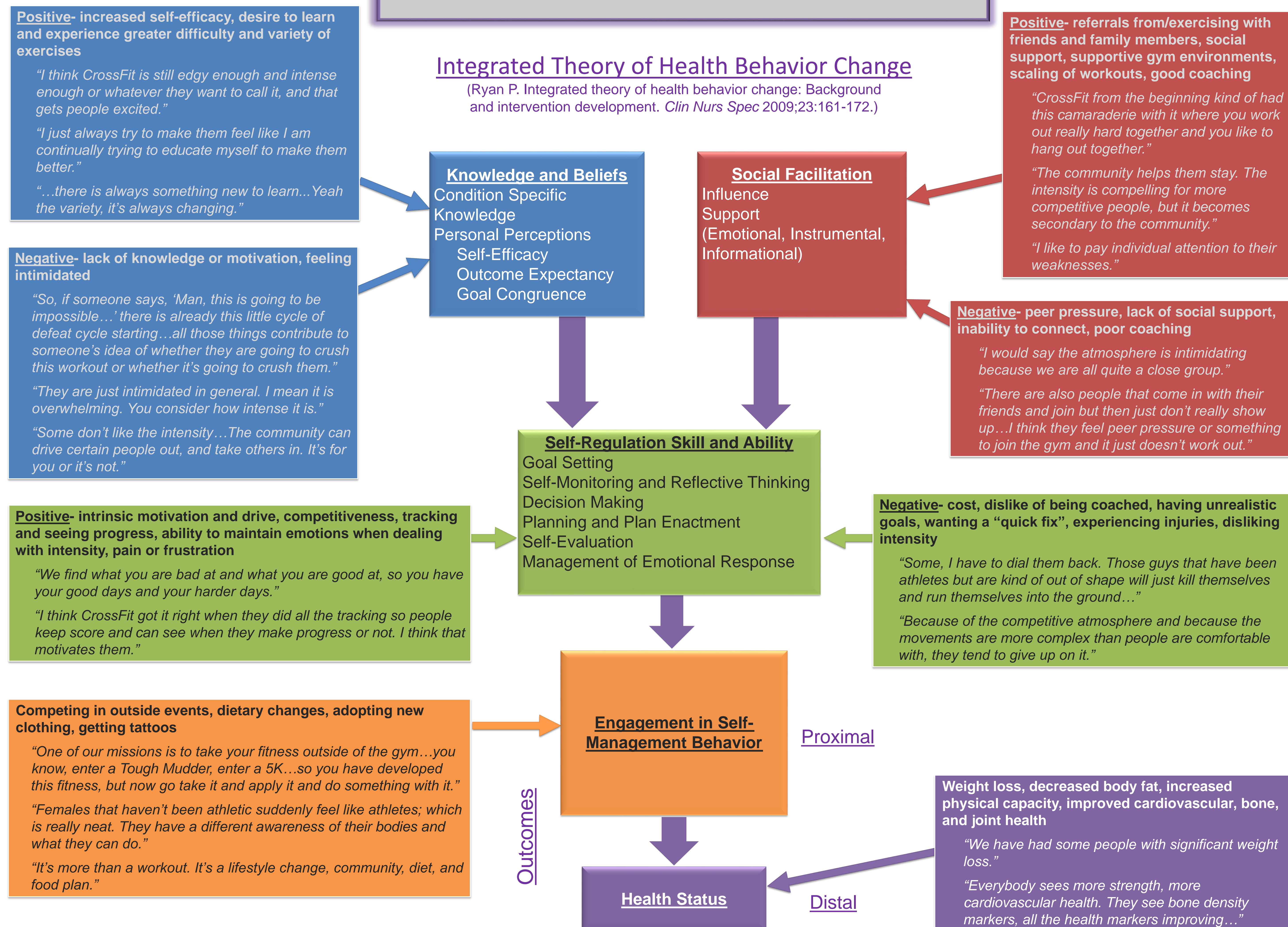
Procedure: Interviews were audio recorded, transcribed verbatim, and verified by participants.

- A research assistant thematically coded each interview with NVivo 10 using key concepts from the ITHBC.
- Coding was verified by a second researcher.

Results

Integrated Theory of Health Behavior Change

(Ryan P. Integrated theory of health behavior change: Background and intervention development. *Clin Nurs Spec* 2009;23:161-172.)



CONCLUSIONS

The most commonly stated reasons for initiating HIFT included the social or community aspect (their friends or family were doing it, they wanted to try something new and be in a team-oriented situation) and desire for results (to improve something about themselves). Adherence was facilitated by support from the community and seeing results. A key reason that people did not initiate HIFT was the "intimidating culture," and a lack of adherence was often attributed to a lack of congruence between the individual's goals, their personality and the culture, as well as monetary cost.

Taking steps to reduce intimidation and cost, facilitate realistic goals, increase social support, and improve coaching may help improve HIFT initiation and adherence.