



Older adults' physically-active identity: Relationships between social cognitions, physical activity and satisfaction with life

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ABSTRACT

Objectives: Identity and Social Cognitive Theories were used to study associations between physical activity (PA) identity, social cognitions (self-regulatory efficacy, proximal intentions), PA, and satisfaction with life among older adults (M age = 79.5).

Methods: Eighty-four moderately active older adults completed measures of PA identity, self-regulatory efficacy, proximal intentions, past PA and satisfaction with life. Past PA was hypothesized to relate to PA identity. PA identity and self-regulatory efficacy were hypothesized predictors of proximal PA intentions and satisfaction with life. Differences between identity groups of different strength on PA, social cognitions and satisfaction with life were also explored.

Results: Regressions revealed the following: Past PA was a significant predictor of PA identity (*Model adj. R^2 = .21; $p < .001$*). Identity and self-regulatory efficacy were significant predictors of strength of proximal PA intentions (*Model adj. R^2 = .28; $p < .001$*) and satisfaction with life (*Model adj. R^2 = .21; $p < .001$*). A one-way MANOVA comparing PA identity groups on PA, social cognitions and satisfaction with life was significant ($p < .001$). Older adults with a strong PA identity reported more PA, stronger self-regulatory efficacy, proximal intentions, and satisfaction with life than their less strong identity counterparts.

Conclusion: Findings support the compatible use of Identity and Social Cognitive Theories in exploring relationships between PA identity for older adults and social cognitions, PA and satisfaction with life. Understanding PA identity for older adults and its relationship to self-regulatory beliefs may generate productive research directions for studying the PA of this underserved population.

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Physical activity offers an array of health benefits to individuals across the lifespan (Mazzeo et al., 1998; Stewart, 2005). Given that physical activity rates decrease with age, (Bauman, Sallis, Dzawaltowski, & Owen, 2002; Ruuskanen & Ruoppila, 1995; Trost, Owen, Bauman, Sallis, & Brown, 2002), many older adults may not obtain these benefits. Physical inactivity is particularly prevalent among people over 75 years (United States Department of Health and Human Services, 2005). Indeed, only 12% of these older adults report 30 min or more of moderate physical activity on 5 or more days of the week which is the minimum level of physical activity recommended for health benefits. (Agency for Health Care Research and Quality, 2002).

The role of self in the health behavior of older adults

The *self*, which is the psychological apparatus that allows for conscious self-reflection (Leary & Price Tangney, 2003), is viewed as

important in understanding social and cognitive aspects of health behavior (Contrada & Ashmore, 1999) and its regulation (e.g., Bandura, 1997; Cameron & Leventhal, 2003). Aspects of self have been incorporated into models of self-regulation of health (e.g., self-efficacy; self-regulation: Leventhal, Brisette, & Leventhal, 2003) and are viewed as important in understanding health behaviors of older adults (McAuley & Blissmer, 2000; Rejeski, Miller, Foy, Messier, & Rapp, 2001). Two self-related variables that may be useful in the exploration of the self-health behavior link are *identity* (e.g. Anderson, Cychosz, & Franke, 1998) and *self-efficacy* (cf., Maddux, Brawley, & Boykin, 1995; McAuley & Blissmer, 2000). These variables play a well-recognized role in the self-regulation of health behavior (Maddux & Gosselin, 2003; Stets & Burke, 2003). The theoretical perspectives from which these variables are drawn – Identity Theory and Social Cognitive Theory, respectively – share the assumptions that a) behavior is goal directed, and that b) individuals and others play a role in shaping behavior (Bandura, 1997; Stets & Burke, 2003). A brief summary of these guiding theoretical perspectives is instructive in demonstrating how they can serve each other in making predictions about behavior.

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Identity theory

The self can be organized into multiple parts or *identities*, with each representing the self situated in a role (e.g. self as grandparent; Stets & Burke, 2003). Identities provide personally relevant goals for behavior (Gecas & Burke, 1995) and those endorsing a particular identity are motivated to maintain consistency between this identity and related behavior (For additional theoretical perspective, also see Cast, 2003; Cast & Burke, 2002; Stryker & Burke, 2000). In the context of health behaviors, personal relevance of goals is viewed as necessary for behavior change (Gebhardt, 2006). Given that identity provides a standard for behavioral regulation, individual strength of identity (e.g., the extent they see themselves as physically active) may serve as a marker for cognitive responses associated with congruent or incongruent behavior.

Identity, social cognitive theories and social cognitions

While Identity Theory posits that identities provide a behavioral standard that encourages identity–behavior congruence (Burke, 1980, 2006), elaboration about self-regulatory mechanisms that lead to this congruence are not provided. A theory that addresses self-regulatory mechanisms is Social Cognitive Theory (SCT; Bandura, 1986, 1997). According to SCT, social cognitions, including self-efficacy beliefs and cognized goals, play a role in the self-regulation of health behavior (Bandura, 1997, 2004). Self-efficacy concerns personal beliefs in one's skills and abilities to carry out the courses of action necessary to lead to an outcome (Bandura, 1997). Self-regulatory efficacy affects one's capacity for self-regulation by influencing goal choice and setting, and persistence at reaching goals (Maddux & Gosselin, 2003). Cognized goals are established in a value system of the self, providing both incentives and guides to behavior (Bandura, 1997). Bandura views intentions as the equivalent of proximal goals that are part of the self-regulatory mechanism operating through various self-regulatory cognitions and skills. Proximal goals or intentions (e.g. intentions for exercise over the next week) aid in behavioral regulation by “enlisting effort and guiding action...” (Bandura, 2004, p. 145). In this investigation, we use Bandura's conceptualization of proximal goals as individuals' intentions for what they wish to accomplish in the near future. In sum, SCT compliments Identity Theory by outlining social cognitions as a part of a larger self-regulatory process and may help individuals achieve identity-consistent behavior.

Research on exercise identity and behavior

Exercise identity among younger adults has been related to a variety of exercise outcomes such as minutes of weekly exercise (Anderson & Cychosz, 1995; Anderson et al., 1998; Storer, Cychosz, & Anderson, 1997; Strachan, Woodgate, Brawley, & Tse, 2005), number of weeks of exercise, and physical fitness (Anderson et al., 1998). Strength of exercise identity increases across level of exercise (e.g., non-exercisers, walkers and vigorous exercisers; Anderson & Cychosz, 1995) and over the course of an exercise program (Cardinal & Cardinal, 1997). Further, when young adults were faced with a perceived challenge to their exercise identity, those with the strongest exercise identities reported stronger social cognitive and affective responses than individuals with less strongly held exercise identities (Strachan & Brawley, 2008). Specifically, in response to a hypothetical challenge to identity, high exercise identity individuals reported greater negative affect, less positive affect, greater self-regulatory efficacy, stronger intentions to use self-regulatory strategies, intended to exercise more frequently and held these intentions more strongly than moderate identity individuals. These findings suggest that, among younger adults, holding a strong

exercise identity is related to individuals' attempts to maintain identity-behavior congruence (Stets & Burke, 2003) and to social cognitions that aid in the regulation of identity-congruent behavior (cf. Bandura, 1997).

Physical activity identity and older adults

Do older adults possess an exercise/physical activity identity associated with their behavior? Older adults are a population for whom investigation of self and identity relative to physical activity is underserved (Martin, Leary, & Rejeski, 2000). Only a few studies have explored the exercise/physical activity identities of older adults (Hardcastle & Taylor, 2005; Whaley & Ebbeck, 2002). In their qualitative interviews with 13 older adult exercisers, Whaley and Ebbeck (2002) found that while some participants viewed themselves as exercisers, many preferred related identities such as ‘physically inclined’. This finding (Whaley & Ebbeck, 2002) is consistent with suggestions by Ory and colleagues (Ory, Kinney Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003) that older adults find the term *physical activity* to be more inclusive of their activities than the term *exercise* by allowing for more choice regarding how they incorporate physical activity into their lives. Hardcastle and Taylor (2005) investigated the effect of physical activity on physical self cognitions in older women by interviewing 15 women over the course of a 10-week, community exercise intervention. From the interviews, the authors used inductive inference to generate themes. The investigators concluded that exercise identity may be associated with a variety of thematic, positive outcomes including feelings of well-being, control, and a shift in priorities such that time spent on one's health became more important than before the intervention.

Whereas self-efficacy for physical function is an important and frequently investigated issue in the older adult and physical activity literature (e.g., McAuley et al., 2005; Rejeski & Brawley, 2006), researchers have noted that physical activity and related perceptions of self-efficacy are also associated with satisfaction with life or well-being (Rejeski & Mihalko, 2001). As well, in the literature on older adults and physical activity, qualitative studies have shown an association between physical activity identity and control (e.g., Hardcastle & Taylor, 2005) while quantitative studies have shown a relationship between feelings of well-being/satisfaction with life and self-efficacy beliefs (e.g., Elvasky et al., 2005). A tenable hypothesis, therefore, is that older adults' physical activity identity may be linked to both perceptions of control and satisfaction with life when they are engaged in physical activity.

Although the findings of the aforementioned qualitative studies suggest older adults' physically-active identity is related to positive outcomes (e.g., positive affect and cognitions), the results reflect the experience of very small samples ($n < 15$). Thus, there is a need for additional research. Given the identified need for theoretically-driven research (Brawley, 1993), we advanced theory-driven hypotheses about the physical activity identity of older adults (Burke, 1980; Contrada & Ashmore, 1999). These hypotheses are also based upon empirical research on younger adults (e.g. Anderson & Cychosz, 1995; Strachan et al., 2005) and the aforementioned qualitative reports for older adults (Hardcastle & Taylor, 2005; Whaley & Ebbeck, 2002).

The purpose of this study was to examine associations between older adults' physical activity identity, their physical activity, social cognitions (i.e., self-regulatory efficacy; intentions for physical activity), and satisfaction with life. We first hypothesized that strength of older adults' physical activity identity would be related to their recent physical activity: a finding that has been supported in research with younger adults (e.g., Anderson & Cychosz, 1995; Anderson et al., 1998; Storer et al., 1997; Strachan et al., 2005).

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