



**„HABEN TEILEN - Re-inforcing motion competences and self-effectivness, supporting digital participation: implementation of a digital tool for people with disabilities“
from Ute Kahle**

EURECO 2021 SIEGEN

Workshop 03-B: Lernen – Mitarbeiterqualifizierung und Schulungsbedarfe von Mitarbeiter:innen in Sozialen Diensten

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Introduction: Digital participation for people in need of care and their supporters

01



https://www.google.com/search?q=digital+participation&client=firefox-b-d&tbm=isch&source=iu&ictx=1&fir=A57AEu4mpMGlaM%252ChTtzj7GCB0xBeM%252C_&vet=1&usg=AI4_-kS51mPu0jnRwXX1tYla7pSuEm30Bg&sa=X&ved=2ahUKewj14ty6qdfvAhXj_7sIHcPVDlwQ9QF6BAglEAE&biw=1293&bih=728&dpr=1.25#imgrc=A57AEu4mpMGlaM

Aims and Objectives

- Temporarily scientific research studies show that the implementation of the kinaesthetic concept effects
 - less pain,
 - reduces the length of the patient`s stay,
 - improves functional skills and
 - increases the independence of people with high movement restrictions [Huth / Schnepf / Bienstein 2013, 585 ff.]



Aims and Objectives

- As active mobilization has been shown to help maintain functional abilities, more approaches to active mobilization are needed.
- The effects are that participants will be enabled to co-create their motion instead being moved passively [Huth / Schnepf / Bienstein 2013, 586 ff.]
- To move from passive to active mobilization, the concept of Kinaesthetic may help [Jensen, Rasmussen et. Al 2019, 13]



Aims and Objectives

- Although there are evidence-based studies referring the positive effects of kinaesthetics people in need of long-term care where not supported in increasing their movement competences like they could [Büscher 2014].



Research desideratum

- People in need of care, people with disabilities and their supporters are able to promote sustainably their mobility through a digital kinaesthetic application.
- The improvement is caused by direct contact and move as interacting forms.
- Referring to the article 19 UN-CRPD "Living independently and being included in the community" the positive development improves the participation of people in need of care as well as their supporters [Lange-Riechmann 2015, 125].

The Kinaesthetic concept

02



https://www.google.de/search?q=kinaesthetic+concept&tbm=isch&ved=2ahUKEwi7yFjNqNfvAhU44bslHYdGCncQ2-cCegQIABAA&og=kinaesthetic+concept&gs_lcp=CgNpbWcQAzoFCAAQsQM6AggAOgQIABBD0gQIABAeOgYIABAKEBhQic0lWJIDCWDOhQloAFACAAAdsCIAHdEpIBCDEwLjkuMC4xmAEAoAEBqgELZ3dzLXdpei1pbWfAAQE&sclient=img&ei=g7tiYPv7KbjC7_UPh42puAc&bih=717&biw=1293

Background

- Developed in Germany at the beginning of 1980s by American researchers.
- They offered movement courses for dancers, parents and children.
- The courses were also offered to healthcare professionals.
- Since 2006 Kinaesthetics has been organized in a European Network with national organisations (European Network Association). The concept was founded in
 - Germany, Switzerland, Austria, Italy and Romania and
 - is currently implemented in Japan, Russia and Denmark.

Background

- The word Kinaesthetic derives from the Greek words „Kino“, which means to move, and „Aesthetics“, which means feeling and sense.
- Kinaesthetics is the study of the human movement execution for each activity.
- The „kinaesthetic sense“ is the perception of the body`s movement through sensory perception from muscles, ligaments and joints. Gravity and the position of the body provide orientation of balance [Asmussen 2010].
- More than 1,000 Kinaesthetic instructors teach and develop Kinaesthetic for different organisations and the healthcare sector.
- The concept offers a structure for a differentiated registration of movement activity [Jensen / Rasmussen / Breier et al. 2019, 12 ff.].

Causes and effects

- (1) Kinaesthetics is an educational and supportive method of stimulating and training patients` movement and their own contribution to mobilization:
- It improves the functional skills and increase their self-efficacy and independence.
 - It strengthens the patients` movement competences and
 - provides them with the opportunity to play a more active role in their own healing process or prevent and retards degeneration.
 - This can give them the feeling to be a person and not just a patient and in addition the feeling of being able to do something for themselves [Jensen / Rasmussen / Breier et al. 2019, 13].



Causes and effects

- (2) Kinaesthetics has in addition the effect that
 - supporters of people in need of care and disabled people perceive themselves more mindfull.
 - This effect refers to the aim to maintain their health.



Implementation of Kinaesthetic

- Research studies however show that the implementation of kinaesthetics leads to enormous improvements [Büscher et al. 2014]
- Lange-Riechmann [2015, 134 ff.] e. g. could determine effects in the field of health insurance, rehabilitation and participation and care insurance:
 - On one hand the results of the research highlight improvements referring activities, existential experiences of life, self-control, less passive mobilization and wellbeing for the participants.
 - On the other hand, cost-benefit-analyses show very clearly a high amount of savings for the insurances.
 - It can be held that these effects are really win-win-situations.



Implementation of Kinaesthetic

- Factors which influence the implementation of kinaesthetics were examined from Maurer, Mayer and Gattinger [2019, 56 ff.]
- Although evidence could be determined people in long-term care were not supported like they could.
- The research analysed
 - that knowledge and action competences are missing,
 - that nursing staff has a self-concept in which active mobilization doesn't occur, e. g. mobilization has not the same importance as care [Reuther 2014].
 - In addition, nursing staff has no concrete action plan. Kinaesthetic is based on contact and activity during the interaction with people in need of care and a creative process [Hatch / Maietta 2003].

Implementation of Kinaesthetic

- The Consolidated Framework for Implementation Research (CFIR) [Hoben 2016] is a model which focusses on influencing factors and is in addition a structure given frame for another actual research study.
- The study shows, that following influencing factors are essential for the implementation of kinaesthetics:
 - experience of nursing staff
 - care understanding and philosophy
 - understanding of mobilization
 - relationship and healthy level between care and mobilization
 - integration of mobilization into activities of daily life
 - attitude referring kinaesthetics and concerning movement from A to B or moving as a health-related aspect
 - Benefit for people in need of care and nursing staff
 - willingness to learn [Maurer / Mayer / Gattinger 2019, 60].

Research Strategy and Design

03



https://www.google.de/search?q=research+strategy+and+design&source=lnms&tbm=isch&sa=X&ved=2ahUK EwjyoeXMqNfvAhWVgP0HHUmBBIkQ_AUoAXoECAIQAw&biw=1293&bih=717#imgrc=l_FMCIVO_S2imM

Research Strategy and Design

- It is obvious that implementing strategies for kinaesthetics should focus on various criteria and influencing elements [Maurer et al. 2019, 62 ff.].
- Due to the digitalisation and to some few explorative experiences in the field of health care and people with intellectual disabilities [e. g. Burtscher 2021, 30 ff.] catalyst by COVID-19 pandemic our research focusses on digital practices for mobility.
- Participation for people with disabilities means also that people with strong movement restrictions should be enabled to re-inforce their motion-competences and self-effectiveness.
- In addition it is necessary to provide the supporting staff with contemporary digital methods and instruments.
- Care staff has e. g. the role of a consultant in order to assist with other persons like voluntaries, assistants and relatives.

Research Strategy and Design

- This research project is guided from the questions which effects
 - the provision
 - the implementation and
 - the application of a digital platform for supporting the mobilizationfor disabled people with restrictions in
 - personal
 - social
 - pedagogic and
 - economic regard will have.

Research Strategy and Design

Qualitative explorative longitudinal study

Methods

- Qualitative interviews
- Participating observations
- Two survey times:
 - one at the beginning
 - one after 1½ year after implementation of the application

Participants

- People with disabilities and limited movement competences
- Supporting staff like nursing assistance, social care workers, voluntary workers and others

Research Strategy and Design

Schedule

No.	Milestone	Time	Description
1	Project presentation Project presentation	March 2021 December 2021	<ul style="list-style-type: none"> • EURECO Forum 2021, Bruxelles • EURECO 2021, Siegen
2	Project modelling	April 2021 – Febr. 2022	<ul style="list-style-type: none"> • Establish research field, • Research supporters, • Participants, • Contracts, • Financing
3	Modelling the digital platform: <ul style="list-style-type: none"> • Proof of scientific methods • Application development 	Febr. 2022 - Dec. 2022 parallel	<ul style="list-style-type: none"> • IT specification book, • Storyboard • Scientists, • Provision software
4	Evaluation and adaption of technology	April 2022 – May 2022	<ul style="list-style-type: none"> • Critical proof
5	Application period and evaluation	June 2022 – Dec. 2024 parallel	<ul style="list-style-type: none"> • Doing research
6	End of the Project	December 2024	<ul style="list-style-type: none"> • Project presentation, project documentation

Summary and Perspectives

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https://bertelsmann-university.com/fileadmin/Programs/Leadership_Journey_for_Leaders_of_Managers_Germany/BU_Leadership_Journey_for_Leaders_of_Managers_-_Germany_DE_01.pdf/

Summary and perspectives

- Re-inforcing motion competences and self-effectiveness for people with disabilities is a contribution to article 19 UN-CRPD.
- It improves their participation and digital participation because of the use of the digital kinesthetic application.
- In addition it prevents and retards degeneration.
- Furthermore supporting actors perceive themselves more mindful.
- Our qualitative research strategy and the scientific design focusses on the following issues:
 - People with disabilities and strongly movement restrictions
 - People who support them and
 - the implementation of a digital application, evaluating their effectiveness in medical health care, social and economic respects.

Literature

05



Source: https://www.google.de/search?q=literatur+kin%C3%A4sthetik&source=lnms&tbm=isch&sa=X&ved=2ahUKEwiJvpCektPvAhVFJhoKHYyIDQAQ_AUoA3oECAEQBQ&biw=1536&bih=722#imgcr=0VsiXHS5zZtLJM

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Thank you for your Attention

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Contribution to the

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