“Peer Volunteers Home Visit Programme”

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Facing End Stage Renal Failure (ESRF)

= ?

- Loss of the Function of a vital organ
- A life and death decision
- Adjustment & adaptation to an artificial means in sustaining life
Facing End Stage Renal Failure (ESRF)

Significant life style changes

To adapt to Renal Replacement Therapies (RRT – CAPD or Haemodialysis)
Technical training on dialysis management is not enough

Psychological support from our staff may not be sufficient

Peer Volunteers Home Visit Programme (PVHVP) was established by the Renal team and Renal Patient Support Group (康寧腎友會)
PVHVP was targeted to:

- Provide peer support
- Help new patients to live with the disease
Peer Volunteers Home Visit Programme (PVHVP)

- Started to provide service since January 2006
- Volunteers are also renal patients of UCH
- Collaboration with the Agency for Volunteers Service (義務工作發展局)
  the **V-care Voluntary Aid Campaign**: A Befriending Programme for the Deprived (同胞者義工關懷行動)
Peer Volunteers Home Visit Programme (PVHVP)

- Trainings in December 2005: basic communication skill and peer support counseling skill
- Initially 12 peer volunteers were recruited
- For each initial visits, 2 trained volunteers were accompanied by an experienced, retired staff
Peer Volunteers Home Visit Programme (PVHVP)

- Referred patients would be visited for one to five times
- At 2 weeks interval
- Service areas: Kwun Tong, Sai Kung and Tseung Kwan O
Sharing Sessions

Quarterly review meeting between the whole group of volunteers with sharing of experiences and sharpening of communication skills
Literature review

Peer support

- Is a consistent predictor of survival of ESRF patients especially if the support commenced at the start of dialysis treatment. It is correlated with survival and well-being and is beneficial to this patient population.
  (Thong et al, 2007; Boutin-Foster & Alexander, 2000)

- It is a type of support that can be provided by individuals who process experiential knowledge and share lived experiences.
  (Brunier, et al 2002; Colella & Kathryn, 2004; Lee, 2002)
Significance of the study

- A pioneer programme for renal patients in Hong Kong
- Having been running for >18 months
- A lack of evidence: The benefits of peer support programme and the mechanism through which peer support can enhance ESRF patients to adapt to their living with ESRF
Aim of the study

- Evaluate the nature of peer support as perceived by the ESRF patients
- Explore how the PVHVP can enhance ESRF patients’ adaptation to the living with RRT
Research design

- Cross-sectional descriptive study
- **Phase I quantitative** approach: a telephone interview using a standardized questionnaire
- **Phase II qualitative** approach: semi-structured interview
Description of instruments

Social support component:

- Adopted the Chinese version of modified Social Support Questionnaire Transaction (SSQT) (Suurmeijer, Doeglas & Brianson et al, 1995)
- 30 statements measured in 4 points ordinal scale

The PVHVP satisfaction component:

- 10 closed ended questions exploring level of satisfaction toward the PVHVP
Phase I Self-reported Questionnaire

- Conducted from June 2007 to October 2007
- 86 ESRF patients in the PVHVP, 71 met the selection criteria
- 65 ESRF patients completed Phase I data collection (Response rate: 91.5%)
Findings of Phase I: Perceived level of social support

- Social support instrument used in this study included 4 components:
  1) Emotional support
  2) Tangible support
  3) Informational support
  4) Social companionship

- The perceived level of emotional support was rated the highest among the 4 types of support (mean=3.29) (SD=0.46)
Perceived level of social support

Mean score of the social support

- Emotional
- Tangible
- Informational
- Companionship

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Mean</th>
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<tbody>
<tr>
<td>Emotional</td>
<td>3.35</td>
</tr>
<tr>
<td>Tangible</td>
<td>2.80</td>
</tr>
<tr>
<td>Informational</td>
<td>2.65</td>
</tr>
<tr>
<td>Companionship</td>
<td>2.20</td>
</tr>
<tr>
<td>Type of support</td>
<td>Aspects</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Emotional</td>
<td>Felt being cared and concerned</td>
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<tr>
<td>Informational</td>
<td>Information exchanges with peer volunteer about emergency management of CAPD</td>
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<tr>
<td>Informational</td>
<td>Advised by peer volunteers on daily observations concerning signs of peritonitis</td>
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<tr>
<td>Informational</td>
<td>Shared the experience on the ways to communicate with health care professionals</td>
</tr>
<tr>
<td>Tangible</td>
<td>Referrals by the peer volunteer to professional support in the event of deterioration of health condition</td>
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Majority of participants experienced

- Friendliness
- Patience
- Understood their feelings
- Trust-worthiness
- Practical help
Findings of Phase II

Five major themes were revealed:

- Practical advice from peer volunteers
- Felt being listened and understood
- Positive role model
- Widened social network
- Wisdom to live a meaningful life with ESRF
The nature and pattern of peer support were well accepted by the participants of PVHVP.

Positive influence on ESRF patients by the peer volunteers.

Worth to promote such a cost effective programme.
Future Directions

- A cross sectional study only, follow up studies are required.

- The influence on the peer volunteers (on-going) will be evaluated.
  
  -- Preliminary findings showed positive outcome.
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