

Efficacy-Mediated Effects of Spirituality and Physical Activity on Quality of Life

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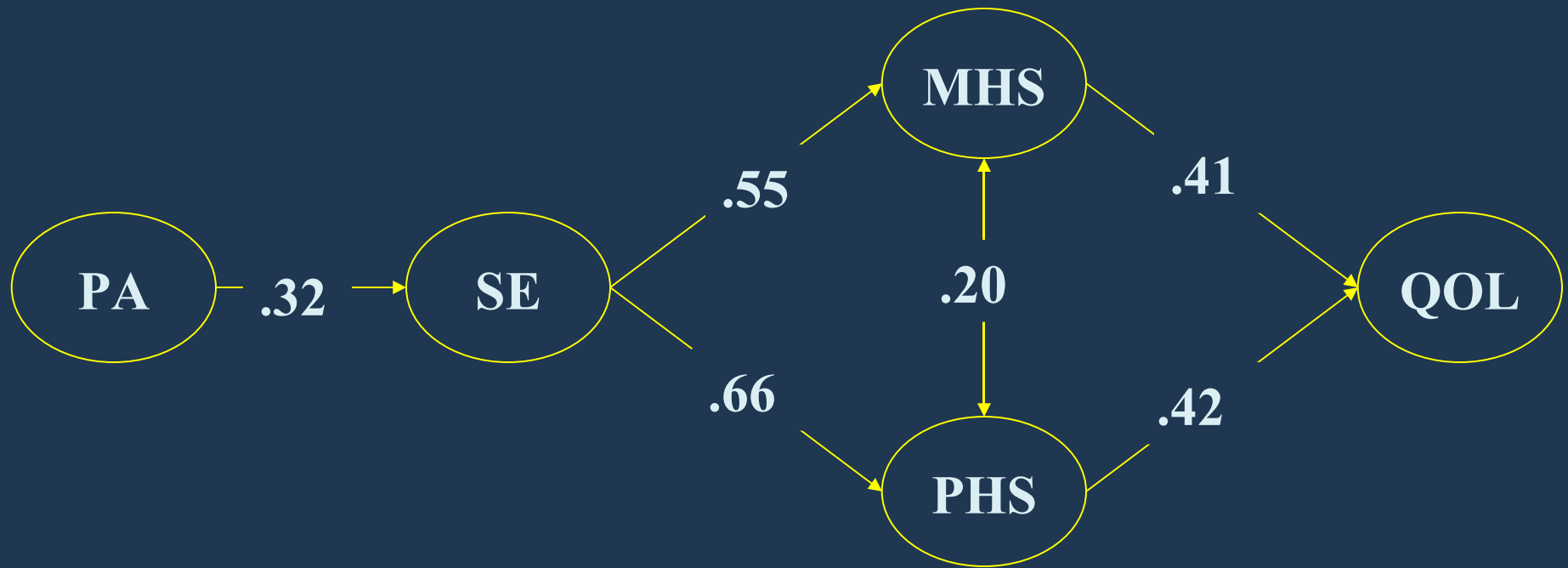
Spirituality and QOL

- QOL associated with perceived connection with the divine (Pollner, 1989) & private religious practice (Diener & Clifton, 2002)
- Religiosity and Physical Health
 - Religious have lower risk for morbidity, mortality (Koenig et al., 2001)
 - Religiosity reduces perceived disability (Idler, 1987)
 - Weekly attendance predicts mortality in 3,050 older Mexican Americans (Hill et al., 2005)

Possible Mediation by Self-Efficacy

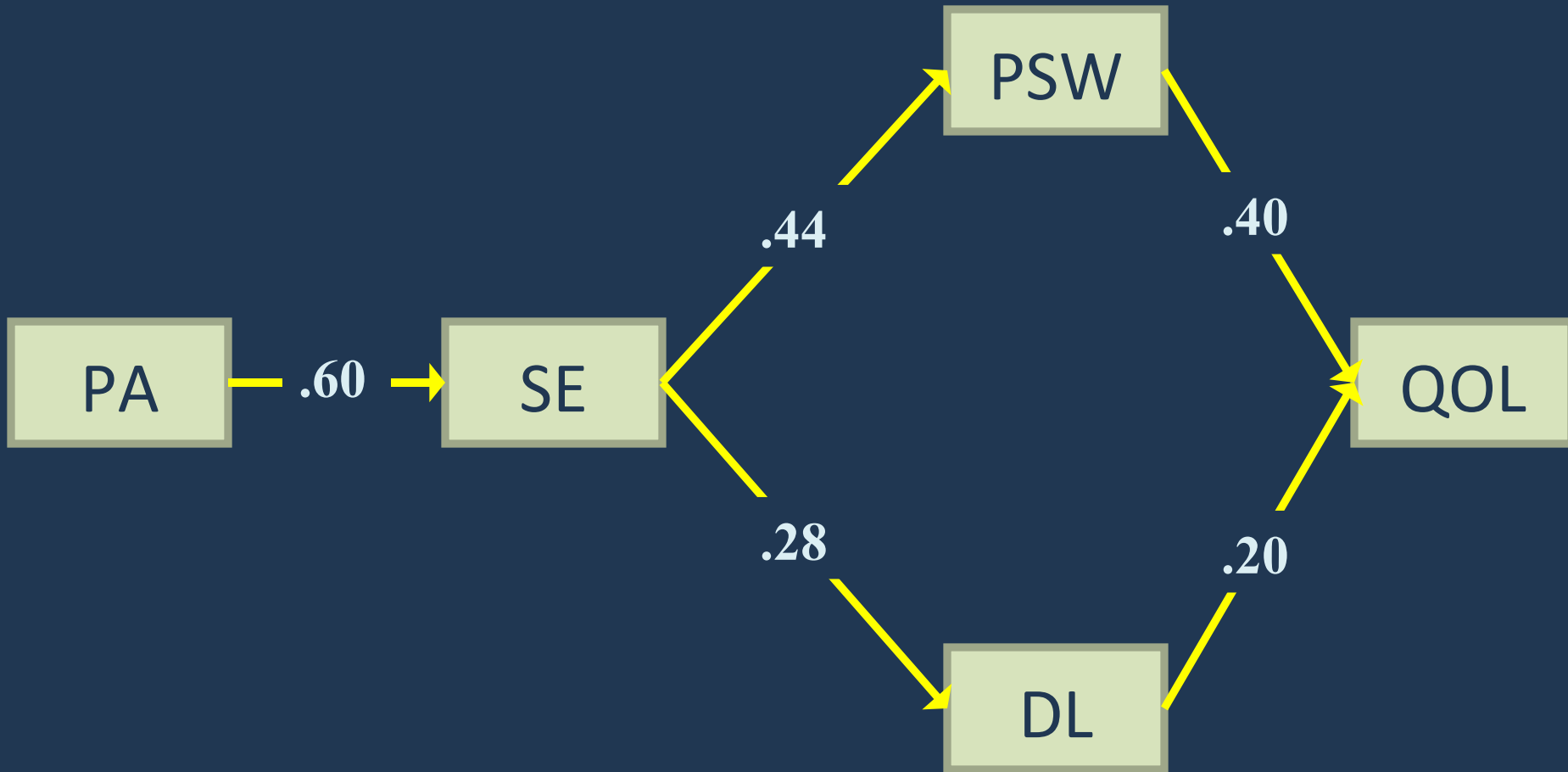
- Religiosity may help some individuals to “gain a sense of control over their lives” (Siegel & Schrimshaw, 2002, p. 95)
- This view widely supported (e.g., Levin, 1994; Mattis & Jagers, 2001; Pollner, 1989; Strawbridge et al., 2001) but rarely examined
- Bandura (2003): Spiritual modeling & “partnered proxy agency”
- Suggestions from social cognitive studies of physical activity (PA) – QOL relationship

Self-Efficacy Mediates PA-QOL



McAuley et al. (2006). *Annals of Behavioral Medicine*

Further Support



White et al. (2009). *Health and Quality of Life Outcomes*

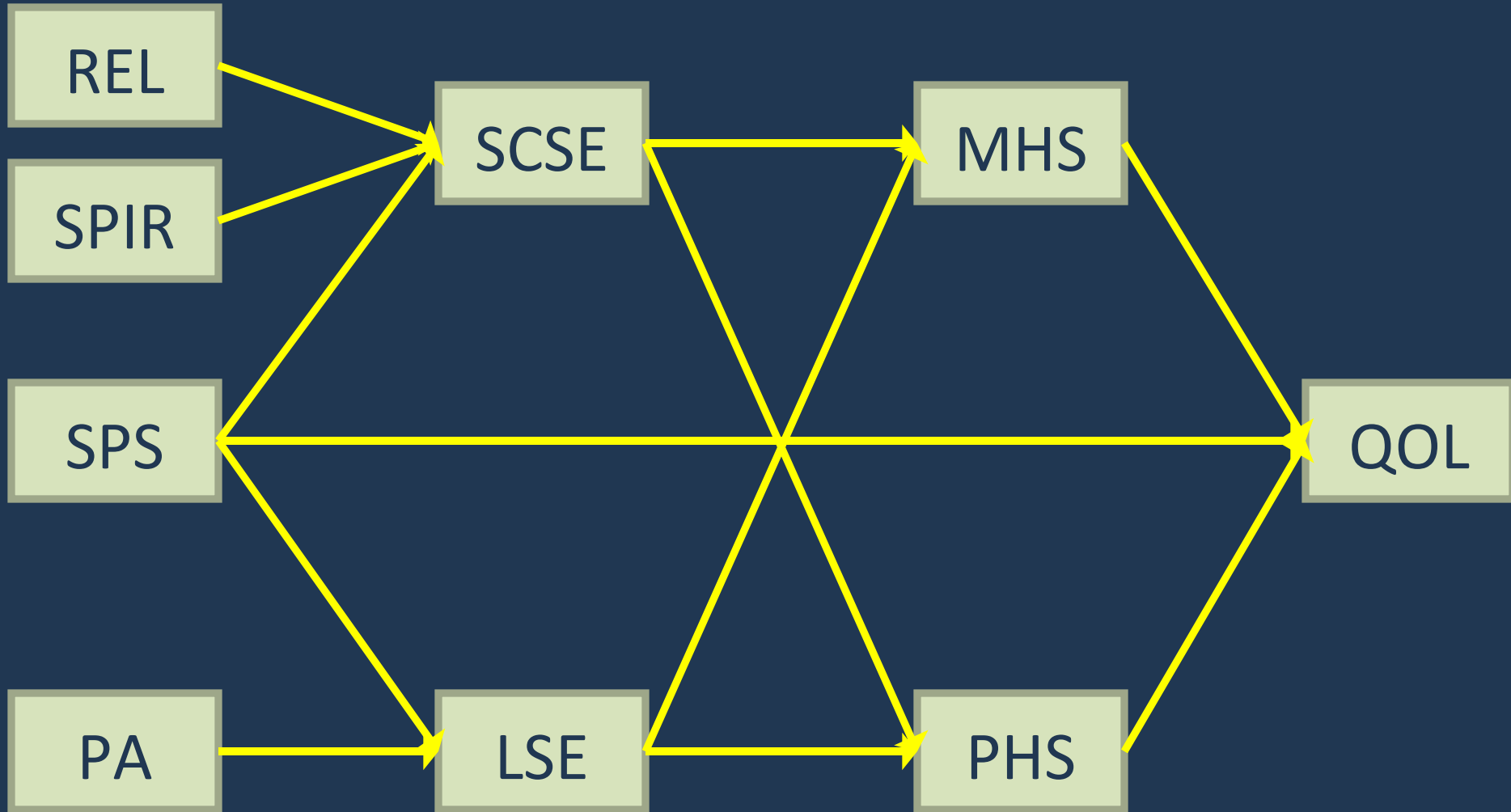
Present Study

- Cross-sectional replication of McAuley et al. (2006) study, w/ extension to spirituality-QOL
- Middle-aged to older adults ($N = 215$)
 - M (SD) age = 66.55 (9.44) yrs
 - 10% ($n = 21$) over age 80
 - Majority female: $n = 164$, 76.3%
 - 88.8% White/Caucasian
 - 7.4% Black/African American
 - 3.8% others

Measures

- **Quality of Life:** Satisfaction with Life (Diener et al., 1985)
- **Health Status:** SF-12 (Ware, Kosinski, & Keller, 1996)
- **Social Support:**
Social Provisions Scale (Russell & Cutrona, 1987)
- **Self-Care Self-Efficacy:**
Self-Care Self-Efficacy (Lev & Owen, 1996)
- **Physical Activity Self-Efficacy:**
Lifestyle PA Self-Efficacy (McAuley et al., 2003)
- **Physical Activity:** Actigraph accelerometer
- **Spirituality & Religiousness:** BMMRS (NIA/Fetzer Institute, 1999)

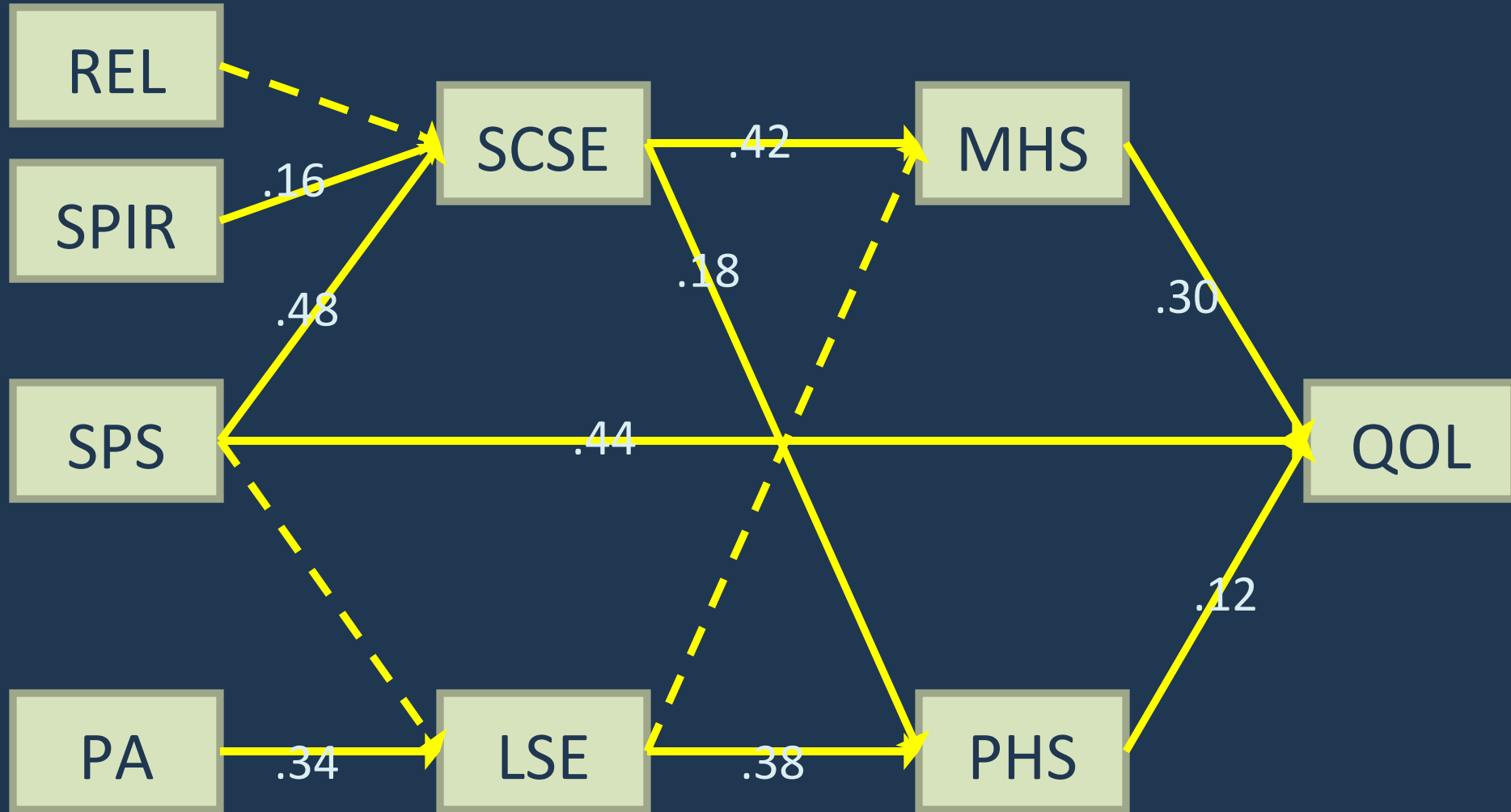
Hypothetical Model



Model Fit

- $\chi^2 = 41.02$, $df = 17$, $p < .01$
- RMSEA = .08
- SRMR = .06
- CFI = .92
- QOL $R^2 = .35$

Results



Discussion of Results

Support for Efficacy-Mediated Relationships:

- Self-efficacy & Physical Health Status mediate PA-QOL
 - Support of efficacy-mediated model (McAuley et al., 2006; White et al., 2009)
 - Target efficacy as a modifiable construct
- Self-efficacy similarly mediates Spirituality-QOL
 - Strongest relationship with Mental Health Status
 - Supports a social cognitive model of spirituality & QOL
- Social support maintains direct association w/ QOL

Study Limitations

- Cross-sectional design limits causal inference
- Limited minority participation
- Efficacy measurement specific to religiosity?

Future Directions

- Further exploration of spirituality as a QOL determinant
- Religiosity's increased prevalence in minority populations: Partnerships for health promotional efforts
- Efficacy mediates effects of PA on QOL: Translation of efficacy-enhanced PA RCTs to sustainable community programs

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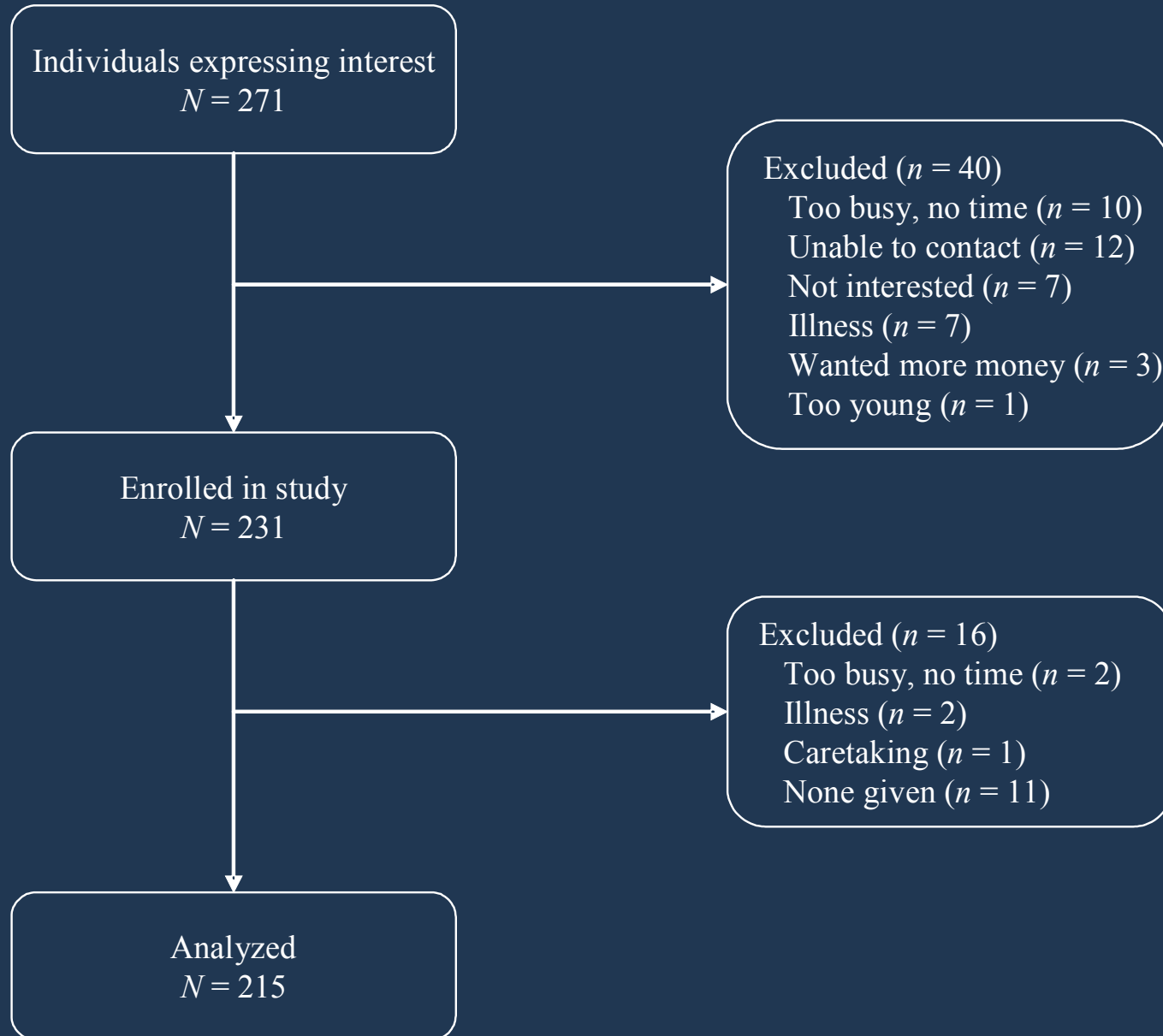
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SPS

- Attachment – emotional support
- Social integration – network support
- Reassurance of worth – esteem support
- Reliable alliance – tangible aid
- Guidance – informational support
- Opportunity for nurturance – assisting others that bolster own self-worth

Participant Flow



Religiosity and Self-Efficacy

- Self-efficacy as a theorized mediator:
Religion often instills confidence in believers that they can accomplish their goals.... The more agency thoughts, the higher the person's psychological well-being. Differences in the impact of religion on physical and mental health may be due in part to the agency-increasing effects of positive religious coping style and availability of resources (Snyder, Sigmon, & Feldman, 2002, p. 237).

Religiosity, PA, & Social Support

- Are physical activity and spirituality mutually exclusive?
- Religiosity may increase perceptions of social provisions; general social provisions unrelated to physical activity