

# “Peer Volunteers Home Visit Programme”

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# Facing End Stage Renal Failure (ESRF)

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- 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)

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**Significant  
life style  
changes**

To adapt to Renal Replacement Therapies  
(RRT – CAPD or Haemodialysis)



# Background

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- 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)

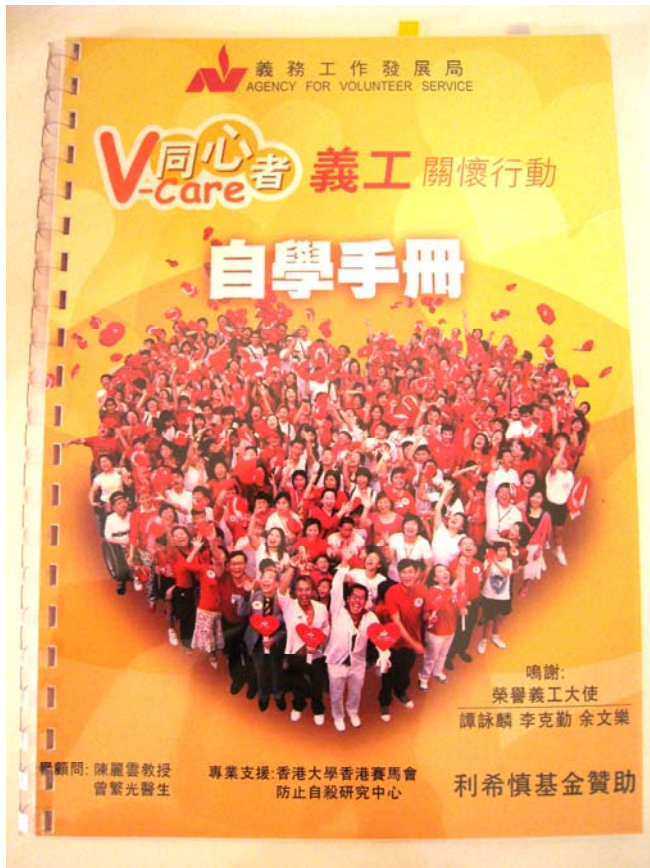
# Background



**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 (同心者義工關懷行動)*

# 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

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- 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

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- 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

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- 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

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- 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

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## 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

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- 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

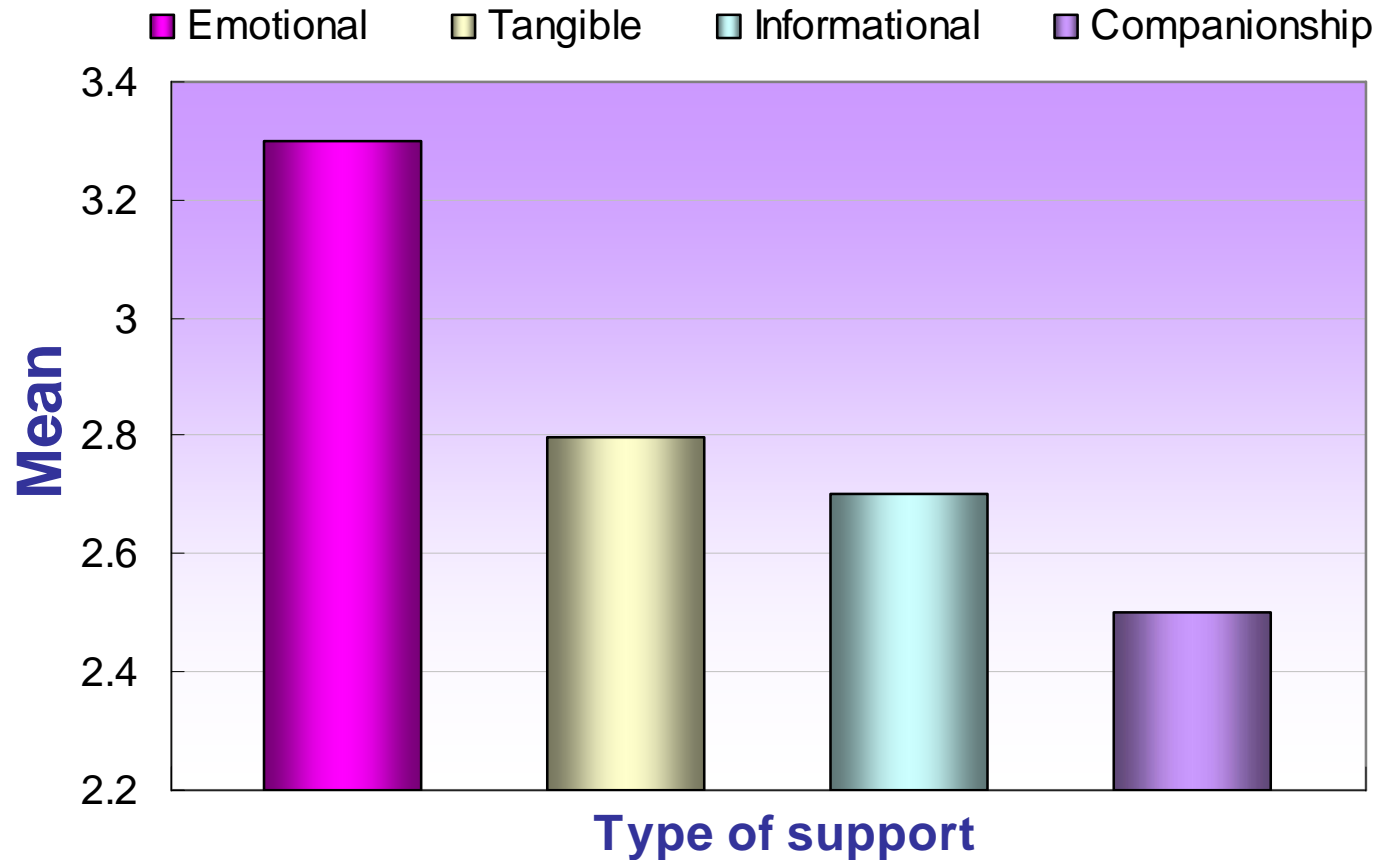
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- Social support instrument used in this study included 4 components:
  - 1) Emotional support
  - 2) Tangible support
  - 3) Informational support
  - 4) Social companionship
- The perceived level of emotional support was rated the highest among the 4 types of support (mean=3.29) (SD=0.46)



# Perceived level of social support

## Mean score of the social support



# Five most satisfied aspects in peer support

Type of support	Aspects	Frequent
Emotional →	Felt being cared and concerned	100%
Informational →	Information exchanges with peer volunteer about emergency management of CAPD	95.4%
Informational →	Advised by peer volunteers on daily observations concerning signs of peritonitis	93.8 %
Informational →	Shared the experience on the ways to communicate with health care professionals	93.8 %
Tangible →	Referrals by the peer volunteer to professional support in the event of deterioration of health condition	92.3%

# Majority of participants experienced



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**Friendliness**

**Patience**

**Understood  
their  
feelings**

**Trust-  
worthiness**

**Practical help**



# Findings of Phase II

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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



# Conclusion

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- 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

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- 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



# Acknowledgment

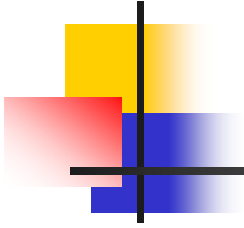
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Thank You!