

# Impact of the new professional profile of the preventive and adapted physical activities kinesiologist on internal stakeholders

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**Purpose:** The wellness and fitness companies, that provide physical and sports educational services, have to apply the recent reform of physical activity and sport reform of the job of the new professional profile in physical exercise of “kinesiologist of preventive and adapted physical activities” established by the new Italian legislation. Kinesiologists, personal trainers, and physiotherapists represent internal stakeholders, and their perception and opinions are important to identify the stakeholders’ demands and expectations for the pursuit of its corporate goals. The aim was to measure the impact of the professional figure on internal stakeholders because of the new legislative provisions, also about the role he or she holds and his or her ability to fulfil the functions of the kinesiologist role. The impact is identified by the measure of the effect of the innovative legislation on knowledge, perceptions and opinions regarding.

**Method:** Participants at the study were 64 professionals (average age  $32 \pm 8$  years) carrying out their professional activity in the Campania region. A questionnaire of 12 questions distributed in 3 sections was sent out: 1) identification of the sample; 2) new legislative knowledge; 3) perceptions on the ability to perform kinesiologist functions. In addition to descriptive statistics, Chi Square and Cramer’s V were used to measure correlations.

**Results:** The findings indicate a correlation between the professionals’ current roles and their responses ( $P < .05$ ). Physiotherapists show partial support (Cramer’s  $V = .589$ ) for the integration of the LM-67 degree in the workforce, while kinesiologists exhibit stronger support (Cramer’s  $V = .298$ ) for a specialized master’s degree as the most suitable training pathway for prescribing re-educational exercises.

**Conclusions:** The impact of the establishment of the new professional profile is also of interest with respect to the definition of the roles of the different professional figures within gyms and sports centers.

**Keywords:** Kinesiologist, physical activity, epistemology of motor sciences, role of stakeholders.

## Introduction

The wellness and fitness specialist profiles need to possess the appropriate knowledge and application of it according to the epistemological frame of reference<sup>1</sup>. They are appropriately stated and detailed<sup>2-4</sup>. The degree courses currently present some critical issues but, nevertheless, they contain the adequate knowledge for adequate training<sup>5,6</sup>. These professional profiles work in non-profit and commercial companies that, like other business activities, are affected by the influence of a series of internal and external factors that can condition the company’s planning and objectives, as these organizations establish multiple relationships in order to conduct activities within even broad social contexts<sup>7</sup>. Factors that condition a health center’s corporate interests at various levels and that are in turn conditioned are, for example, stakeholders, i.e., individuals, groups or organizations that influence or are influenced by organizational activities because they have some kind of interest in these activities<sup>8</sup>. Stakeholder action influences various aspects of corporate life by directing strategies and decisions that are crucial for the creation of value, innovation, sustainability, and other equally important factors<sup>9,10</sup>. It is crucial for the organization to identify potential stakeholders interested in individual projects or in the entire business cycle for the production of goods and services in order

to satisfy their demands and expectations in a manner appropriate to the pursuit of the company’s goals of increased productivity and customer satisfaction. A distinction is made between external and internal stakeholders. The former are people who do not work within the health, fitness or sport center, such as financiers, suppliers, customers and competitors, but can be influenced in some way by the actions and results of the activity and can also influence the outcome of the activity<sup>11,12</sup>; internal stakeholders, on the other hand, are individuals or groups of people whose interest derives from a direct relationship with the company<sup>13</sup>. Examples of internal stakeholders of a health or sport companies are kinesiologists, personal trainers, athletic trainers, etc. While companies, in order to maintain their competitiveness, are very attentive to stakeholder demands, at present there is a dearth of studies that have devoted themselves to the study of stakeholder demands and expectations for the service provided in terms of exercise and sport to elevate health and well-being<sup>14</sup>. Managers of health and sports companies are continually challenged by both internal and external environmental change and the impact it may have on stakeholders, so they work to respond to the new expectations and needs that arise as a result<sup>15</sup>. Consequently, variables of all kinds, such as environmental change, sustainability, and legislative innovations, bring about changes in stakeholders’ perceptions

of the relationships they have with the organization. The legislative innovations we are witnessing in Italy regarding the recognition of the professional profile of the kinesiologist in order to ensure the correct performance of physical and sporting activities, even at a competitive level, for the protection of health and well-being and the promotion of healthy lifestyles are an example of this. These innovations need to be understood by the stakeholders who must respond to the new provisions through environmental and professional adjustments. Specifically, Legislative Decree (d.lgs.) no. 36 of 28 February 2021<sup>16</sup>, issued in implementation of Article 5 of Law no. 86 of 8 August 2019, on the reorganization of the sports regulations and work, recognizes the professional figure of the 'kinesiologist of preventive and adapted physical activities', along with the other figures of 'basic kinesiologist', 'sports kinesiologist' and 'sports manager'<sup>17</sup>. Article 41 of the aforementioned legislative decree provides that the exercise of the professional activity of kinesiologist of preventive and adapted physical activities is entrusted to the graduate LM-67 and "has as its object: a) the design and implementation of physical activity programs aimed at achieving and maintaining the best conditions of psychophysical wellbeing for subjects in various age groups and in different physical conditions; b) the organization and planning of particular activities and lifestyles aimed at preventing diseases and improving the quality of life through exercise; c) the prevention of postural vices and post-rehabilitation functional recovery aimed at optimizing physical efficiency; d) the planning, coordination and evaluation of adapted physical activities in differently abled persons or in individuals in clinically controlled and stabilized health conditions". D.lgs. no. 163 of 5 October 2022<sup>18</sup>, containing additions and corrections to the previous d.lgs., stipulates that "The kinesiologist of preventive and adapted physical activities, or another professional with specific skills, shall supervise adapted physical activity performed in groups and supervise structured physical exercise performed individually". This professional profile differs from other figures in health and sports centers such as personal trainers or physiotherapists. Personal trainers are professional figures formed by the Italian National Olympic Committee (CONI) and its organizational bodies such as National Sports Federations, Sports Promotion Bodies and Associated Disciplines and regulated in the National Qualifications System (SNaQ) of the CONI. The role of physiotherapist is performed by the professional graduated in physiotherapy (L/SNT/2 Class of degrees in rehabilitation health professions) as defined by the Decree of 19 February 2009<sup>19</sup>. Ministry of Health Decree no. 741 of 14 September 1994<sup>20</sup>, and the specific regulations on the training of professional profiles state that the physiotherapist 'performs a professional function of a health care nature, which aims at rehabilitation and reactivation of physical functions' and, pursuant to Law no. 251 of 10 August 2000<sup>21</sup>, performs 'prevention, treatment and functional assessment activities with professional autonomy towards individuals and the community'. A final dutiful differentiation, as reported in the same legislative provision, must be made with the basic kinesiologist, who is the professional who has a three-year degree in Exercise and sport sciences (L-22) and deals with recreational and sports activities for the promotion of well-being for the various age groups, and the sports kinesiologist, who has a degree in sports sciences and techniques (LM-68) and deals with individual and team sports physical preparation and technique up to the highest competitive levels. One of the long-standing problems within health and sports companies because of reform of structured physical exercise

and sports job is the lack of knowledge, on the part of the professionals working there, of the role they play within the organization and, therefore, the functions they have to perform. As a result, one often witnesses the exercise of functions, through different means and methods, that do not belong to the role held. The reason for this could be attributed to the lack of regulations that adequately regulated these professional roles. Therefore, this legislation will certainly have had various effects on these professional figures who, in fact, represent internal stakeholders of health and sports centers. We do not know the level of knowledge that the internal stakeholders of health and sports centers have regarding the figure of the kinesiologist of preventive and adapted physical activities and the role that he or she plays by law, so a study is needed to fill in the gaps, in terms of the impact of the new regulation, and to highlight what the perceptions and opinions of those directly involved are. The aim of this study was, therefore, to measure the impact of the new professional profile of the preventive and adapted motor activity kinesiologist on the internal stakeholders of health and sports centres in accordance with Legislative Decree No. 36 of 28 February 2021. The impact is identified in the measure of knowledge of the new professional profile, opinions and perceptions.

## Method

### Study participants

The initial sample consisted of 280 units reasonably representative of the population of internal stakeholders of health and sports centers operating within the Campania region (Italy) to whom an invitation to participate in the study was sent by e-mail. The participants in the study, who responded affirmatively to the invitation, were 64 professionals (56% male, 44% female; average age 32±8 years) in the role of personal trainer, kinesiologist, physiotherapist, and adapted physical activity (APA) specialist and, therefore, internal stakeholders of health and sports centers, who carry out their professional activity in the Campania region.

### Procedures

Consenting participants were sent a questionnaire, anonymously answered and with the possibility of filling it in only once, via a Google Forms platform. The questionnaire included 12 questions distributed in 3 sections. The first section, consisting of 5 questions, included questions related to the identification of the sample; the second section, consisting of 3 questions, included questions related to the knowledge of the provisions of d.lgs. no. 36 of 28 February 2021, no. 36 and the readiness to accept within the company organization chart the figure of the kinesiologist of preventive and adapted physical activities; finally, the third part, consisting of 4 questions, included questions concerning the participants' perception of their ability to perform functions that are, according to the new legislative provisions, the responsibility of the kinesiologist of preventive and adapted physical activities, namely "a) the design and implementation of physical activity programs aimed at achieving and maintaining the best conditions of psychophysical well-being for subjects in various age groups and in different physical conditions b) the organization and planning of particular activities and lifestyles aimed at preventing illnesses and improving the quality of life through physical exercise; c) the prevention of postural defects and functional recovery after rehabilitation aimed at optimizing physical efficiency; d) the planning, coordination and evaluation of adapted physical activities in differently abled persons or in individuals in

clinically controlled and stabilized health conditions'. Table 1 shows in detail the 14 questions with the answer possibilities. For each category (personal trainer, kinesiologist, physiotherapist, and APA practitioner), it was checked whether there was an association with the answers given for each question in the second and third sections.

**Table 1.** Questionnaire drafted via Google Forms and sent to the sample

<b>Section</b>	<b>N</b>	<b>Question</b>	<b>Answers</b>
1	1	Gender	Male Female
	2	Municipality where you carry out your professional activity	Free answer
	3	Age	Free answer
	4	Educational qualification	Physiotherapist LM-68 LM-67 Other
	5	To which of the following categories does it belong?	Physiotherapist Apa specialist Personal trainer Kinesiologist
2	6	Are you aware of the professional figure of the kinesiologist of preventive and adapted physical activities, defined in Article 41 of d.lgs. no. 36 of 28 February 2021?	Yes No Yes, but no in detail No, but I have heard about it
	7	Are you in favour of integrating the professional figure of the 'preventive and adapted physical activity kinesiologist' into the organization chart of your club or sports center?	Extremely convinced Partially convinced Not at all convinced Don't know
	8	What do you think is the most suitable training pathway that qualifies you to prescribe Physical Exercise as a therapeutic tool for the management of chronic non-transmitted diseases?	Bachelor's degree in physiotherapy (SNT/2 rehabilitation health professions) Bachelor's degree in preventive and adapted motor activity sciences (LM-67) Master's degree in sports physiotherapy APA specialist courses

3	9	How do you rate your ability to design and implement physical activity programs aimed at achieving and maintaining the best conditions of psychophysical well-being for individuals in various age groups and in different physical conditions	Good
			Moderate
			Sufficient
			Insufficient
10		How would you rate your ability to organize and plan activities to promote lifestyles aimed at preventing disease and improving quality of life through exercise	Good
			Moderate
			Sufficient
			Insufficient
11		How do you rate your ability to promote post-rehabilitation functional recovery aimed at optimizing physical efficiency?	Good
			Moderate
			Sufficient
			Insufficient
12		How do you rate your ability to plan, coordinate and evaluate adapted physical activities in persons with disabilities or in individuals with clinically controlled and stabilized health conditions?	Good
			Moderate
			Sufficient
			Insufficient

### Statistical Analysis

Descriptive statistics were used to summarize the participants' answers in frequency and percentage (%). As the data obtained were qualitative, a non-parametric test, the Chi Square, was used to identify associations between the various participant responses. The null hypothesis (H0) was that the two variables were independent, i.e., they did not influence each other, while the alternative hypothesis (H1) was that the two variables were associated/dependent. Cramer's V was used to measure the degree of association between the variables.  $P \leq .05$  was considered statistically significant. Data analyses were performed

using the Statistical Package for Social Science software (IBM SPSS Statistics for Windows, version 25.0. Armonk, NY).

### Results

Of the 280 professionals contacted and sent an invitation to take part in the study, 64 agreed to participate, distributed across the various municipalities of the Campania region. Table no. 2 summarizes the answers that participants gave to the questionnaire in frequencies and percentages.

**Table 2.** Descriptive response data with frequencies and percentages from the first session of the questionnaire

Section	N	Question	Answers	Frequency	%
1	1	Gender	Male	36	56.3
			Female	28	43.7
2		Municipality where you work	free answer	Campania	100
3		Age	free answer	32±8	

4	Educational qualification	Physiotherapy	13	20.31	
		LM-68	16	25	
		LM-67	14	21.87	
		L-22	11	17.19	
		Higher Diploma	10	15.62	
5	Which of the following categories do you belong to?	Physiotherapist	12	18.75	
		APA specialist	4	6.25	
		personal trainer	13	20.31	
		kinesiologist	35	54.69	
2	6	Are you aware of the professional figure of the kinesiologist for preventive and adapted physical activities, defined in Art. 41 of d.lgs. no. 36 of 28 February 2021?	Yes	33	51.6
			No	11	17.2
			Yes, but no in detail	20	31.2
			No, but I have heard about it	0	0
7	7	Are you in favor of integrating the professional figure of the "kinesiologist of preventive and adapted physical activities" into the organization chart of your club or sports center?	Extremely convinced	52	81.3
			Partially convinced	10	15.6
			Not at all convinced	0	0
			Don't know	2	3.1
8	8	In your opinion, what is the most suitable training pathway that qualifies you to prescribe Physical Exercise as a therapeutic tool for the management of chronic non-transmitted diseases?	Bachelor's degree in physiotherapy (SNT/2 rehabilitation health professions)	14	21.9
			Bachelor's degree in preventive and adapted physical activity sciences (LM-67)	44	68.8
			Master's degree in sports physiotherapy	4	6.2
			APA operator courses	2	3.1
3	9	How do you rate your ability to design and implement motor activity programmes aimed at achieving and maintaining the best conditions of psychophysical well-being for individuals in various age groups and in different physical conditions?	Good	34	53.1
			Moderate	26	40.6
			Sufficient	4	6.3
			Insufficient	0	0

10	How do you rate your ability to organize and plan activities aimed at promoting lifestyles aimed at preventing disease and improving quality of life through exercise?	Good	32	50
		Moderate	26	40.6
		Sufficient	6	9.4
		Insufficient	0	0
11	How do you rate your ability to promote post-rehabilitation functional recovery aimed at optimising physical efficiency?	Good	30	46.9
		Moderate	26	40.6
		Sufficient	6	9.4
		Insufficient	2	3.1
12	How do you rate your ability to plan, coordinate and evaluate adapted motor activities in persons with disabilities or in clinically controlled and stabilized individuals?	Good	16	25
		Moderate	32	50
		Sufficient	12	18.8
		Insufficient	4	6.2

The first section of the questionnaire aimed to define the sample. The sample (N=64) was represented by 36 male (53.6%) and 28 female (43.7%). From the analysis of the answers, it was possible to identify the sample based on their distribution according to the province in which they worked in health and sports companies and their age: there is a greater representation of municipalities in the province of Salerno (44%), followed by the province of Naples (31%), Benevento (16%) and Avellino (9%). The average age is 32±8 years (from 22 to 56 years old). The most represented qualification is the master's degree in sport sciences and techniques (LM-68) (N=16; 25%) followed by the master's degree in preventive and adapted physical activity sciences (LM-67) (N=14; 21.87%), the degree in physiotherapy (L/SNT/2) (N=13; 20.31%), the three-year degree in sport sciences (L-22) (N=11; 17.19%) and the higher diploma (N=10; 15.62%). The most represented professional role is kinesiologist (N=35; 18.75%), followed by personal trainer (N=13; 20.31%), physiotherapist (N=12; 18.75%) and APA practitioner (N=4; 6.25%). The second section of the questionnaire was dedicated to the knowledge of the provisions of d.lgs no. 36 of 28 February 2021 and the consideration that the stakeholders interviewed had regarding the figure of the kinesiologist of preventive and adapted physical activities. For each question there was only one answer from four alternatives. Concerning question 6, on the participants' knowledge of the figure of the kinesiologist of preventive and adapted physical activities, defined by Art. 41 of d.lgs. no. 36 of 28 February 2021, 51.6% (N=33) of the participants stated that they knew the provisions in question, 31.2% (N=20) stated that they knew them, but not in detail,

against 17% (N=11) who stated that they did not know them. In question 7, almost all of the participants answered that they were extremely (81.3%) or partially (15.6%) in favour of introducing the kinesiologist of preventive and adapted physical activities into the workforce. Most of those who answered that they were partially convinced were physiotherapists (70% of those who answered "partially convinced"). Finally, in question 8, the majority of participants (68.8%) answered that the most suitable educational pathway enabling them to prescribe physical exercise as a therapeutic tool for the management of chronic non-communicable diseases is the LM-67 degree. The third section of the questionnaire aimed to investigate the participants' perception of their ability to perform the functions of a preventive and adapted physical activity kinesiologist. For questions 9, 10 and 11, approximately 50% responded that they rated their ability to perform the indicated roles as "good", while 40.6% rated their ability to perform the same tasks as "moderate". A difference emerges for question 11 where 50% answered that they consider their ability to perform the given task to be "moderate". It tended to be the kinesiologist who answered "moderate" more than the others with a frequency of 69%. Table 3 shows the results of the Chi-square test and Cramer's V in order to identify possible associations between answers and the strength of these associations.

**Table 3.** Contingency of answers and results of the Chi-square test of the first answer section of the questionnaire

		5. Which of the following categories do you belong to?				Chi-square		Cramer's V
		Kinesiologist	Physiotherapist	APA specialist	Personal trainer	$\chi^2$	<i>P</i>	
4. Educational qualification	High school diploma	3	0	0	9	87.56	.00	.675
	L-22	12	0	0	1			
	LM-67	8	0	0	0			
	LM-68	13	0	4	2			
	L/SNT/2	0	10	0	2			
6. Are you aware of the professional figure of the kinesiologist of preventive and adapted physical activities, defined in Article 41 of d.lgs no. 36 of 28 February 2021?	Yes	20	6	2	8	2.04	>.05	.916
	No	4	2	0	2			
	Yes, but not in detail	12	2	2	4			
	No, but I have heard about it	0	0	0	0			
7. Are you in favour of integrating the professional figure of the 'preventive and adapted physical activity kinesiologist' into the organization chart of your club or sports center?	Extremely convinced	34	2	4	12	44.41	<.001	.589
	Partially convinced	0	0	0	2			
	Not at all convinced	2	8	0	0			
	I do not know	0	0	0	0			
8. What do you think is the most suitable training pathway that qualifies you to prescribe Physical Exercise as a therapeutic tool for the management of chronic non-transmitted diseases?	Bachelor's degree in physiotherapy (SNT/2 rehabilitation health professions)	4	6	2	2	17.09	<.05	.298
	Bachelor's degree in preventive and adapted motor activity sciences (LM-67)	26	4	2	12			
	Master's degree in sports physiotherapy	4	0	0	0			
	APA specialist courses	2	0	0	0			

9. How do you rate your ability to design and implement physical activity programmers aimed at achieving and maintaining the best conditions of psychophysical well-being for individuals in various age groups and in different physical conditions?	Good	16	4	4	10	10.45	>.05	.404
	Moderate	18	4	0	4			
	Sufficient	2	2	0	0			
	Insufficient	0	0	0	0			
10. How do you rate your ability to organize and plan activities to promote lifestyles aimed at preventing disease and improving quality of life through exercise?	Good	16	4	4	8	7.98	>.05	.250
	Moderate	18	4	0	4			
	Sufficient	2	2	0	2			
	Insufficient	0	0	0	0			
11. How do you rate your ability to promote post-rehabilitation functional recovery aimed at optimizing physical efficiency?	Good	4	6	2	2	17.09	<.05	.589
	Moderate	26	4	2	12			
	Sufficient	4	0	0	0			
	Insufficient	2	0	0	0			
12. How do you rate your ability to plan, coordinate and evaluate adapted physical activities in persons with disabilities or in individuals with clinically controlled and stabilized health conditions?	Good	12	6	2	10	13.14	>.05	.168
	Moderate	20	2	2	2			
	Sufficient	2	2	0	2			
	Insufficient	2	0	0	0			

The results of the chi-square test, for the question 4 and 5, show statistically significant ( $P < .001$ ) strong associations (Cramer's  $V = .415$ ) between the role held within the organization and the educational qualification held by the participants. The results of the Chi-square test show no associations ( $P > .05$ ) between questions 5 and 6, while there are statistically significant ( $P < .05$ ) strong associations (Cramer's  $V = .589$ ) between questions 5 and 7 and between questions 5 and 8 ( $P < .05$ ; Cramer's  $V = .298$ ). The results of the Chi-square test show no association ( $P > .05$ ) between questions 5 and the answers to questions 9, 10, 11 and 12.

## Discussion

The present study measured the impact of the new professional figure of the graduate in preventive and adapted physical sciences (LM-67) on the internal stakeholders of non-profit

and commercial wellness and fitness companies, i.e. subjects whose interests and expectations directly or indirectly direct the activity of the gym or sports center, on the definition of professional roles, in order to clarify whether this figure would complete the organization's offer or, vice versa, would cover functions already routinely carried out by other professional figures usually present in gyms and sports centers. The use of a questionnaire made it possible to collect a good amount of qualitative data in an anonymous, inexpensive, and objective manner. In the first part of the questionnaire, the sample was defined, which had as inclusion criteria belonging to the four professional categories of personal trainer, kinesiologist, physiotherapist and APA specialist, and the performance of the professional activity within the Campania region in Italy. The study then looked for possible associations between



the different professional roles held within the health and fitness center (kinesiologist, physiotherapist, APA specialist and personal trainer) and all the answers obtained from the questions of the second section, regarding the knowledge of the figure of the kinesiologist of preventive and adapted physical activities and the propensity to introduce this figure within the workforce, and of the third section, regarding the ability to perform activities within the competence of the kinesiologist of preventive and adapted physical activities. The results obtained from chi-square tests showed interesting associations between the role held and the answers given by the participants. The answers obtained from question 7 “Are you in favor of integrating the professional figure of the ‘preventive and adapted physical activity kinesiologist’ into the organization chart of your club or sports center?” show an association with respect to the role held. In fact, 92.6% of the group of kinesiologists, APA specialist and personal trainers responded that they were in favor of the introduction of the LM-67 graduate into the organization chart, while 80% of physiotherapists responded that they were in moderate agreement. This difference was statistically significant, a different consideration of their role with regard to the newly introduced profile. The answers obtained from question 8 “What do you think is the most suitable training pathway that qualifies you to prescribe Physical Exercise as a therapeutic tool for the management of chronic non-transmitted diseases?” also appear to be dependent on the role of the respondents. 76% of the group of kinesiologists and personal trainers answered “Bachelor’s degree in preventive and adapted physical activity sciences (LM-67)”, while 60% of physiotherapists answered “Bachelor’s degree in physiotherapy (SNT/2) rehabilitation health professions”. This association was statistically significant. The reason for this different response may lie in the structuring of the training courses, which often have similar characteristics. In the third section, participants were asked to indicate the level of skills they possessed with respect to the functions that the d.lgs. of 28 February 2021 defined as being the responsibility of the preventive and adapted physical activity kinesiologist. The answer ‘moderate’ is the most frequent (47.7%) followed by ‘good’ (43%), ‘sufficient’ (7.8%) and ‘insufficient’ (1.5%). The majority of ‘moderate’ answers were given by kinesiologists (67.2%), while the other categories were more oriented towards the ‘good’ answer. No statistically significant associations were found between the role held and the answers given, but this finding was indicative since, as LM-67 graduates were included in this category, i.e., professionals who should have been trained in the exercise of the aforementioned functions in their academic career, a higher perception of possession of these skills was expected. Another interesting fact is that the total number of ‘insufficient’ responses (N=4) always comes from the kinesiologist category. The analysis of the results suggests that the integration of the kinesiologist within health and sports centers might not be immediate and simple, but would require a gradual process of reorganization and redefinition of the professional roles already present and the acquisition of a solid and specialized professional identity by the kinesiologists of preventive and adapted physical activities who, from what emerges from the data discussed above, do not believe they are capable of optimally performing the activities listed in Art. 41 of the legislative decree of 28 February 2021, and which characterize this professional profile. This could trigger confusion phenomena that would benefit neither the individual stakeholders nor the organization. Actually, the physical therapist deals with rehabilitation and recovery of physical functions impaired by trauma, injury, or disease, while the preventive and adapted physical activities

kinesiologist deals with promotion of appropriate lifestyles to prevent dysfunction through structured exercise, as well as dealing with postural rebalancing and functional recovery after the rehabilitation phase and in stabilized clinical conditions. Therefore, the data analysis obtained gives rise to some considerations related to the academic formation that qualifies one to exercise the various professions working in fitness, health and sport center. The different professional profiles must necessarily be distinguished by their roles and competences in order to give the centre’s users a high quality and safe service. For this reason, there is a need for greater consistency between training activities for each individual academic pathway and congruence in the characterizing areas of the new professional profiles<sup>22</sup>. Therefore, with regard to the professional profile of the kinesiologist, in its three declinations (basic, sport, and preventive and adapted physical activities), there is a need to prepare curricula that are coherent and compatible with the training objectives of these profiles<sup>23</sup>, which are distinct from each other and from all the others that also operate in the same organizational context.

### **Practical application**

The study verified that the impact of the establishment of the new professional profile is also of interest with respect to the definition of the roles of the various professional figures within health and sports companies. This evidence may help in accompanying the reform with the necessary corrections regarding the rationalization of the use of the kinesiologist. In addition, it gave food for thought regarding the need to improve the academic training offer, which should provide more professionalizing courses of study that adequately respond to the points defined in Article 41 of the d.lgs. of 28 February 2021, which defines the competences that these professions must have acquired at the end of the academic course.

### **Study limitation**

A limitation of this study is represented by the difficulty of formulating an ad hoc questionnaire that would include the greatest number of elements in order to respond to the problems identified and to achieve the objective of the study. Another limitation is represented by the sample size which is unrepresentative. Hence, there is a need for further studies with larger sample sizes and greater sophistication in the questionnaire.

### **Conclusions**

The study highlighted important aspects of corporate life as being able to determine the organizational choices of organizations, in particular health and sport companies. A different perception emerged with respect to the introduction of the kinesiologist of preventive and adapted physical activities by the various specialists working in health companies and representing internal stakeholders. This different perception could be attributed to the characteristics of the qualifying courses of study that do not sufficiently distinguish the role of administering structured exercise for health promotion and functional recovery that is the responsibility of the LM-67 graduate professional. It is clear, therefore, that this aspect must be addressed and resolved in order to guarantee in the future a clear definition of roles for each professional profile and, consequently, the training of professionals who, with their identity, can contribute to raising the quality of the offer of wellness and sports companies.

## Ethical Committee approval

The use of these data did not require approval from an accredited ethics committee, as they are not covered by data protection principles, i.e., they are non-identifiable, anonymous data collected through an anonymous questionnaire. In addition, based on Regulation (EU) 2016/679 of the European Parliament and of the Council on 27 April 2016 on the protection of individuals concerning the processing of personal data and on the free movement of such data (which entered into force on 25 May 2016 and has been compulsory since 25 May 2018), data protection principles do not need to be applied to anonymous information (i.e., information related to an identifiable natural person, nor to data of a subject that is not, or is no longer, identifiable). Consequently, the Regulation does not affect the processing of our information. Even for statistical or research purposes, its use does not require the approval of an accredited ethics committee.

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## Author-s contribution in according to ICMJE

Felice Di Domenico, PhD student, made substantial contributions to the conception and design of the work; the acquisition, analysis and interpretation of data for the work; drafting and revising the work critically and to the final approval for the version to be published. He agrees to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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