OUTCOME EXPECTATIONS FOR PHYSICAL ACTIVITY IN PERSONS WITH LONGSTANDING MULTIPLE SCLEROSIS

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Purpose: Research suggests that physical activity (PA) may have a beneficial effect on symptoms (e.g. weakness, depression, fatigue, and cognitive difficulties) experienced by persons with multiple sclerosis (MS). While persons with MS may derive benefit from PA, challenging barriers exist which may lead to progressively sedentary lifestyles as these individuals age. Little is known about outcome expectations for PA in persons with longstanding MS and how these expectations relate to PA behaviors. The purpose of this study was to explore dimensions of outcome expectations for PA in persons with longstanding MS and the relationship of specific outcome expectations to frequency of PA.

Methods: A sample of 328 persons with MS (86% female, mean age 61.2 ± 2.5; mean length of diagnosis 24.5 ± 6.6 years) in an ongoing longitudinal study of health promotion and quality of life completed the Multidimensional Outcome Expectations for Exercise Scale (MOES), the Health Promoting Lifestyle II (HPLP II) and the Human Activity Profile (HAP). In addition to the MOES total score (α = 0.91), there are three subscales: physical outcome expectations (α = 0.83), social outcome expectations (α = 0.82), and self-evaluative outcome expectations (α = 0.84). The PA subscale (α = 0.88) of the HPLP II assesses how often persons engage in PA of varied intensity. The HAP, a self-report measure of PA, provides a maximum and adjusted activity score (AAS). Descriptive statistics and Pearson correlations were used to analyze the data.

Findings: Mean average item scores for the physical outcome expectations (4.2 ± 0.8) were more positive than those for the self-evaluative outcome expectations (4.0 ± 0.7) and social outcome expectations (3.1 ± 0.7). Total HPLP PA subscale scores and HAP AAS were significantly (p < .01) correlated respectively with physical (r = .45; r = .35), self-evaluative (r = .41; r = .28), and social (r = .37, r = .18) outcome expectations.

Conclusions: Findings support the expected theoretical relationship between outcome expectations and behavior. Additional research is needed to explore if interventions to enhance expectancies would result in increased PA in persons with longstanding MS.

Acknowledgement: This project was supported by Grant R01NR003195, NINR, NIH to PI: Dr. Alexa Stuifbergen.