

EMOTIONAL COMPETENCIES OF THE SPORT COACH: A QUALITATIVE APPROACH WITHIN A PHYSICAL ACTIVITY PROGRAMME FOR MULTIPLE SCLEROSIS PATIENTS

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INTRODUCTION: Over the last decade awareness of physical activity for people with multiple sclerosis (M.S.) has increased due to several factors including literature suggesting that people with MS are more sedentary than their capability allows (Stuifbergen, 1997). Participation in physical activity 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). On the other hand, physical deconditioning is known to contribute to fatigue and general poor health in the MS population (Krupp et al., 1988). Today, the evidence suggests that individuals with MS practice less physical activity than nondiseased adults. In fact, symptoms of MS associated to common recommendations to 'take it easy' might be substantial barriers to develop a physically active lifestyle. One of the important actors who can struggle this is a sport coach well informed about MS patient abilities to perform in physical activities. Those coaching skills include emotional competencies that will influence several aspects of the teaching-learning process (Thelwell et al., 2008). However, impact of a sport coach intervention within this particular group has not yet been studied. Therefore, the main purposes of this study were to describe the intervention and to link emotional competencies and behaviors of the coach in a physical activity programme for MS patients. We wanted also to close this study proposing recommendations to improve MS patient physical activity management.

METHOD: The intervention strategies of seven sport coaches were analysed in an individual physical activity programme addressed to seven MS patients. Data were collected in order to identify the usual teaching approaches of the coaches. Both visible (audio and video recording of one session) and invisible (questionnaires, semi-structured and stimulated recall interviews) variables of the teaching-learning process were analysed. Physical educators and patients were involved in the analysis. Additional data about coaches' emotional competencies were obtained using the Trait Emotional Intelligence Questionnaire (Petrides et al., 2007).

RESULTS: The coaches shared a common conception of the objectives to reach. However, they showed highly personal approaches (selection of the activity to be taught, relationship with the patient ...). On the other hand, all of them underlined that pre interactive decisions are almost impossible as the physical and psychological conditions of the patient just before each session is the determining factor of the content, organization and interaction. The coach's attention to behaviours revealing the patient's condition is mentioned as the first step of an effective intervention. Empathy, dialogue and closeness to the MS patient were some of the most important behaviours highlighted by the coaches while, according to the MS patients, the social and emotional aspects characterizing their relationship with their coach represented the main factors that contribute to maintain their motivation towards physical activity. Coaches who obtained highest scores on the TEIQue were also those who demonstrated the most affective behaviours during their sport session.

DISCUSSION: The approach of sport coaching with a MS public needs to be very different from the traditional approach. It requires a higher level of adaptation and empathy. Accordingly, the coaches involved in these programmes 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 condition seems to be the first step of an effective intervention. Moreover, a follow up must be systematically proposed to encourage personal practice of physical activity and avoid a substantial drop out at the end of the programme.

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