

Do induction service programmes work? 'You never get a second chance to make a first impression'

A summary of three studies to investigate how an induction programme affects a members length of stay. Compiled by Damian Lo Cascio (corequest)

There has been great speculation surrounding the view that a multi layered induction care pathway in the first months of a members' life can actually affect the member's length of stay.

The current research surrounding this area is very sparse with the only credible reported study being that of Dr Paul Bedford's dissertation identifying that 4 motivational appointment interactions offer the best result in changing the length of stay, habit and commitment of a new member to a health and fitness lifestyle.

Over the last 3 years I have looked at the initial care pathway of a number of organisations and been able to track the success of an organisation in graduating people through a 5 or more stepped appointment care pathway within the first two months of membership.

My study and observations look into the content of those appointment interactions i.e.,

- The way they are sold at the point of joining a given facility,
- The graduation of the client through each step of a given programme,
- Graduation mapped against the average length of stay of those members who have achieved a set number of steps within that programme compared to a control group that had not been given any multistage journey other than an initial familiarisation session.

This has allowed me to identify in some way the possible answers to such questions as...

What is the optimal number of appointments a member would need to make an induction care pathway worthwhile?

Does the period these appointments occur, in regard to frequency, have an affect?

What is the member's perception of a care pathway compared to the staff's perception?

I looked at 3 similar programmes which offered the joining members 5 unique appointments in their first month and a review session in month 2. These programmes had weekly sessions with a trainer taking the member through some goal setting techniques and some simple motivational questions that allowed the exercise

professional and new member to set a care pathway of education related to the interests of the member and their goal.

Each graduating member provided feedback on their experience and whether They had achieved any results and how that made them feel.

The Care pathway process

Week 1 All new members were given the first two 30 minute sessions in week one to help establish a good attendance pattern of at least two visits in their first week. Session one included goal setting and identifying key benchmarking areas that they were interested in. The second session in this week looked at the specific programme layout that the client would complete on their visits between each catch up session.

Week 2 This the session focussed on intensity levels for the client and their initial response to the activity they had been set in session 2.

Week 3 This week looked at the adaptations and techniques of the given programme ensuring the new member was on the right training weight and found the exercises challenging enough.

Week 4 /5 Looked at the result so far from the initial benchmarks that where laid out on day one.

Review The onward journey, month two review, looked at what the clients next exercise goal would be.

Each programme provided a results money back guarantee reducing the barrier to participation and the conditions of this are listed below.

1. Follow the advice given.
2. Fill in the programme card twice a week between each session.
3. Turn up to your booked session.

If the member adhered to this and it resulted in no positive result in the benchmarks taken on day one then they would qualify for a refund on their joining fee and first month of membership fees. No money back guarantees were claimed during this evaluation time.

The minimum weekly requirement was to achieve three 30 minute sessions per week which included their step appointment. This approach allowed the organisation and their sales teams to use the commitment and goal attainment elements of why someone joined a health and fitness facility. We anticipated three key areas of change, physical changes, motivational changes and emotive or feel good changes.

A powerful motivator to start an exercise programme is the self realisation that you want or need to change. The programmes used follow the rules and understanding of the stages of behavioural change model and the choices presented to the client based on choosing their way through a set of interactions that they see as important for them rather than the exercise professional 'RIGHTING'.

This approach has been adopted by many organisations but was originally championed by Dragons Health clubs with the 'Dragons Promise' based on a programme run by Face to Face and the Kickstart programme adopted by DC Leisure. Analysis of these programmes had been completed on these projects but they are not in the main domain and have often been copied but without the full understanding of the key elements of what make an induction programme work.

The data set and profile

I have looked at three programmes, implemented the training of the staff to sell and deliver their care pathway processes and tracked the behaviour of clients through an appointment diary management system.

The care pathways of the three organisations were assessed during a 2 ½ year period between April 2008 and October 2010. The study included approximately 34,500 members tracking them through their initial induction care pathway and evaluated the affect on their length of stay.

The three organisations known as A, B & C were a private club, a direct council service operator and a Trust, which combining represented 10 different facilities in the UK.

From these studies I have identified the following key areas for an organisation to think about.

1. What number of appointments provides you with the best length of stay result compared to providing no care pathway?
2. Does enrolling on a programme affect cancelation compared to providing no programme?
3. Does the interval between appointments affect length of stay?
4. Does the customer's perceived value of the programme differ compared to that of the staff?
5. What affect does the use of customer testimonial and results make?
6. Is an onward journey and further income streams more likely if a programme is provided?

Table 1 What number of appointments provides the best return?

Data from April 08 to October 2010

Organisation	Average stay in days	Steps completed in a programme						SAMPLE SIZE
	Control group - no service	1	2	3	4	5	6	
A	155	177	190	190	192	203	283	~4000
B	159	159	140	144	174	251	289	~2500
C	270	287	283	292	299	347	346	~28,000

This table looks at those clients enrolled on a care pathway and tracks what appointment they ended their programme on i.e. from appointment 1 to 6. Their length of stay is the difference between the enrolment date and programme end date.

The table shows that from appointment 4 onwards there are significant changes in length of stay compared to those in the control groups that had no service appointments and were only provided with a traditional single appointment induction.

A worrying but common observation is that a programme with three or less appointments can have an adverse affect on length of stay Compared to no programme. More research into this is required but it is nevertheless common across all organisations evaluated.

When looking deeper into the numbers I also observed that the best performing sites were not necessarily the ones that looked best from a length of stay perspective. It appeared that the total number of people as a percentage that got through the more advanced steps within a programme was more important and produced the largest financial difference.

Example 1

Organisation C managed to obtain the highest length of stay from step 5 onwards, however only 5% of participating members completed the process with over half the sample dropping out in step 2, where Organisation B actually got 55% of their members through to step 5.

Table 2 Does enrolling on a programme affect cancelation compared to no programme?

This table looks at the total cancelations as a proportion of those that were given a programme against those that did not do a programme. These numbers reflect Organisation C's cancellations over this period and had the largest sample size.

Cancelations from organisation C from May 2008 - October 2010	Count
Total Cancelations	12705
With programme	5260
No programme	7445

Diagram 1 Pie chart representation

As a proportion of cancelations, having a programme indicated that it would reduce your risk of cancelation.

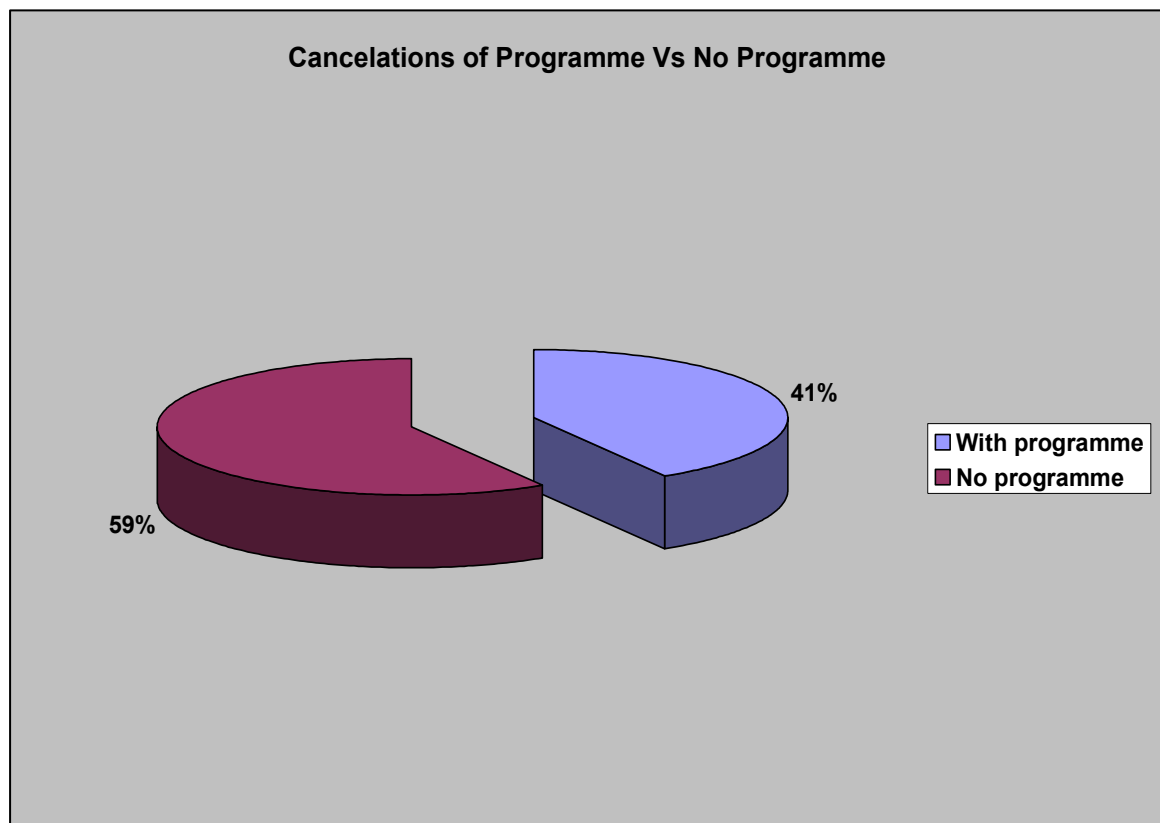


Table 3 Programme length in days

Does length of a programme have a bearing on length of stay?

I looked at the sample that had completed the full induction service care pathway and then tracked the length of time it took them to complete the process in order to understand if the frequency of appointments makes a difference.

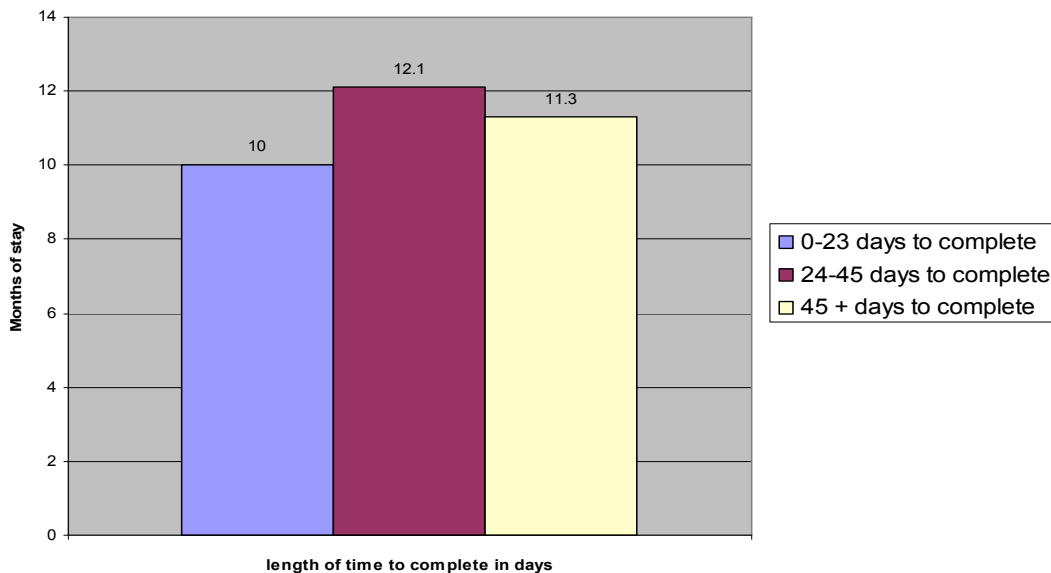
The target for this type of weekly induction programme would be a minimum of 24 days and a maximum of 45 days.

Optimal frequency to deliver 5 appointments

	Average length of stay in months
0-23 days to complete	10
24-45 days to complete	12.1
45 + days to complete	11.3

The frequency of appointments indicates that every 7 – 10 days is the optimum frequency.

Optimal time to complete 5 steps in programme



The Customers perception compared to Staff perception.

A customer feedback sheet was obtained from all graduating members across the sample. Each customer was asked a number of questions about their experience.

One area of this feedback was particularly intriguing for me which related to the clients identifying which session step was most or least valuable. I then asked the staff what they felt was the most and least valuable step for the member.

There were no results obtained from members who had not completed a programme or had early graduated this would have been a better way of measuring the perception of the whole sample group rather than those who completed.

Table 4

	Replies	Least valuable STEP	Most valuable STEP
Members	80%	1	3 & 4
Staff	75%	3 & 4	1 and 5

This table highlights three points for me... (in 92% respondents reporting that they found all steps useful)

1. Staff confidence is low when it comes to appointment 3 or 4 and staff appear to be unsure of how to progress a member at this stage. These appointments focus specifically on feedback from the member both auditory and visually. It is like the staff are not sure of what they could do next with a client, however the opposite of this is that the members really enjoyed this session they felt they got a chance to put the whole workout into practice while the trainer is with them.
2. Staff like to do appointment one because it is more structured and there is lots to do and they can explain a lot about the process, it is almost as though the staff have comfort in directing what they need to do rather than using the appointment to get the client to talk more about their challenges to exercise and how they feel they will deal with them over the coming appointments. Conversely the client didn't find this one as useful and found it a bit of an information and paper overload.
3. Having not measured the entire sample group it is difficult to assume too much about what the other early graduates thought. However those respondents that completed the programme were particularly motivated and although they found the beginning of the process a little less valuable, they persisted with the process and found the benefits of the programme later to be very positive. I believe that if you didn't get it right at the beginning by engaging the client then there would be a higher drop out rate in the later stages.

Observations about fitness and sales staff

The staff seem almost embarrassed to ask motivational lead questions and would rather fill the silence, with the process of what they have to do rather than why they are asking these questions.

The art of goal setting and bridging the goals with the SMART approach is lacking in many staff. They tend to go from goals like weight loss straight into the exercise protocol 'This is what you need to do...'

To assess the trainer and their success I tracked the succession rate of each trainer and looked at the % of succession of a client through each step they completed and whether the client completed the next step after their interaction, from this I observed that...

The best trainers are the ones that got the clients to speak more by asking challenging questions about how they would feel if they got a positive result and what challenges stood in their way.

The best trainers were the ones that offered training method options, educational material and advice on how the member would make their own decisions about what was best for them.

The best trainers were the ones who prepared and read the members aims and goals before they met the client

The best trainers were the ones that set tentative training dates with their clients and followed them up confirming their meeting.

When looking at the sales team delivery of a tour and their explanation of the programme I found there to be a lack of confidence in what the programme is designed to do for the member. The sales person would refer to their service plan as an induction and didn't deal with the objections surrounding more savvy clients who didn't want any service.

The ideal scenario is that the sales teams have a better understanding in evaluating who would need a programme and ask more open questions about the goal needs of the client, most of the tours I observed often were information delivery sessions around price commitment and what products were included.

It would have been interesting to measure how many sales staff actually went through the process in order to find out what a programme can actually do. I suppose that the management direction should be more in tune with developing their sales teams understanding of what their products are designed to achieve from a member benefits perspective.

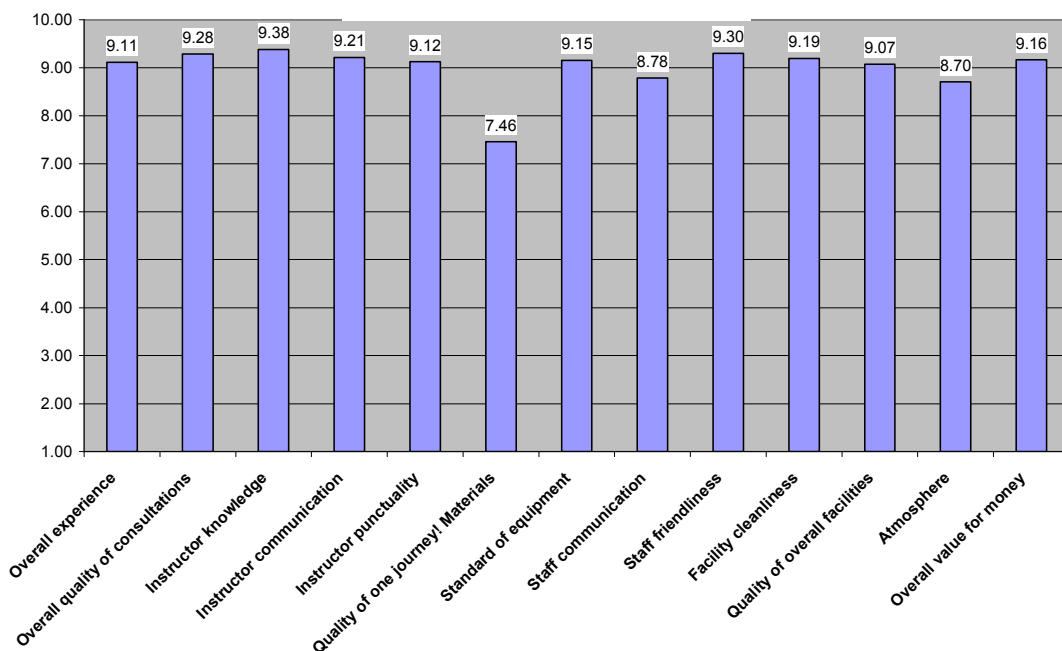
5. Customer testimony and money back guarantee

After every graduation through the programme the client completes a feedback and testimonial sheet which helps identify the changes made by other members, this helps sell the membership and especially combined with goal related reasons can be very powerful.

At the point of sale there is a results money back guarantee that encompasses a commitment that if the client follows our advice, completes their appointments and adheres to the recommended usage levels they would get their money back if no changes have occurred from the initial benchmarks.

Both the testimonies of clients and the money back guarantee were not used as a major plus for the member and the perceived value of this service was not included on any price presentation made. My observation leads me to assume that this was due to the sales staff feeling that this was a 'con' or was a bit 'cheesy' which I think is more related to the confidence level that the staff member has on how the programme works.

Customer feedback scores organisation A



Further to these questions, graduating members were asked what products they would be interested in next. Three options were laid out provided.

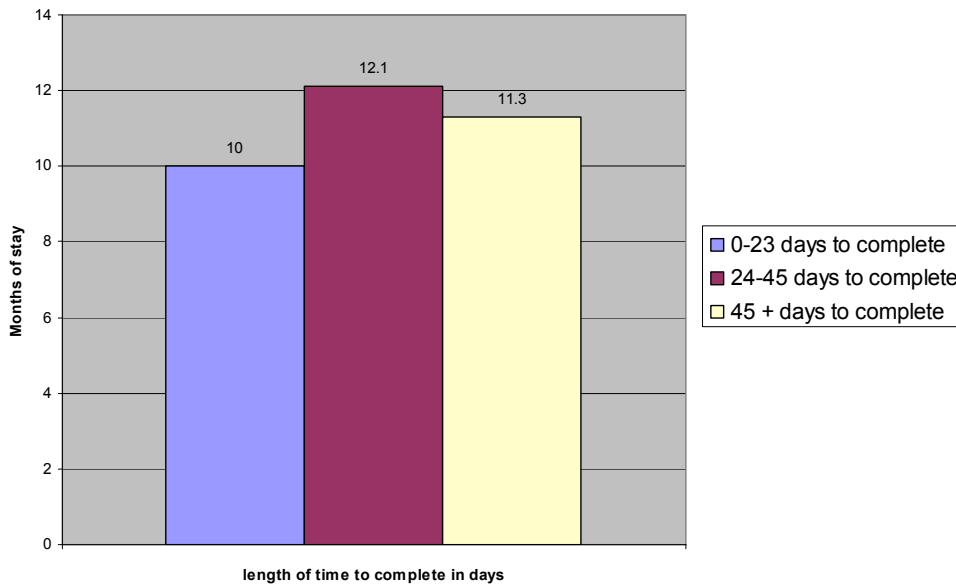
- Weight management
- Personal training
- Swimming lessons

82% of graduates indicated that personal training and weight management was something they had a further interest in. I did not measure the take up of interest

expressed to purchase. However, I assume that these were low because many testimonials once complete were filed away with the member paperwork.

Should your induction programme be a needs analysis tool for Personal training and other service products.

Optimal time to complete 5 steps in programme

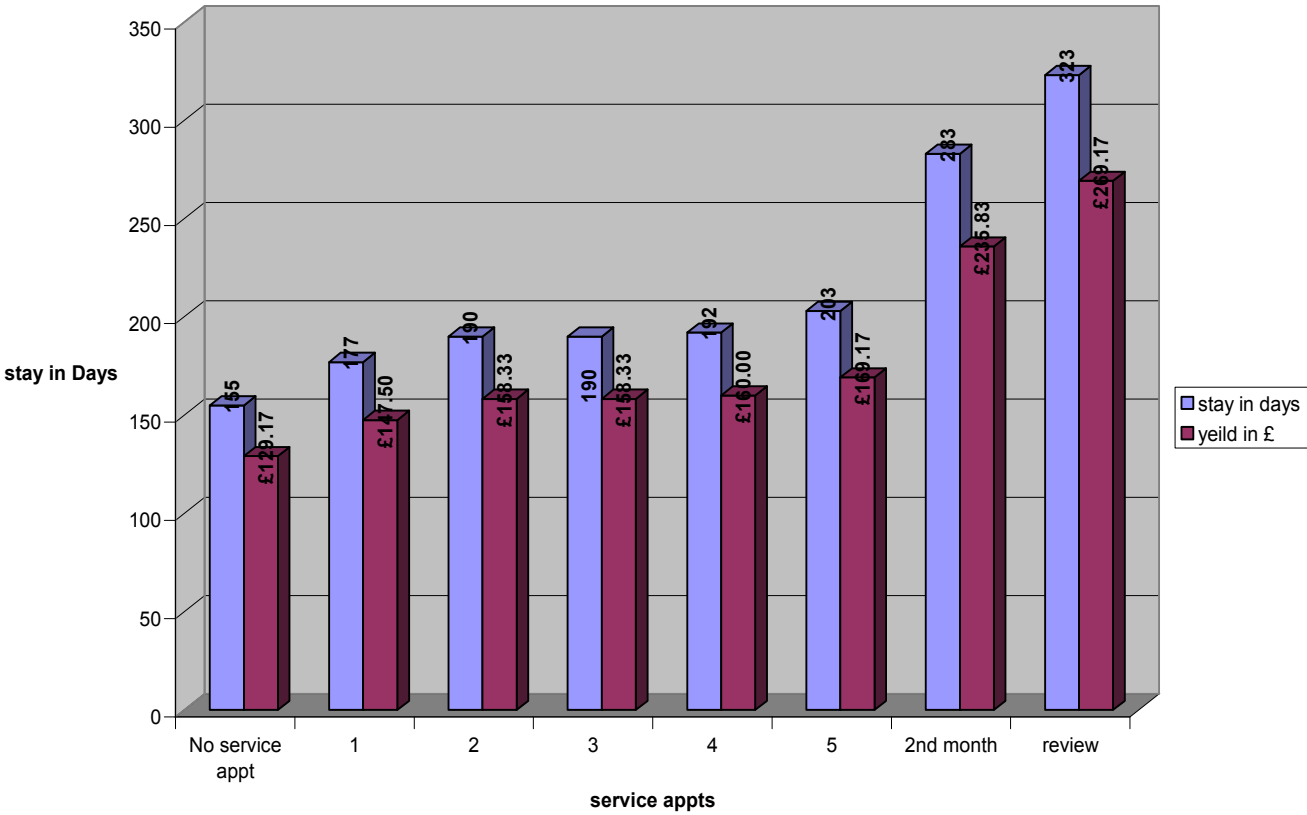


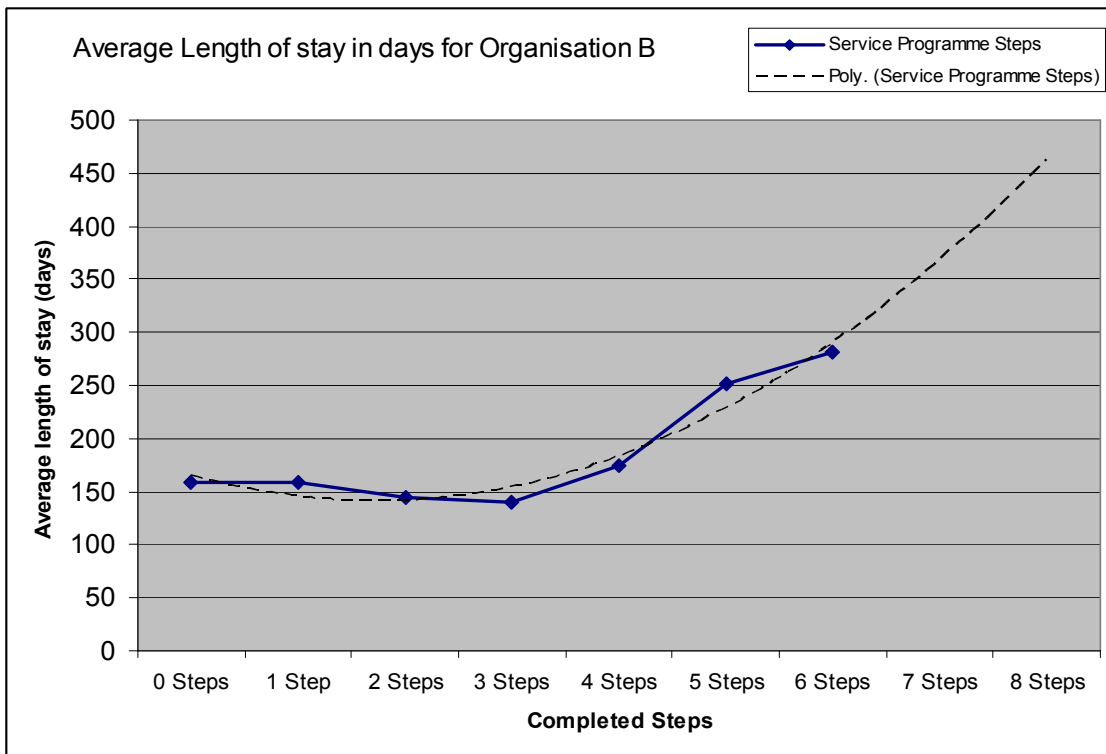
6. The onward journey is just as important as the initial journey.

When looking at organisations A & B, the length of stay changes and frequency of appointments indicated that they could enhance better retention rates with clients by having 7 appointments, one every 10 days, which could double the length of stay.

Completed Appointments	Length of stay in days	Membership Value £	Av stay in Months
No service appt	155	£ 129.17	5.2
1	177	£ 147.50	5.9
2	190	£ 158.33	6.3
3	190	£ 158.33	6.3
4	192	£ 160.00	6.4
5	203	£ 169.17	6.8
2nd month review	283	£ 235.83	9.4
	323	£ 269.17	10.8

Appointment completed organisation A





Having set the initial habit in the beginning the key is maintain the interest by enrolling the member on further onward journeys. The polynomial trend line in the graph above shows the potential uplift in length of stay when more service care sessions are provided.

In conclusion

1. Induction service care pathways can enhance length of stay if they complete 4 + appointments within 25-45 days. If you measure your staff occupancy of your rota you can assess whether you have the resource to deliver.
2. An adverse affect in length of stay or no real difference is the outcome if the appointment structure is fewer 3 or less appointments. 'You never get a second chance to make a first impression'
3. If the commitment or staffing levels are not able to offer more than 4 sessions for each new member then there is probably no reason to do any service. This is an argument surrounding the use of any staff apart from for cover classes and cleaning. This could improve your bottom line rather than getting the service protocol wrong. The following appointment requirements are...
 - e.g. 100 sales per month = 5 x 30 minutes appointments would need 250 hours a month on average to get 100% of people through you would need 8 hours of appointment availability per day that is two staff on at peak times for 4 hours each day.

4. It can be argued that those that complete a programme are more motivated than others to start with and that is why there is a difference in length of stay, this however can be turned on its head.

Those people who don't want a programme or choose not to do the programme could be considered the most motivated individuals because they are happy to continue without intervention, therefore should show better length of stay rates. However, this group did not perform better than those enrolled on a programme.

Consideration should be given to the fact that the steps in the process deliver enough motivation for the client to look ahead in small jumps, stepping stones of motivation between each weekly session, until they realise how differently they feel using a guided programme.

5. Being able to assess who benefits from a programme at the point of sale would make a difference, however do sales people have the skill sets to deal with asking the right questions and guiding the client through their choices while dealing with ambivalence or self efficacy issues.
6. This question should be pondered by all operators, are you a service based company or are you a budget model? Is there a financial reason to be in between and which model would provide you with the highest quality results based on the intervention expense versus total numbers using our facilities. Could value for money to the member be generated through optional service charges for service with basic lower member prices!