



Irish set dancing classes for people with Parkinson's disease: The needs of participants and dance teachers



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ABSTRACT

Objective: As the number of people diagnosed with Parkinson's disease increases, there is a need to develop initiatives that promote health and wellbeing and support self-management. Additionally, as exercise may slow physical decline, there is a need to develop methods that facilitate greater engagement with community-based exercise. The aim of this study is to examine the needs of (1) people with Parkinson's disease and (2) set dancing teachers to enable the development of participant-centred community set dance classes.

Methods: A mixed methods study design was used. Two consensus group discussions using nominal group technique were held to (1) identify factors pertaining to the needs of people with Parkinson's disease from a set dance class and (2) the educational needs of set dancing teachers to enable them to teach set dancing to people with Parkinson's disease. Group discussions began with silent generation of ideas. A round-robin discussion and grouping of ideas into broader topic areas followed. Finally, participants ranked, by order of priority (1–5), the topic areas developed. Final data analysis involved summation of participants' ranking scores for each topic area.

Results: Rich information on the needs of people with Parkinson's disease from a dance class and the educational guidance sought by set dancing teachers was gathered. Topic areas developed include “teaching method” for set dances and “class environment”.

Conclusion: Accessing community exercise programmes is important for this population. The results of this study will inform the development of an educational resource on Parkinson's disease for set dancing teachers. This resource may facilitate a larger number of teachers to establish sustainable community set dancing classes for people with Parkinson's disease.

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1. Introduction

Parkinson's disease is a progressive condition associated with functional disability,¹ social isolation and reduced quality of life.² Promoting regular participation in physical activity is one initiative recommended in the management of Parkinson's disease.³ Regular participation in physical activity may prevent secondary consequences of sedentary lifestyles,⁴ increase functional ability,⁵

improve quality of life⁶ and reduce referral into the health system.⁷ Unfortunately, the level of engagement in habitual physical activity is poor for those with Parkinson's disease as approximately 64% of this population are leading sedentary lifestyles.⁷ Lack of suitable service provision,⁸ low expectation and interest in the activities offered and low self-efficacy^{9,10} have been identified as barriers to exercise by people with Parkinson's disease. Physical limitations including postural instability and gait impairments may also deter exercise participation.¹¹ Enjoyable exercise interventions that respect the needs and abilities of people with Parkinson's disease may help overcome these barriers and encourage regular participation.

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Irish set dancing along with Tango¹² and different forms of modern dance^{13,14} maybe beneficial activities and encourage habitual participation in exercise in people with Parkinson's disease. Irish set dancing is a social and partnered form of cultural dance and may improve balance, mobility and quality of life^{15,16} through the integration of complex motor skill learning patterns, dynamic balance practice,¹⁷ musical cueing and socialisation.¹⁸ Moreover Irish dance music has a predictable rhythmic beat which may improve the pattern of gait.¹⁹ Irish set dancing is popular worldwide and practiced in America, Australia and Europe.^{20,21} Research has found Irish set dancing to be beneficial in Irish and Venetian people with Parkinson's disease.^{15,16} In 2013, a national conference, "Training course for Irish set dancing teachers and therapists: focusing on Parkinson's disease" was held. The aim of this conference was to provide preliminary information about teaching set dancing to people with Parkinson's disease to lay community set dancing teachers and health care professionals. The conference provided symposium and workshop sessions, delivered by researchers, Consultant Neurologists and Chartered Physiotherapists with expertise in set dance and/or Parkinson's disease. During this conference set dancing teachers noted that insufficient information was available to help them implement safe and beneficial set dancing classes for people with Parkinson's disease.

To the authors' knowledge, no guidelines or resources exist to provide set dancing teachers with comprehensive information about teaching set dancing to people with Parkinson's disease. The aim of this study is to identify the (1) educational needs of set dancing teachers and (2) elements required by people with Parkinson's disease from a set dancing class. The information gathered will inform development of an educational resource that will address specific needs of set dancing teachers and guide delivery of client-centred set dancing classes for people with Parkinson's disease in the community. Providing relevant information and educating set dancing teachers may be one meaningful and novel initiative to help combat the lack of suitable community dance and exercise programmes for people with Parkinson's disease, aforementioned. Educating set dancing teachers may also help establish supportive networks for people with Parkinson's disease as community peers work together to achieve common goals.

2. Methods

2.1. Design

This project was approved by the Education and Health Sciences Ethics Committee. The methodology for this study was developed in line with previous research.^{22,23}

Two separate consensus group discussions, one with set dancing teachers and one with people with Parkinson's disease were conducted. Both group discussions used a nominal group technique.^{22,23} This method allows for priority information in relation to a specific topic to be identified and prioritised through structured group discussion, thus ensuring the most useful and relevant information for inclusion in the resource was identified. A nominal group technique also gives each participant an equal opportunity to speak and prevents individuals from dominating the discussion.^{22,23}

The aim of the discussion with set dancing teachers was to identify their educational requirements in order to teach set dancing to people with Parkinson's disease. For those with Parkinson's disease, the group discussion focused on identifying their needs for the structure of a set dancing class and the knowledge they would like set dancing teachers to have about Parkinson's disease. The consensus group discussions were held on a suitable day and time, in a location convenient to participants. A chairperson (J.S.) was present

at both group discussions. All data collected was anonymized. Each group discussion began with a brief introduction to the session and silent generation of individual ideas. Following this, a round-robin sharing of ideas took place. In this part of the discussion, participants called out one item from their individual list of ideas. The chairperson wrote down all ideas shared on a full view flip chart and ensured each participant was given an opportunity to speak. The process of round-robin sharing continued until participants had shared all items on their lists. Participants then discussed all the items on the flip chart and with the help of the chairperson, related items were compiled, via group consensus, to create broader topic areas that represented similar factors pertinent to their needs. Finally, participants were asked to privately rank, by order of priority,^{22,23} (1–5: 1 least important, 5 most important) the topic areas developed during the round-robin discussion.

2.2. Selection of participants

Set dancing teachers, were recruited by an email invitation. This invitation was sent via a gatekeeper, to set dancing teachers on a national database of set dancing teachers for people with Parkinson's disease. Those with Parkinson's disease were recruited by a postal invitation, distributed to people who participated in a study exploring the benefit of set dancing for people with Parkinson's disease.²⁴ This was done to ensure participants would have experience of set dancing and thus be able to contribute participant evidence to the study. All participants received a patient information leaflet and were required to provide written informed consent prior to participating in the study. Participants were also asked to provide an email address so a draft version of the resource could be emailed for review and feedback.

2.3. Data analysis for consensus group discussions

Demographic information for set dancing teachers was collected and presented descriptively. Descriptive statistics using SPSS version 22 were used to analyse demographic information for those with Parkinson's disease.

The final data collected from the group discussions was analysed by tabulating participants rank-ordering of items to be included in the educational resource. The most important item received the highest ranking score-(5).²³ Participants' top five ranking items were included in the educational booklet. This ensured in-depth information was provided on the topics identified as most relevant.

3. Results

3.1. Description of participants

Five set dancing teachers volunteered to participate. All participants taught set dancing in the community and had been involved in classes for people with Parkinson's disease. Participants had limited knowledge of the evidence-based information available in the area of dance for people with Parkinson's disease.

Six people with Parkinson's disease participated in the study. The demographic profile of participants is presented in [Table 1](#).

3.2. Findings

[Figs. 1 and 2](#) display a summary of the topic areas participants felt most important to include in this resource and the ranking results. The topic area that received the highest ranking score was deemed most relevant to participants. Topic areas with the same ranking score were deemed as having equal importance.

Within each topic area, suggested factors and/or items for discussion in the educational resource were developed. These items

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