

Lay Summary

How do the beliefs of people with MS about what controls their health affect their quality of life and daily activities? The role of self-efficacy (belief in one's ability to manage one's MS)

**Or, as suggested by one of our Lay Summary Group members -
“Whether an individual can affect their own quality of life and ability to function by their belief that they CAN”**

Rothman 2025

Rothman I, Tennant A, Mills R, Young C. Health Locus of Control and Its Relationship with Quality of Life and Functioning in Multiple Sclerosis: Exploring the Mediating Role of Self-Efficacy. Sclerosis. 2025 Mar 29;3(2):10.

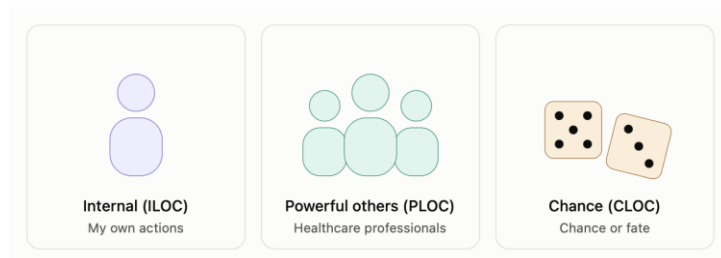


What was the study about?

Multiple sclerosis (MS) can affect many aspects of a person's life, including physical functioning, emotional wellbeing, and overall quality of life. This study looked at whether people's beliefs about what controls their health - known as '**health locus of control (LOC)**' - are related to their quality of life and functioning.

There are three aspects of health locus of control:-

- *Internal control (ILOC)* covers believing that your own actions have an important influence on your health;
- *Powerful others control (PLOC)* covers believing that other people, such as healthcare professionals, have the greatest influence on health;
- *Chance control (CLOC)* means believing that health outcomes are largely influenced by chance or fate.



Health locus of control (LOC): beliefs about who controls one's health

Previously, the researchers found that different beliefs about control over one's health (LOC) are linked to differences in wellbeing, including quality of life. To answer what bridges LOC with quality of life, the researchers were particularly interested in **self-efficacy**, which refers to a person's confidence in their ability to manage their MS and achieve desired outcomes despite having MS. They wanted to find out whether self-efficacy could help explain the relationship between LOC and quality of life.



What did the study involve?

The study used information from the large Trajectories of Outcome in Neurological Conditions-MS (TONiC-MS) study. A total of 5,266 people with MS completed questionnaires about locus of control (LOC), self-efficacy, quality of life, and functioning. Information about MS type, disease duration, and disability was also collected.

The participants had different forms and levels of MS. Most had relapsing-remitting MS, while others had primary or secondary progressive MS. The researchers used a form of statistical modelling called structural equation modelling to examine how LOC, self-efficacy, quality of life, and functioning were related. They also tested whether these relationships differed according to disability level or MS type, specifically whether self-efficacy explained (or "mediated") the relationship between LOC health beliefs and quality of life, and whether disability level or MS subtype changed ("moderated") these relationships.



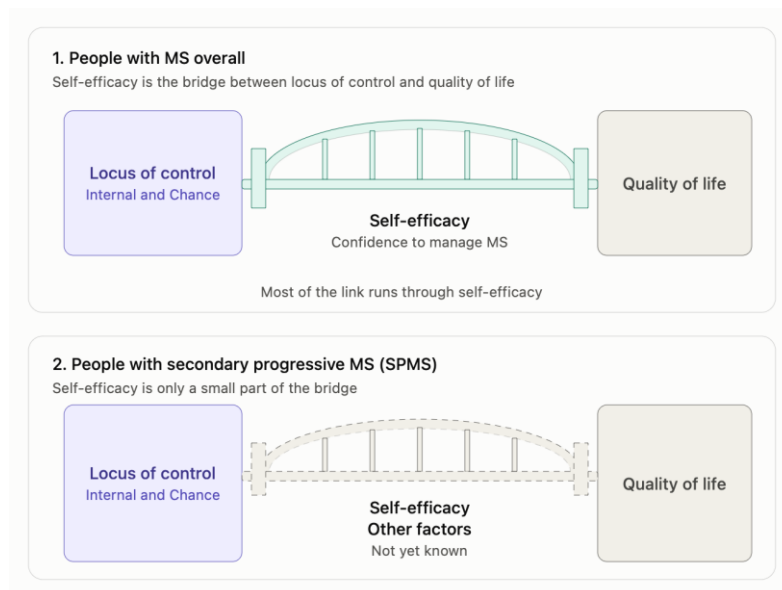
What was found?

The study found that self-efficacy was central to understanding quality of life in MS. People who believed their health was influenced by their own actions (internal control, ILOC) or by chance (chance control, CLOC) tended to have better quality of life - but only because these beliefs were linked to higher self-efficacy. In other words, self-efficacy acted as the bridge between LOC and quality of life.

For people with an internal control (ILOC), the relationship with quality of life was largely explained by self-efficacy. Having a strong belief in personal control of health appeared to influence quality of life mainly through how confident people felt about managing their lives and MS.

A similar pattern was found for chance control (CLOC), although the relationship was much weaker. There was no meaningful relationship between powerful others control (PLOC) and quality of life.

Disability level did not significantly change these relationships. However, MS type did appear to matter. In people with secondary progressive MS (SPMS), self-efficacy was less able to explain the relationship between LOC and quality of life, suggesting that other factors may be more important in this group.



The bridge between beliefs about control of health and quality of life. This shows how self-efficacy (confidence to manage MS) is the main factor when people believe in their own actions or chance to control their health. For people with SPMS, self-efficacy is a less important factor. No link was found between believing in other people to control health (Powerful others) and quality of life, so this is not shown in the diagram.



Why this matters?

These findings highlight that self-efficacy is a powerful driver of quality of life in MS for most people, but not all. This means that supporting people to feel more confident in managing their MS—through self-management training, psychological support, or tailored education—may improve quality of life across the condition. However, this study does not prove that increasing self-efficacy will directly improve quality of life.

The study also suggests that different MS subtypes may benefit from different approaches. For example, people with secondary progressive MS may need additional psychological support beyond interventions focused on self-efficacy.

Overall, the findings highlight the importance of considering psychological factors when supporting people living with MS. Since many MS services lack resource to offer psychological support, this study adds to the evidence that funding such help is important for many people with MS.

Read the full article here: <https://doi.org/10.3390/sclerosis3020010>