

AGING ADULT FITNESS CENTER SERVICE QUALITY: A CONCEPTUAL FRAMEWORK

Norina Ahmad Jamil¹, Irwan Ibrahim², Afizan Amer³

1. Fakulti Pengurusan Perniagaan, Universiti Teknologi MARA Cawangan Selangor 2. Malaysia Institute of Transport, Universiti Teknologi MARA 3. Universiti Teknologi MARA Cawangan Negeri Sembilan

*Corresponding author: irwan623@uitm.edu.my

Abstract. The paper aims to explore how aging adults influences the fitness centre's service quality. A conceptual framework was developed which revealed an aging adults influenced fitness centre service quality by considering five factors; employees or working staff, activities or programmes offered by the facilities, locker room conditions, physical and workout facility. The findings provide a reference for researchers to conduct further studies related to the fitness centre and the need to provide service quality to aging adults. The finding can be applied to aid references to aging adult's fitness centre's owner to improve their service quality or for those business owner who plan to attract aging adults as their customers.

Keywords: sports and recreation, aging adults, aging adults' fitness, fitness, service quality

1 INTRODUCTION

In recent years, there are significant research attention toward the the health-care sector in the field of service quality and service management, but most studies were more focusing on conventional health care (Arcelay et al., 1999, Ennis & Harrington, 1999, Lagrosen, 2000, Wagar & Rondeau, 1988, Yasin & Alavi, 1999). As the market for health care evolved, and people are becoming more knowledgeable and sophisticated, many industries adapted with the world environment shifting. One of the industries that grow rapidly is the fitness industry (Tawse & Keogh, 1988), hence resulting in mushrooming of health club's businesses. Unlike traditional health care, the fitness centre is more contemporary in terms of facilities and the services offered to the customer. In time, the business owner becoming more concious of the value of quality service thus, more emphasis is being placed on the quality of services in this industry (Papadimitriou and Karterolotis, 2000). Service quality has addressed the needs of the customers and fulfilling their perspectives, thus it has become essential for fitness organizations in a competitive environment. In a market of health care, fitness centres seek methods of both retaining existing customer and attracting new customers from various strategy.

Based on the data from the World Population Prospects: the 2019 Revision, by 2050, one in the six people in the world will be over age 65 (16%), which is a 7% increase from 2019 (9%). By 2050, one in four-person living in Europe and Northern America could be living up to the age of 65 and over. Ror the first time in history, surprisingly, in 2018, , a person aged 65 and above outnumbered children under five years of age globally. Additionally, the number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050. This number shows that by 2050 the number of elderly or aging adults is increasing as they will have a longer life-span.

As human populations endure to extend life expectancy, a central concern is whether the added time encompasses years of healthy life promotes a high health-related quality of life into more mature age. Promoting and educating physical activity among the aging adults is an essential task because it is widely accepted today that physical activity participation is associated with a variety of physiological, psychological, and social benefits (Berger, 1996, Chodzko-zajko, 2000, McAuley & Rudolph, 1995, Spirduso, 1995, Wankel & Berger, 1990). Physical activity is defined as any bodily movement produced by skeletal muscles that result in energy expenditure (Langhammer et al., 2018) and exercise is described as a subcategory of physical activity that is planned, and repetitive, within the intent of improving or maintaining one or more patterns of the physical fitness or function (Caspersen et. al, 1985).

United Nations has no standard numerical criterion to define aging adults, however, 60 and above is the agreed numerical criterion to refer to the aging population (UN, 2001). A research done by Li (2017) revealed that there is active participation in physical activities for consumers aged over 60 in a variety of sports and fitness events as this is because they aware the significance and benefits of keeping strong, fine, and healthy. They started to realize that participation in physical activities and exercise can contribute to maintaining quality of life, health and physical function and reducing falls (Gillespie et al., 2012, El-Khoury et al., 2013, Tricco et al., 2017) as their health will start to deteriorate as they are getting older. Moreover, maintaining adequate levels of physical activity is known to reduce the risk of health problems in older adults (Warburton et. al, 2006, Lee et. al, 2012, Chodzko-Zajko, 2009). At the moment, there is a lack of fitness centres that are able to cater to aging adults' physical activity needs. It is, consequently, imperative and necessary to appreciate aging adults' consumers' assessment of service quality to provide effective services to aging adult consumers in a fitness centre and sport activities. This research identifies and discusses that fitness centre, as one kind of place where people go to exercise, is open not only for some people but for everyone, including aging adults. The research further aims to identify and discuss how aging adults can influence the fitness centre's service quality.

2 LITERATURE REVIEW

2.1 Fitness Centre

Some of the names used as synonyms of health club are fitness centre, gym, sports club, fitness room, leisure centre, fitness club, gymnasium, spa resort, health spa, power room, spa centre, health farm, country club, fitness area, martial club, sports centre, health centre, wellness area or sporting club. Ramos (2019) defined health club (a synonym for fitness centre) as a company who provides people way into controlled environmental surroundings and services focused on physical health and fitness in return for a fee.

2.2 Service quality

Sports facilities owners aim to retain their customers through sustaining and increasing their customer base, developing a competitive advantage, and generating continuous revenue from their customers. One of the essential elements that need to be considered in order to be able to do that is through service quality. For customers, to revisit the sports facilities there are several elements that will be considered and one of them is service quality (Park & Zanger, 1990). The Service Quality Assessment Scale was designed to evaluate the service quality of health-fitness clubs (Eddie et. al, 2005). There are five factors that are being used to measure service quality which are employees, program event, locker room conditions, physical facility, and workout facility (Eddie et. al, 2005, Lam et al., 2005).

2.2.1 Employees or Staff

In sports facilities or fitness centres, staff, a service provider is a person who is directly dealing with the customer and the services will initiate the interaction between the customers and the service provider (Zeithaml et al., 1985). The health fitness club employees represents the company and market the services to the customers (Shostack, 1977). Be it, front office staff or personal trainer, their service will give a positive or negative impact on the customer depending on how they are being served. In the fitness centre case, the services provided by the staff to the customer will include their corporate looks and attire, appearances, knowledgeability, attitude, and courtesy of the employee directly influence on the customer's perception of service quality (Bitner et al., 1990; Brady & Cronin, 2001), Czepial et al., 1985). During the service engagement, the customer will interact with the service staff, thus, attributes such as knowledgeability and courtesy of the employee are

important (Mudie & Cottam, 1999) and they will be evaluated none-other by their customers.

2.2.2 Program

Although, many research has been done related to the fitness centre, few researchers have specifically focused on program services quality related to those aged 60 years and over (Hyun et al., 2014). The program in the fitness centre is the activities that are prepared by them to the customer and the program may vary according to customer preferences. As there is an increasing number of people aged 60 and above expressing their customer preferences, thus the gym industry is expected to adapt to customer preferences and latest trend or program (Vogel, 2007).

2.2.3 Facility

The physical facility represents the physical environment of the facility, which refers to the “built environment” or physical surroundings as opposed to the natural or social environment (Bitner, 1992). Some of the major components of the ambiance factor in fitness centers are sufficient area, amount of light and brightness, latest and modern facilities, warm atmosphere locker room, and so on (Kim & Kim, 1995). The facilitating goods and supporting facilities in a fitness center are the “physical items” which includes fitness equipment conditions including the equipment cleanliness, equipment availability, and variety of equipmnet, ample locker room, and the fitness center itself include cleanliness, size, and hours of operation (Chelladurai et al., 1987).

2.3 Aging adults

The age of 65 years and above is the most accepted definition of aging persons. While sometimes this definition is not consistent, it is generally understood that ‘aging’ is the age of someone beginning to receive retirement benefits (Kowal and Dowd, 2001). It is common that the United Nations use 60 years and above when referring to the aging population, or older adults, despite having no standard numerical criterion (UN, 2001).

3 RESULTS

The conceptual framework developed in this study outlined how aging adults can influence the service quality of a fitness centre by considering five factors; staff, program, locker room, physical facility and workout facility.

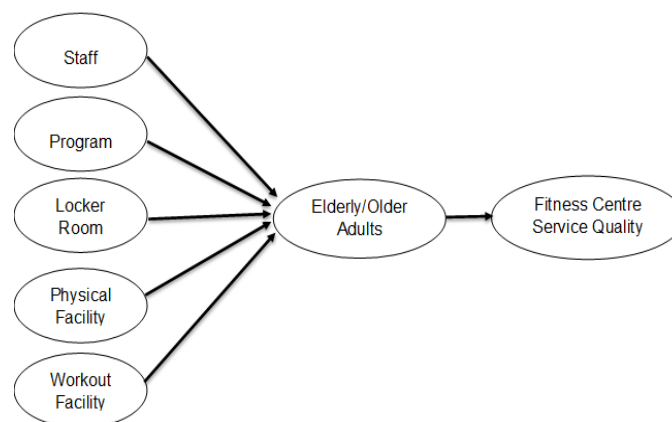


Figure.1: Conceptual framework of the study

Quantifiable elements of quality were used as a framework to measure and improve the quality of the fitness centre. The service quality of the fitness centre will be assessed based on the five factors of the Service Quality Assessment Scale. Different from other customers, aging adults are a group of people who needs special/different treatment, program, classes, and facilities. These factors will affect the service quality perception of the fitness centre's members who is 60 and above. In order to maintain high-quality services, prevent service errors, and solve unforeseen problems these factors must be given a high priority when it comes to providing facilities to older adults (Lam et al, 2005).

4 DISCUSSION

The conceptual framework developed in this study is designed as an outline to see how fitness centre service quality will be influenced in aging adults by using five factors; staff, program, locker room, physical facility and workout facility. This framework gives us a clear understanding of the factors that are important for creating quality in the health and fitness industry. These results show that service quality is a competitive advantages for the fitness centres. When designing new programs, classes, and marketing campaigns for older adults, it is really important for fitness centre managers to know the factors that are affecting consumer behaviour. Aging adults aware of the significance and advantage of keeping fit and maintaining good health thereby they need to take part in various sports and fitness activities (Li, 2012).

These findings are also similar to research conducted by Hyun et al. (2014) that perceived service quality of an aging adult members should regularly be observed to sustain high-quality services, avert service mistakes and immediately resolve unexpected complications.

5 CONCLUSION

A conceptual framework on how aging adults would influence the service quality of fitness centres has been developed. But since this study is an exploratory study, it requires further development. Although this is just an exploratory study, this paper provides a better understanding of fitness centre quality service, from the view of aging adults. Another limitation is that this study only focused on aging adults and not all-age, and the methodology conducted was only by article review (secondary data) and not through interviews and other primary data. Further research is welcome and the current framework could be modified, verified or elaborated.

REFERENCES

- Arcelay, A., Sanchez, E., Hernandez, I., Inclan, G., Bacigalupe, M., Latona, J., Gonzales, R. M., & Martinez-Conde, A. E. (1999). Self-assessment of all the health centers of a public health service through European model of quality management. *International Journal of Health Care Quality Assurance*, 12(2), 54-58.
- Berger, B. (1996). Psychological benefits of an active lifestyle: What we know and what we need to know. *Quest*, 48, 330-353.
- Bitner, M.J. (1992). Servicescapes: The impact of physical surroundings on customers and employees. *Journal of Marketing*, 56, 57-71.
- Bitner, M. J., Booms, B. H., & Tetreault, M. S.(1990). The service encounter: Diagnosing favorable and unfavorable incidents. *Journal of Marketing*. 54, 71-84.
- Brady, M. K., & Cronin, J., Jr. (2001). Some new thoughts on conceptualizing perceived service quality: A hierarchical approach. *Journal of Marketing*, 65(3), 33-49.

- Caspersen CJ, Powell KE, & Christenson GM (1985). Physical activity, exercise, and physical fitness: definition and distinctions for health-related research. *Public Health Report*, 100: 136-131.
- Chelladurai, P., Scott, F. L., & Haywood-Farmer, J. (1987). Dimensions of fitness services: Development of model. *Journal of Sport Management*, 1, 159-172.
- Chodzko-Zjako, W. J., & Proctor D. N. (2009). Exercise and physical activity for older adults, *Medical Science Sports Exercise*, 4, 1510-1530.
- Chodzko-Zjako, W. J. (2000). Successful aging in the new millennium: The role of regular physical activity. *Quest*, 52, 333-343.
- Czepial, J. A., Solomon, M. R., & Suprenant, C. F. (1985). *The service encounter*. Lexington, MA: Lexington.
- Ennis, K., & Harrington, D. (1999). Quality management in Irish health care. *International Journal of Health Care Quality Assurance*, 12(6), 232-243.
- Kim, D., & Kim, S.Y. (1995). QUESC: An instrument for assessing the service quality of sports centers in Korea. *Journal of Sports Management*, 9, 208-220.
- Kowal, P., & Dowd, J. E. (2001). Definition of an older person. Proposed working definition of an older person in Africa for the MDS Project. Geneva: World Health Organization.
- Lam, E. T. C., Zhang, J.J., & Jensen, B. E., (2005). Service quality assessment scale (SQAS): An instrument for evaluating service quality of health-fitness clubs. *Measurement in Physical Education and Exercise Science*, 9(2), 79-111.
- Lagrosen, S. (2000). Born with quality, TQM in a maternity clinic. *The International Journal of Public Sector Management*, 13(5), 467-475.
- Lee, I. M., Shiroma, E. J., Lobelo F. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*, 380, 219-29.
- McAuley, E., & Rudolph, D. (1995). Physical activity, aging and psychological well-being. *Journal of Aging and Physical Activity*, 3, 67-98.
- Mudos, P., & Cottam, A. (1999). *The Management and Marketing of Services*. (2nd ec.). Oxford, England: Butterworth-Heinemann.
- Parks, J., & Zanger, B. (1990). *Sports and fitness management: Career strategies and professional content*. Champaign, IL: Human Kinetics.
- Papadimitriou, D. A., & Karterolotis, K. (2000). The service quality expectations in private sports and fitness center: a re-examination of the factor structure. *Sports Marketing Quarterly*, 9(3), 157-164.
- Shostack, L. G. (1977). Breaking free from product marketing. *Journal of Marketing*, 41, 73-80.
- Spiriduso, W. (1995). *Physical dimensions of aging*. Champaign, IL: Human Kinetics.

- Tawse, E.L., & Keogh, W. (1998). Quality in the leisure industry: an investigation. *Total Quality Management*, 9(4/5), 219-223.
- UN (United Nations Population Division). (2001) Personal correspondence with Marybeth Weinberger, Chief Population and Development Section.
- Wagar, T.H. and Rondeau, K.V. (1998). Total quality commitment and performance in Canadian health care organizations. *Leadership in Health Services*, 11(4), i-v.
- Walker, J.T., Farren, G., Dotterweich, A., Gould, J., & Walker, L. (2017). Fitness center service quality model confirmation SQAS-19. *Journal of Park and Recreation Administration*, 35 (4), 49-58.
- Wankel, L., & Berger, B. (1990). The psychological and social benefits of sport and physical activity. *Journal of Leisure Research*, 22, 167-182.
- Warburton D. E., Nicol, C. W., & Bredin S. S. (2006), Health benefits of physical activity: the evidence. *Journal of Canada Medical Association*, 174, 801-809.
- Yasin, M. M., & Alavi, J. (1999). An analytical approach to determining the competitive advantage of TQM health care. *International Journal of Health Care Quality Assurance*, 12(1), 18-24.
- Yu, H.S., Zhang, J.J., Dae Hyun, K., Chen, K.K., Henderson, C., Min, S.D., & Huang, H. (2014). Service quality, perceived value, customer satisfaction, and behavioral intention among fitness center members aged 60 years and over. *Social Behavior and Personality*, 42 (5), 757-768.
- Zeithaml, V. A., Berry, L.L., & Parasuraman, A. (1985). Problems and strategies in service marketing. *Journal of Marketing*, 49(2), 33-46.