HAGE 20005

Assessment 1

Care Among the Elderly at age care facilities

**Introduction**

 The purpose of psychosocial functioning in upholding and implementing robust physical activity levels among the elderly has been indicated by contemporary research. taking part in physical activity self-regulation, and optimistic outcome expectations contribute to sustaining healthy lifestyles. It is essential, however, to assess how aging impacts psychosocial elements of physical activity and how deteriorations in the variables might result to reduced levels of activity. This can be achieved by ….the use of the Social Cognitive theory.

 The Social Cognitive Theory stipulates a fundamental set of psychosocial elements, which include, outcome expectations, social support, self-regulation, and self-efficacy for efficient comprehension of a range of health behaviors. Social Cognitive Theory is utilized in theoretical frameworks for comprehending? Maybe not correct use of word physical activity attributes among the elderly and the general population. Self-efficacy is described as the personal belief in individual ability to effectively do a specific action and is indicated as the most active element in the social cognitive theory. Self-efficacy has a direct and indirect influence and its assessed based on outcome expectations, social support, and self-regulation, when impacting behavioral outcomes. The elements may combine enabling elderly people with increased levels of self-efficacy to have increased hopes on what the behaviors may result to, see themselves as able to deal with the barriers that lead to an increased chance of participating in and sustaining certain behaviors.

 The research indicates a direct and indirect correlation between physical activity and self-efficacy. research assessing the correlation between the SCT elements and physical activities have utilized a distinct approach, mostly looking at not more than two concepts concurrently. Self-efficacy is the major focus in this literature with the remaining concepts being given less attention. To effectively comprehend physical activity attributes and develop more efficient treatment methods, it is essential to assess self-efficacy concurrently with the social cognitive theory elements.

 Self-efficacy is constantly linked to physical activity attributes on all populations. It is understood that the correlation between physical activity and self-efficacy is mutual such that increased levels of the former are linked with increased physical activity and taking part in physical activities is linked to increased levels of self-efficacy (Bauman, et al, 2012). The relationship between increased well-being among older people and physical activity is influenced by self-efficacy. Even though a lot of research has concentrated on self-efficacy independently from other elements, evidence indicates it has an indirect correlation to physical activity through result prospects and objectives support with reference. Outcome expectations are personal opinions on what will occur from participating in certain behaviors. Outcome expectation is divided into three classes and they include social physical, and self-assessment. Physical outcome expectations indicate perceptions concerning physical engagements as a result of participating in these activities. Social outcome expectations indicate perceptions concerning the opportunities developed through socializing, and self-assessment outcome expectations indicate the perceptions in relation to the feelings of self-worth and contentment. Increased outcome expectations are correlated to increased physical activity. Also, evidence indicates that people with stronger self-efficacy for engaging in physical activities show increased outcome expectations for the activities and the three classes of expectations are uniquely correlated to physical activity engagement in accordance with the population in focus.

 The evidence indicating the correlation between physical activity and outcome expectations is ambiguous and this is because of the outcome expectations being limited to a vague indicator since the relationship between physical activity and self-efficacy is strong or past assessments combining the outcome expectation classes into one variable thus weakening the autonomous impact of each type of outcome expectation on physical attributes. Though not mentioned earlier, goal setting is a way to self-regulate thus assisting older people develop and sustain constant physical activity trends since it guides behavior. Increased application of this self-regulating mechanism is correlated to more utilization of physical activity self-assessment methods, and those who aim higher are known to show increased participation in physical activity (White et al, 2012). Self-regulation is also correlated to constant exercise engagement in older people. Those exhibiting increased levels of self-efficacy are also known to participate in constant planning, assessment, and goal setting of their behavior and these correlates with increased engagement in physical activities.

 There are various elements that are seen as deterrents and enablers to engagements in appropriate behaviors. Though most of them are common across different adult populations, in terms of aging, deterrents may take an active role. Supposed deteriorating health and symptoms of inabilities linked to chronic illnesses are understood considered key hinderances to physical activity engagements among the elderly. The research is developed to assess the application of social cognitive theories for understanding physical activity behavior among older adults. It applied an 18-month potential design to understand if the model’s variations were correlated with time. It is assumed that self-efficacy is directly linked with increased positive social, physical, and self-assessment outcome expectations, improved objectives, reduced disability hinderances, and increased levels of physical activity and has an indirect correlation with the level of physical activity via the social cognitive elements. It is also assumed that increased positive outcome expectations have a direct correlation to increased objectives and physical activity engagement, reduced disability inhibitions are linked to higher objectives and physical activity engagement, and solid objectives would have a direct correlation with a rise in physical engagement.

**Data Analysis**

 To assess the assumed correlation between self-efficacy, objectives, physical activity, and outcome expectations, the research used the Mplus panel assessment modeling framework. This enables the aspects of correlation variations to be assessed at different durations. Preliminary assessments of the information were done to ensure the absent information at a random supposition was accurate thus, justifying the application of the FIML. The scope of missing information was experienced at the physical (1.6)%, self-assessment (1.2%), and social outcome expectations (1.2%), the Physical Activity Scale for the Elderly (5.9%), disability inhibitions (0.6%). There was no information missing in self-efficacy and during the 18 month research 30% of the sample population did not take part.

**Model specification and fit**

 When considering the setting of the assumed model, the assessments done enabled the concurrent assessment of the assumed correlations at baseline and the assumed correlations between variations in the model elements during the stipulated time when influencing the baseline links, stability covariates and coefficients.

**Results and Discussion**

 There was little, but significant raises in self-assessment, physical, and social outcome expectations during the stipulated duration of the study. There was a substantial reduction in self efficacy related to exercise and a modest reduction in objectives and disability inhibitions during the research period. The direct links from self-efficacy to self-assessment, social, and physical outcome expectations, objectives, disability inhibitions, and physical activity were substantial. This is attributed to increased self-assessment, physical, and social outcome expectations and objectives and reduced disability inhibitions, and engaged in increased physical activity levels. Self-efficacy had an indirect impact on physical activity engagement through the social and physical outcome expectations. Physical activity engagement was directly correlated to the physical outcome expectations since an increase in the former led to increased physical outcome expectations. Disability inhibitions was directly correlated to the physical outcome expectation and objectives and reduced disability inhibitions.

 Variations in self-efficacy were linked directly to variations in physical outcome expectations, social outcome expectations, and self-assessment outcome expectations, disability inhibitions, and physical activity engagement (Esposito et al, 2014). There was a substantial indirect correlation between changes in physical activity and self-efficacy. Variations in physical and social outcome expectations were linked to variations in physical activity engagements. Variations in outcome expectations and disability inhibitions were not linked to variations in objectives.

 The outcomes indicate that older adults who took part in increased physical activity engagements experienced reduced disability inhibitions that may impact their capacity to engage in physical activities, set increased objectives and experienced increased physical self-assessment, social, and physical outcome expectations. Variations in self-efficacy during the stipulated period were correlated with variations in objectives, physical engagements, disability inhibitions and outcome expectations. Self-efficacy also had an indirect impact on physical activity engagement through the physical outcome expectation, and variations in self-efficacy during the research period indicated an indirect control in variations in physical engagements through physical and social outcome expectations. Thus the results also show support on the concept that outcome expectations may have different impacts in physical activity engagements over a period of time and this is not affected by self-efficacy.

**Conclusion**

 Psychosocial functioning in upholding and implementing robust physical activity levels among the elderly has been indicated by contemporary research. The sample population consisted of 349 people made up of both men and women with an average age of 68.3 years with 220 accessible for follow-ups. There was little, but significant increases in self-assessment, physical, and social outcome expectations during the stipulated duration of the study. There was a substantial reduction in self-efficacy related to exercise and a modest reduction in objectives and disability inhibitions during the research period. Variations in self-efficacy during the stipulated period were correlated with variations in objectives, physical engagements, disability inhibitions and outcome expectations. Self-efficacy also had an indirect impact on physical activity engagement through the physical outcome expectation, and variations in self-efficacy during the research period indicated an indirect control in variations in physical engagements through physical and social outcome expectations.

 **References**

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