



**Service Priorities and Programmes
Electronic Presentations**

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Action Project on Development of Peer Support Specialist In Kwai Chung Hospital

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Introduction

Mental health system in HK has been undergoing community-focus, personalized and dignified care model. The application of patient empowerment and recovery model is dedicated. Evidence has shown that patient empowerment scores increase in the reports from peer support studies. New way of thinking and behaviour, consistent engagement, gaining more control of disease symptoms, increased self-esteem are developed through a reciprocal peer support relationship. Peer support specialist (PSS) is shown to have positive impacts on patient empowerment. A new post "Peer support specialist (PSS)" has been created in Kwai Chung Hospital since 2012. A total of 5 PSS are being employed in the following settings: i. Psycho-geriatric Service ii. Child & Adolescent Psychiatry iii. General Adult Psychiatry iv. Psychiatric Rehabilitation Unit V. Psychiatric Rehabilitation Unit

Objectives

Five objectives of the evaluation. 1. To identify cultural awareness of peer support specialist program 2. To identify the empowerment potentials of peer support specialists(s) 3. To identify educational programs be put in clinical areas 4. To identify factors that serve to or short-circuit the empowerment process of peer support specialist and other participants 5. To translate individual empowerment into collective identity in mental health nursing through clinical networks

Methodology

A 2-tier training and support system has been adopted 1. Training and Support PSS are supervised and trained by mentoring teams in different clinical settings. 2. Empowerment coaching The empowerment coaching adopts naturalistic approach with 4-Stage Action Learning Cycle (Plan-Action-Observe-Reflect). A monthly patient empowerment coaching is led by a nurse specialist who needs to adopt different roles according to action-learning cycle including leader, empowerment coordinator, facilitator, planner, observer and reporter. Coaching is taken place in Patient Resource & Social Centre, a central-platform characterized by democratic, supportive and suitable place to identify agenda issues of patient empowerment between stakeholders. Four PSS are encouraged to plan, act, observe and reflect own

experiences of being PSS. Six empowerment attributes devised by concept analysis in Walker & Avant Approach (2005) guides the experience consolidation, which are (i) Working together (ii) respect for choice, (iii) share-decision making, (iv) therapeutic communication, (v) gaining control, & (vi) knowledge acquisition.

Result

Communication agent It was reflected that there might be a communication barrier among clinical teams, PSS and empowerment coaching. Since July 2013, 4 mentors have joined the group for listening to PSS feeling and concerns. Specific roles of mentors which are included listener, helper, communication agent between mother teams, PSS and empowerment coaching group. Besides, PSS concerns, reflection and action planning are able to be followed up by their mentors. It is found that therapeutic communication (empowerment attribute) not only existed in the empowerment coaching but should be explicit in the team-based training and coaching. PSS utility There are 5 objectives devised for the empowerment coaching. Cultural awareness of PSS program is being recognised. PSS not only strengthen the confidence to in-pts / out-pts, their own strengths and capacity are recognized thro planned and unplanned actions. They have been involved in mother team activity, carer support program and large-scale health promotion program in order to promote collective identity. They use their stories to keep in touch with carers and public which has successfully gained peers' recognition. Influential effect is demonstrated. During the empowerment coaching, contradiction of viewpoints has always been identified among participants. Nevertheless, mutual support between 4 PSS has already formed to facilitate positive sharing, reflection, and evaluation of mutual strengths and weakness. To build up PSS capacities, involved shareholders are found to have developed different opportunities to increase PSS exposure and confidence. Though individual potentials and inspiration to PSS role are varied, meeting logs and sharing records are generated to reflect participants' strengths and capacities. Personal sharing and reflexivity are noted. Learning points and mutual support networks between PSS are developed. Facilitating factors to PSS Through a reconstruction of personal identity and delegated authority into organizational structure, the PSS utility has become more transparent. It is found that powerful determinants like explicit PSS roles and responsibilities, expanding functions, continuing engagement with mentor and empowerment facilitator, mutual support between PSS, timely training, and publicity are served to promote cultural awareness of PSS program. After introducing PSS mentor system and bimonthly meeting with mentors, empowerment potentials of PSS is clearly communicated between all parties. The presence of PSS mentor, central platform for reflection and empowerment coaching are critical components. Empowerment attributes like working together, therapeutic commun