

Factors of participation in exercise therapy during in-patient treatment

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Introduction

An active lifestyle is associated with certain positive physical health outcomes and mental benefits. Recent research has shown beneficial effects of physical activity in treatment of psychiatric disorders [1, 2]. However, previous studies have indicated that people with psychiatric disorders tend to fail to meet activity recommendations [3]. For this reason, questions of practical implementation of exercise therapy interventions in psychiatric settings are highly relevant for clinical practice to increase patients' participation, reduce obstacles and enhance their motivation. In Wahrendorff clinic in-patient and day-clinic patients have access to exercise therapy. There is provided a wide range of individual and team sports by sports therapists and physiotherapists.

Objectives

The study examines supporting and inhibiting factors of participation in exercise therapy in Wahrendorff clinic.

Methods

A qualitative approach using structured focus group interviews and structured guideline interviews was conducted from July 2018 to March 2019. 25 employees (48,0 % ♀, 52,0 % ♂) participated in 5 structured and professional group-specific focus interviews (physicians, psychologists, nurses, occupational therapists, sports therapists and physiotherapist). Overall 32 patients (43,7 % ♀; 56,2 % ♂) participated in 5 structured focus groups and 7 structured guideline interviews. 62,5 % were in-patient and 37,5 % were day-clinic patients. Mean age of patients was 40 (SD = 16,10). The majority of the patients were treated for depressive disorders according to ICD-10 (F32.1: 21,9 %; F32.2: 25,0 %; F33.1: 18,8 %; F33.2: 28,1 %). Eating disorders were excluded. Data analysis was based on qualitative content analysis of Mayring [4].

Results

Factors were assigned to four different levels. An overview is given in the chart below. Percentages indicate how often factors from these levels are mentioned in the interviews relative to the total number of relevant passages (N = 1.277). Furthermore most commonly mentioned supporting factors are presented for each level.

5,6 % environmental level:

- short distances and use of transport services
- availability of enough modern exercise equipment, training rooms, showers
- pleasant weather conditions

38,0 % intrapersonal level:

- experience positive effects of exercise (e.g. improvement of well-being, diversion, reducing aggression, soporific, pastime)
- provide preferred sports that can be used independent of individual level of fitness
- intrinsic motivation and absence of individual obstacles (e.g. insecurities, fears, lacking confidence)

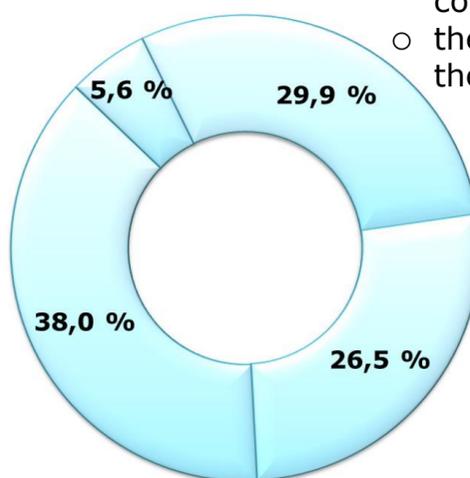


chart: frequency distribution of levels of influence factors, N = 1.277

29,9 % institutional level:

- information about exercise programm for patients (explaining and characterising courses, time and place)
- therapy plans without overlapping exercise therapy and other therapy offers
- organisation of internal processes (e.g. information of employees about exercise programm, exchange about patients)

26,5 % interpersonal level:

- being accompanied by staff members or other patients to training courses
- continuous motivation for exercise and provision of feedback
- engaged and motivating sports therapists and physiotherapists that address individual needs

Conclusion

The results of the study indicate that especially intrapersonal, interpersonal und institutional factors influence the participation of in-patient and day-clinic patients in exercise therapy. Based on this study further research is needed to examine effects of the factors. Furthermore the results suggest that for implementation of exercise therapy it might be important to take multi-level-perspective into account for identifying relevant obstacles and supporting factors.

References

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