Emotional competencies of the sport coach : A qualitative approach within a physical activity programme for multiple sclerosis patients

ULg UNIVERSITÉ de Liège

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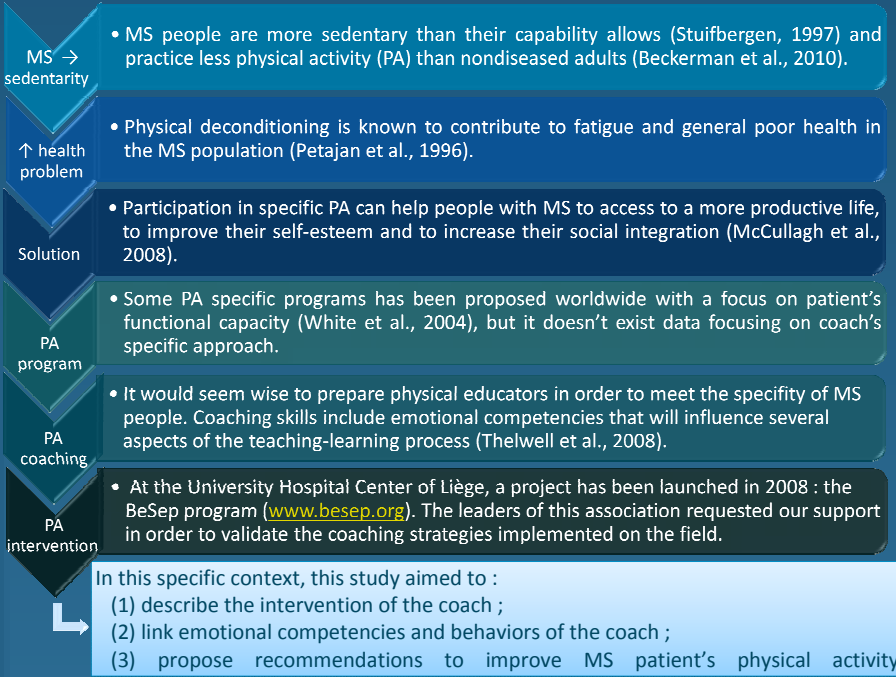Sport pedagogy invited at the hospital

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Background and goals of the study

Multiple sclerosis (MS) is an immune-mediated inflammatory disease of the central nervous system that leads to functional impairments (walking, balance, muscle weakness, fatigue) and limitations in social functioning. Its incidence reaches approximately 58 in 100,000 people.

MS → sedentarity
• MS people are more sedentary than their capability allows (Stuifbergen, 1997) and practice less physical activity (PA) than nondiseased adults (Beckerman et al., 2010).

↑ health problem
• Physical deconditioning is known to contribute to fatigue and general poor health in the MS population (Petajan et al., 1996).

Solution
• Participation in specific PA can help people with MS to access to a more productive life, to improve their self-esteem and to increase their social integration (McCullagh et al., 2008).

PA program
• Some PA specific programs has been proposed worldwide with a focus on patient's functional capacity (White et al., 2004), but it doesn't exist data focusing on coach's specific approach.

PA coaching
• It would seem wise to prepare physical educators in order to meet the specify of MS people. Coaching skills include emotional competencies that will influence several aspects of the teaching-learning process (Thelwell et al., 2008).

PA intervention
• At the University Hospital Center of Liège, a project has been launched in 2008 : the BeSep program (www.besep.org). The leaders of this association requested our support in order to validate the coaching strategies implemented on the field.

In this specific context, this study aimed to :
(1) describe the intervention of the coach ;
(2) link emotional competencies and behaviors of the coach ;
(3) propose recommendations to improve MS patient's physical activity management.

Methods

The intervention strategies of seven sport coaches were analysed in an individual physical activity program addressed to seven MS patients at the University Hospital Center of Liège (BeSep) in 2010. This study should be considered as the analysis of seven cases with a triangulation of the analysis
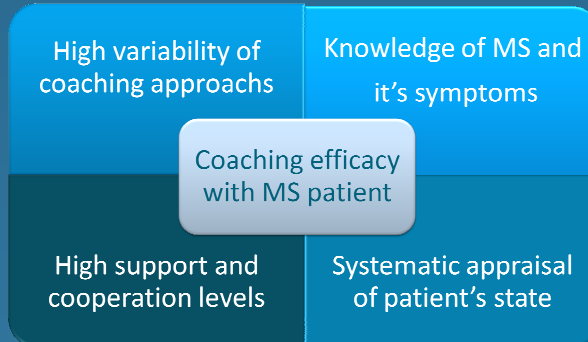
Data were collected in order to identify the usual coaching approaches :
➡ coach's behaviours (audio and video recording of one session);
➡ coach's and patient's representations, values, attitudes and feelings (questionnaires, semi-structured and stimulated recall interviews) ;
➡ coach's emotional competencies (Trait Emotional Intelligence Questionnaire - Petrides et al., 2007 – fulfilled by all subjects).

BeSep specific coaching intervention

Results and discussion

➡ If all coaches included a substantial part of their session to specifics warm-up and stretching, main activities observed were muscular strenghtening (5/7), cardio-training (3/7), yoga (2/7) or body balance working (2/7).

➡ 1 intervention every 8,3 seconds is the average frequency of interventions given by the coaches during a PA session. After « instructions » (35%), « support » (14%) was the second group of interventions used by the coaches.

➡ Coaches of the BeSep program scored higher than general population on each facet (n=15) and each general factor of the TEIQue (Petrides et al., 2007) : well-being, self-control, emotivity and sociability.

➡ Before each session, most of the coaches (6/7) took into consideration the state of the patient by a general observation (physical state) and a dialogue (psychological state).

➡ According to coaches, most of the MS patients return to sedentarity after the BeSep program (1 year). Only few remain physically active by participating to the collective BeSep intervention.

High variability of coaching approachs — **Knowledge of MS and it's symptoms**

Coaching efficacy with MS patient

High support and cooperation levels — **Systematic appraisal of patient's state**

➡ Coaches shared a common conception of the objectives to reach. However, they showed highly personal approaches (selection of the activity to be taught, relationships with the patient …).

➡ Empathy, dialogue, support, cooperation and closeness to the MS patient were some of the most important characteristics of the relationships highlighted by the coaches.

➡ The approach of sport coaching with a MS public needs to be very different from the traditional approach. As reported by Motl et al. (2009), the coaches involved in these programs must be prepared specifically in a context with an emphasis on the development of social and emotional skills.

➡ Being aware that the adherence to exercise is difficult for MS people (McCullagh, 2008), the coach's attention to patient's behaviours revealing his/her current state seems to be the first step of an effective intervention.

➡ Coaches and patients agreed on the need of a systematic action to encourage personal practice of physical activity and avoid a substantial drop out at the end of the program.