

Peers Fostering Hope: A complement to acute & rehabilitation care

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BACKGROUND

The days and weeks following a stroke can be an overwhelming and stressful time for patients and families. Healthcare providers are skilled at managing medical and motor recovery issues, but lack first-hand knowledge of the patient's experiences of living with a stroke to comfortably and adequately support their emotional needs. Peer support can help bridge this gap by enhancing in-hospital care through an emotional and social connection between someone already successfully living with stroke in the community and someone newly affected by stroke.

Research has shown that stroke patients want peer support.¹ Engaging in conversations with others who share a similar experience can affect recovery by decreasing feelings of fear and isolation, enhancing confidence and the ability to cope, providing empowerment, motivation, hope and initiating new possibilities for the future.^{1,2,3,4} Peer support is also reciprocal. The individual providing the support is able to build self-confidence and reinforce the use of coping strategies that have worked for them and others.⁵

There are few documented examples of programs using a one-to-one model in a hospital setting. The value of offering one-to-one peer support on a stroke unit (acute or rehabilitation) and understanding its impact is unclear. An ethics research board approved study was conducted in 2013 to:

Explore the value of the Peers Fostering Hope program, a non-clinical model of stroke care, from the perspective of the person receiving support (recipient), those providing the support (peers) and the healthcare providers (site champions) that support this model of care in Toronto

Program description:

Peers Fostering Hope (PFH) is an in-person, one-to-one peer support program for persons with stroke and their family/caregiver still residing in hospital (acute and rehab) or attending outpatient rehabilitation. The goal is to provide emotional support, hope for improved recovery, and decrease feelings of isolation by connecting with someone who is successfully living with stroke in the community.

Prior to beginning their visits, peers must:

- undergo a comprehensive screening and application process coordinated by the sponsoring organization (i.e. March of Dimes Canada);
- complete a comprehensive 16-hour education/training program;
- complete the hospital's volunteer application requirements;
- meet with designated stroke unit champion to tour the unit and discuss the logistics of the visits

METHODS

Four Toronto hospitals (acute n=2; rehab n=2) and 1 integrated stroke unit in Oshawa offering the Peers Fostering Hope program were included in the study. Research ethics board approval was granted by all participating sites.

A qualitative research design was used to collect narrative data through:

- Individual semi-structured interviews with persons with stroke (n=6)
- A focus group with peers (n=5)
- 2 focus groups with site champions (healthcare providers (n=9))

All data was recorded and transcribed verbatim. Data analysis was guided using a thematic approach.

RESULTS

The PFH program was perceived as an important adjunct to the current model of acute and rehab stroke care. All 6 participants referenced the notion of hope. The following key themes were identified by interviewees:

Persons with stroke indicated:

- They no longer felt alone and identified peer support as a key step to their recovery;
- They used many affirmative terms to describe the impact of the visit: inspired, hopeful, encouraged, reassured;
- The visit helped normalize their feelings;
- Knowledge of what to expect decreased fear and anxiety— seeing someone living their life was enough for them.

After having a chat with her, knowing that she was in a situation that was even far more difficult just helped me refocus and think about the positive of moving on.

Having someone who's been through it means you're no longer alone.

He's become a friend, a role model and has given me hope at a time when I really needed it

Feedback from peers included:

Peers feel a sense of purpose and self-worth knowing that their stroke experience can help someone else

Peers can see the difference their visit makes. They normalize feelings, reassuring the person with stroke

Peers valued the training, learning and receiving peer support from each other

The training and visits have contributed to their own personal development in the areas of listening and self-confidence

RESULTS

Healthcare providers indicated:

Peers are perceived as valuable members of the healthcare team by providing emotional support to patients.

Healthcare providers notice the impact of peer visits on therapy and caregivers are less anxious and more relaxed after a visit.

Patients don't always have the chance to talk about their emotions in acute care. It just opens the door for that opportunity and it's therapeutic.

I find there is a value added with having these volunteers because the clinicians can see that it helps their work. It helps relieve some of the stress off the patient because they're getting some of the support that they need.

CONCLUSION & NEXT STEPS

- The PFH program is valued for its complementary approach to the current medical model of stroke care.
- It enables the delivery of more emotionally and experientially connected support for patients and families which can impact their outlook on life and potential recovery outcomes.
- The program continues to grow within the Greater Toronto Area with 9 hospitals currently offering the program.
- To meet the requests received to expand the program across Ontario and Canada, an implementation guide and toolkit have been created to assist others in replicating the program.

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