

Research

(Digital) Mind-Body Intervention for Residents in Care Facilities: Mixed Format of On-Site and App Intervention to Combine Benefits

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doi: <https://doi.org/10.61936/themind/202410093>

Abstract: A mind-body intervention shows visible changes on residents in nursing homes from the staff's perspective. In order to achieve the best possible effect on their health resources, a mixed format of on-site and app intervention seems to be the best approach.

Background

In Germany, care insurances are mandated to develop interventions to enhance the health resources of residents in long-term care facilities (GKV-Spitzenverband, 2018). So far, only a few studies have investigated mindfulness interventions in this setting.

Methods

In a randomized controlled trial (RCT), we examined how a mind-body intervention, adapted for residents in care facilities, could improve their health potential. The eight-week BERN course (Esch and Esch, 2024), focusing on behavior, exercise, relaxation, and nutrition, was presented as an adapted on-site course and as a digital intervention via an app with technical support. The content was identical in both formats. Staff from the participating care facilities discussed the suitability of these formats in a focus group.

Data were collected from staff members (n=6) of the intervention facilities (on-site: n=3, app-based: n=3). The focus group participants were involved in organizing and/or implementing the

intervention. The focus group took place at the University of Witten/Herdecke (Germany) five weeks after the end of the eight-week intervention period (March 2023) and lasted approximately one hour. The transcript was analyzed using Kuckartz (2018) content analysis method. Categories were derived and used for classification, and coding was performed independently by two researchers.

Results

The participants of the focus group were generally optimistic about the intervention (organization and content) and noted visible changes (e.g., enjoyment, fun, more mindful perception of the surroundings) in the target group due to the mind-body exercises. Residents showed initial scepticism and staff members suggested that offering a trial lesson could serve as a low-threshold introduction to the intervention. Notable group effects were observed in the on-site intervention group. Group composition appeared to be a relevant factor, with existing "animosities" (*On-site 5.2*) or friendships influencing residents' motivation.

Accessing the mind-body medicine-based concept was challenging for the target group, highlighting the importance of trusted companions. In addition, participants of the focus group noted that residents sometimes struggled to understand the topic and certain terminology. Therefore, more target group

oriented approaches and terminology were discussed, such as "something related to well-being or [...] inducing relaxation [...]" (*On-site-5.2*). As residents gained more experience and better understanding, scepticism transitioned to anticipation.

The participants of the focus group also discussed the impact of cognitive limitations and associated forgetfulness among residents on the success of the intervention. It was reported that most residents were unable to recall the exercises they had completed in the app and therefore re-watched the videos. Participants of the focus group suggested that regular repetition of exercises would be beneficial.

Different options for long-term integration of the intervention into care facilities were also discussed. Staff members highlighted that a mixed format of on-site and app intervention could combine the benefits of both intervention formats. The app was seen as a useful tool for staff, allowing them to act more quickly and flexibly without further preparation. On-site intervention participants could be able to digitally catch up on a module if they were unable to attend a particular session. Staff members involved in the app intervention suggested offering the app in small groups and displaying the videos on large screens. They also discussed a combination of initial on-site sessions to facilitate access to the exercises, followed by the use of the app individually or in groups to reduce staff workload.

Staff members emphasized that the intervention format should also be chosen based on the exercise and residents' individual resources. One participant preferred to do reflection exercises for him- or herself, "because you [the residents] also need peace and quiet [...]" (*App-2.2*). According to the focus group participants, the format should also take into account the mobility of the residents, so that immobile residents can participate in the app intervention. Additionally, "you know your residents, you know who might prefer the individual setting and for whom the on-site group might generate even more activation." (*App-3.1*).

All focus group participants expressed a need for additional information and/or exercise descriptions for implementing the intervention, especially for conducting the on-site sessions without an external trainer. An additional brief description or short summary of the exercises was also seen as helpful and supportive for addressing residents' questions: "I think that's a general possibility for both groups, for the app as well as for on-site, that you can simply explain [the exercises]" (*On-site-6.2*).

Discussion

The results suggest that a mind-body intervention is feasible and beneficial for residents in the setting of care facilities. Hindering factors seem to be reduced by individual support. It should be noted that staff members were predominantly involved in organizing the intervention rather than implementing its content, which may have limited their perspective on all relevant aspects. Additionally, those employees who agreed to participate in the organization of the implementation and qualitative data collection might have a certain openness and positive attitude towards the topic.

In addition to the participatory approach to intervention development (Michaelsen et al., unpublished), quantitative evaluation of the RCT (Kobs, Schönfeld et al., unpublished), and qualitative analysis in form of interviews (Kobs, Meyer et al., unpublished), the focus group provided valuable insights for refining the successful implementation of the intervention.

Financial Support and Conflict of Interest

The project was financed by the Association of Substitute Health Funds e.V. (in German: Verband der Ersatzkassen e.V. (vdek)) in the name and on behalf of the Substitute Health funds. We would like to thank you very much for the support and valuable cooperation. The funders had no role in the design of the study, data collection, analysis and interpretation of data, or in writing the manuscript.

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