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Exploring peer-mentoring for community dwelling older adults with chronic low back pain: a qualitative study

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Abstract

Objectives To explore the perceptions of patients, physiotherapists, and potential peer mentors on the topic of peer-mentoring for self-management of chronic low back pain following discharge from physiotherapy.

Design Exploratory, qualitative study.

Participants Twelve patients, 11 potential peer mentors and 13 physiotherapists recruited from physiotherapy departments and community locations in one health board area of the UK.

Interventions Semi-structured interviews and focus groups.

Main outcome measures Participants' perceptions of the usefulness and appropriateness of peer-mentoring following discharge from physiotherapy. Data were processed and analysed using the framework method.

Results Four key themes were identified: (i) self-management strategies, (ii) barriers to self-management and peer-mentoring, (iii) vision of peer-mentoring, and (iv) the voice of experience. Peer-mentoring may be beneficial for some older adults with chronic low back pain. Barriers to peer-mentoring were identified, and many solutions for overcoming them. No single format was identified as superior; participants emphasised the need for any intervention to be flexible and individualised. Important aspects to consider in developing a peer-mentoring intervention are recruitment and training of peer mentors and monitoring the mentor–mentee relationship.

Conclusions This study has generated important knowledge that is being used to design and test a peer-mentoring intervention on a group of older people with chronic low back pain and volunteer peer mentors. If successful, peer-mentoring could provide a cost effective method of facilitating longer-term self-management of a significant health condition in older people.

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Keywords: Chronic low back pain; Peer-support; Peer-mentoring; Self-management; Older adults

Introduction

Chronic pain affects 25 to 76% of community dwelling older adults [1]. Prevalence of low back pain increases with age [2], with many older adults experiencing chronic or recurrent symptoms [3]. Chronic low back pain (CLBP) is

complex and challenging to manage, and the healthcare costs for people with CLBP are double those without [4]. The growing population of older adults will inevitably increase the prevalence and impact of CLBP further; therefore, effective methods of managing CLBP in older adults are required.

A range of methods is recommended for CLBP management [1,5], commonly including physiotherapy and self-management strategies [1,6,7]. Self-management can be challenging given the individual nature of CLBP, and different self-management approaches may suit different people, therefore a range of self-management interventions may be required.

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Self-management can be clinically effective and cost-effective in older adults [8], and adults with CLBP are keen to participate in self-management activities [9,10]. However, several barriers to self-management exist including: time constraints; fear of pain/re-injury, and the absence of a self-management strategy [10–12].

Peer-support might provide a strategy for overcoming some of these barriers, enabling older adults to engage with CLBP self-management. Defined as “. . .the giving of assistance and encouragement by an individual considered equal” [13], the type of assistance offered by peer-support is typically “emotional, appraisal and informational” [13]. Peer volunteers are lay people who receive a moderate amount of training to enable them to deliver an intervention [14], but not to the extent that they would be considered a “paraprofessional” [13].

Peer-support can take many forms, and is commonly delivered in a group format, with chronic pain groups being widespread [15]. However, support groups are not appropriate for or acceptable to all [16], suggesting that alternative forms such as one-to-one peer-mentoring [17,18], should also be explored. Throughout this paper the term peer-support refers to any form of peer-to-peer support, whilst peer-mentoring refers to it being conducted on a one-to-one basis.

Peer-support can enhance the management and outcome of several conditions [13,19–21], including low back pain [22]. To our knowledge, no studies have explored the effectiveness of peer-support specifically as a way of facilitating self-management of CLBP following discharge from physiotherapy, and none has focused on peer-mentoring for older adults with CLBP. The aim of this research was therefore to explore the perceptions of community dwelling older adults with CLBP, physiotherapists, and potential peer volunteers in relation to peer-mentoring for CLBP self-management following discharge from physiotherapy. The knowledge generated will inform the design of a peer-mentoring intervention for older adults with CLBP following discharge from physiotherapy.

Methods

Study design

This was an exploratory, qualitative study on the views of older adults and physiotherapists on the concept of peer-mentoring to facilitate self-management. As the research was applied in nature, the methodology and methods were adopted from applied social policy research to inform the development of an intervention. Rather than adhering to a particular qualitative methodology, this approach is grounded in aspects of both interpretivism and pragmatism, and a key feature is the researcher’s objectivity [23]. The study took place in the Grampian region of Scotland, and ethical approval was

granted by the local committee of the UK National Research Ethics Service (Study No: 13/NS/0094).

Participants

We recruited three convenience samples: (i) Community dwelling older adults with CLBP who were discharged from physiotherapy 3 to 6 months before the study; (ii) Physiotherapists who routinely treat community dwelling older adults with CLBP; (iii) Community dwelling older adults with self-reported experience of successful CLBP self-management, defined as either managing their own condition, or supporting someone with CLBP to self-manage. For clarity we have termed this third group of participants “potential peers”. The potential peers had much in common with the first group of participants. However, the duration of successful CLBP self-management distinguished them from those who had received physiotherapy in the previous 3 to 6 months. In keeping with previous research, older adults were defined as aged 65 years and above and CLBP as 12 weeks duration or longer.

Older adults with CLBP were recruited by their physiotherapist, who identified potential participants from discharge files and mailed the study information packs to them. Interested participants sent a reply-slip to the research team, who contacted them by telephone to discuss the study and confirm eligibility. Eight physiotherapy departments participated. We also recruited participants with CLBP and experience of physiotherapy from a chronic pain support group.

Physiotherapists in one health board area were recruited via an e-mail invitation sent by their lead physiotherapist on behalf of the study team. Interested participants contacted the research team, and were then recruited as for the older adults.

Potential peers were recruited by distributing posters in community venues, circulating study information to voluntary and statutory organisations involved with older people, and speaking directly with older people participating in various groups. All participants provided written, informed consent.

Data collection

Older adults with CLBP and potential peers took part in semi-structured interviews conducted by the research assistant at a location of each participant’s choosing; a public venue or their home. All interviews were audio recorded, and field notes taken during or immediately after the interviews were included in the analysis.

Physiotherapists took part in a focus group or individual interviews, both of which were audio-recorded. Interviews were deemed appropriate for the older people with CLBP and potential peers, as the uniqueness of the CLBP experience may have been lost in a focus group setting [24]. Focus groups were deemed appropriate for the physiotherapists by virtue of their familiarity with discussing and debating clinical issues. Because it was not possible for all physiotherapists to attend

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