



## ORIGINAL ARTICLE

# A Structural Equation Model of the relationship between physical activity and quality of life



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Received 7 October 2015; accepted 4 November 2015

Available online 11 December 2015

### KEYWORDS

Physical Activity;  
Quality of Life;  
Intellectual  
Disability;  
Structural Equation  
Models;  
Instrumental study

**Abstract** *Background/Objective:* Literature shows that practicing physical activity improves the general health and quality of life of people with intellectual disabilities. However, there is little empirical research on the specific benefits physical activity provides and to what extent these benefits occur. The goal of this study was to examine the impact of perceptions of physical activity and the individualized support on each of eight quality of life-related domains and three higher-order quality of life factors. *Method:* The sample consisted of adults with intellectual disability ( $n = 529$ ), their assigned professionals ( $n = 522$ ), and a family member ( $n = 462$ ). Most participants attended day and residential services, and we applied the Personal Outcomes Scale and the Support Needs and Strategies for Physical Activity Scale to all of them. *Results:* The structural model parameter estimation showed high values, especially for the factor of well-being. These data allowed us to confirm that perceptions of physical and individualized supports in the field of physical activity act as predictors of quality of life improvement. *Conclusions:* The results suggest that organizations devoted to enhancing personal outcomes should include physical activity in their programs, and revise both their own services and the use of physical activity resources available in the community.

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**PALABRAS CLAVE**

Actividad física;  
Calidad de vida;  
Discapacidad  
intelectual;  
Modelos de  
Ecuaciones  
Estructurales;  
Estudio instrumental

**Modelo de Ecuaciones Estructurales para el estudio de la relación entre actividad física y calidad de vida**

**Resumen** *Antecedentes/Objetivo:* Practicar actividad física mejora la salud general y la calidad de vida de las personas con discapacidades intelectuales. Existe poca investigación sobre los beneficios específicos de la actividad física y hasta qué punto se dan. El objetivo de este estudio es examinar el impacto de las percepciones sobre la actividad física y el apoyo individualizado sobre los dominios que definen calidad de vida. *Método:* La muestra se compuso de 529 adultos con discapacidad intelectual, sus profesionales de referencia ( $n = 522$ ) y un familiar ( $n = 462$ ). La mayoría de los participantes asistían a servicios de día y residenciales, y se les aplicó la Escala de Resultados Personales y la Escala de Necesidades de Apoyo y Estrategias para la Actividad Física. *Resultados:* Se propone un modelo estructural para analizar la relación entre constructos que mostró valores altos, sobre todo para el factor del bienestar. Así, las percepciones sobre la actividad física y los apoyos individualizados en el campo de la actividad física actúan como predictores de la mejora de la calidad de vida. *Conclusiones:* Se sugiere que las organizaciones dedicadas a mejorar los resultados personales deberían incluir la actividad física en sus programas comunitarios.

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In the field of intellectual disability (ID) the quality of life (QoL) concept has become a framework for the enhancement of personal outcomes as well as a basis for quality services and program accountability (Reinders & Schalock, 2014; Schalock, Gardner, & Bradley, 2007; Schalock, Verdugo, Bonham, Fantova, & van Loon, 2008). This study focused on components and premises of QoL outcomes widely discussed (e.g., Buntinx & Schalock, 2010; Luckasson & Schalock, 2013; Schalock et al., 2007). The purpose was to examine the relationship between physical activity (PA) and personal quality of life-related outcomes. These outcomes are understood as "person-defined and valued aspirations. Personal outcomes are generally defined in reference to QoL domains and indicators" (Schalock, Verdugo et al., 2008, p. 278) and can be used to assess the intervention of the supports and services that people with ID receive (Luckasson & Schalock, 2013; Schalock & Verdugo, 2012a; van Loon et al., 2013). In accordance with the aforementioned authors, we have kept in mind the fact that the improvement of QoL-related personal outcomes takes place when development opportunities as well as individualized supports are fostered in the individual's life environments. Hence, the research question addressed in this article is how PA impacts QoL-related personal outcomes.

**Quality of Life-related personal outcomes**

Currently, the QoL construct provides a framework to evaluate personal outcomes. The assessment of QoL-related personal outcomes is based on three factors and eight domains validated in a series of cross-cultural studies: (1) *Independence*, comprised of Personal Development and Self-determination; (2) *Social Participation*, which includes Interpersonal Relations, Social Inclusion, and Rights; and (3) *Well-being*, which encompasses Emotional well-being, Physical well-being, and Material well-being (Jenaro et al., 2005;

Schalock et al., 2005; Wang, Schalock, Verdugo, & Jenaro, 2010). The measurement of personal outcomes considers four QoL assessment principles proposed by a group of international experts of this field (Schalock et al., 2002). The QoL assessment: (a) includes the extent to which the person has life experiences they value; (b) identifies the dimensions contributing to a full life with connections between the different environments; (c) considers the physical, social, and cultural contexts which are important for the person; and (d) comprises measurements of both common experiences for all people as well as personal ones for each individual. For a correct assessment of personal outcomes, it is necessary to have measurement instruments with satisfactory psychometric properties, and ones that are based on the previously mentioned QoL empirically validated model composed of factors and domains. As stated in the QoL assessment principles, evaluating QoL involves the combination of the subjective well-being measurement (including individual preferences) and the objective circumstances and life experiences (Cummins, 2005; Schalock et al., 2007). The Personal Outcomes Scale (POS; van Loon, Van Hove, Schalock, & Claes, 2008) was developed on the basis of the eight domain model described above. In this study, we used the Spanish POS adaptation (Carbó-Carreté, Guàrdia-Olmos & Giné, 2015). The results obtained from this scale allow us to examine the impact of PA at an individual level. In addition, these results can be a guide for improvement at the organizational level as well as assist in the monitoring of socially inclusive practices in the PA field.

**Physical activity in people with ID**

The literature reveals that PA improves the general health conditions and QoL of people with ID (Bartlo & Klein, 2011; Heller, McCubbin, Drum, & Peterson, 2011). More specifically, it has been shown that PA (a) helps mitigate anxiety

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