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Training peers to support older people with chronic low back pain following physiotherapy discharge: a feasibility study

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Abstract

Objective To determine the feasibility and acceptability of a training programme for peer volunteers to support older adults with chronic low back pain (CLBP) following discharge from physiotherapy.
Design Feasibility study.
Setting Community-based.
Participants 17 adults (4 male, 13 female) with CLBP or experience of supporting someone with CLBP enrolled and 12 (2 male, 10 female) completed the volunteer training.
Intervention Volunteers took part in a face-to-face or blended delivery peer support training programme based on the Mental Health Foundation's "Principles into Practice" and adapted for CLBP by the study team.
Main outcome measures Recruitment/retention rates; demographics; time & resources used to deliver training; training evaluation (questionnaire); knowledge questionnaire, and self-efficacy questionnaire.
Results 17 participants enrolled on the training programme (11 face-to-face, 6 blended delivery). 12 (71%) completed the training (73% face-to-face, 67% blended delivery). The training was positively evaluated. All but two participants passed the knowledge quiz at the end of the training, and the majority of self-efficacy scores (90%) were high.
Conclusions It is feasible to develop, implement and evaluate a peer support training programme for the facilitation of CLBP self-management in older adults following discharge from physiotherapy. Blended delivery of training may facilitate the recruitment of greater numbers of peer support volunteers in future studies. Supported self-management of CLBP pain is widely recommended but can be difficult to achieve. Peer support might be a promising method of facilitating CLBP self-management without additional burden to health services, and should be further evaluated in a larger study.
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Keywords: Peer support; Chronic low back pain; Self-management; Older adults; Training programme

Introduction

Low back pain causes more global disability than any other condition, with the prevalence and burden increasing with increasing age [1]. Chronic low back pain (CLBP; low back pain lasting more than 12 weeks) is a common and disabling condition among older adults [2,3], and the healthcare costs of people with CLBP are double those without [4]. It is therefore

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important to develop effective methods of managing CLBP in older adults.

CLBP is generally managed conservatively, with many older adults with CLBP consulting a physiotherapist. Whilst physiotherapy will be tailored to the individual's needs, the aim of physiotherapy will often be to facilitate self-management in the longer-term [5]. Self-management is at the core of CLBP management, as emphasised in evidence-based practice guidelines [6,7]. Self-management of CLBP, as for other chronic health conditions, can be difficult for the individual to achieve, with several reported barriers [8–10]. Consequently, there is an increasing interest in methods of facilitating longer-term self-management, with a growing evidence-base for peer support [11,12].

Peer support, defined as "the giving of assistance and encouragement by an individual considered equal" [13] has been widely applied in the fields of mental health [14], maternal and child health [15], and diabetes self-management [16]. It has been applied to a lesser extent in the musculoskeletal field, but its effectiveness has been demonstrated in workers with low back pain [11,17] and it has been piloted in veterans with chronic musculoskeletal pain [12]. A systematic review [18] on peer support for chronic non-cancer pain concluded that peer support interventions may be more effective than usual care, but that further high-quality research was required. We therefore deemed it appropriate to develop and test a peer support intervention for older people with CLBP following physiotherapy discharge.

Peer support volunteers can be involved in a range of activities including: sharing experiences, mentoring, goal-setting and building self-esteem [19]. They can have varying responsibilities [20], and can have different roles within interventions from being part of a multicomponent intervention to being the sole provider. As the intervention we developed was intended to be delivered following discharge from physiotherapy, our peer support volunteers had the primary role.

Training of peers varies considerably. Matthias *et al.*'s [12] peer coaches received a 3-hour training session in their study of chronic pain in veterans; however the peer coaches had taken part in previous self-management research. Dennis [21] reported on a 4-hour session to train peers for delivering telephone peer support for postpartum depression, whereas Dale *et al.* [22] employed a 2-day training programme for diabetes education and support delivered by telephone. In contrast, Simpson *et al.* [23] employed 12 weekly 1-day sessions for training peers in mental health, and Tang *et al.* [20] employed a 46-hour programme delivered over a 12-week period to train peers to deliver a diabetes self-management support intervention.

The content of peer support training programmes has more consistency. Most published programmes to date focus on: condition-specific knowledge, communication skills, behaviour change principles, and problem-solving [20,21,23]. Simulation and role play are often incorporated [17,20].

Delivery of peer support training programmes is commonly face-to-face, with some having top-up sessions delivered by telephone during the period that peers are delivering the intervention [12]. Blended delivery (online + face-to-face), known to be effective in healthcare education [24,25], may offer a pragmatic solution to training peer support volunteers without the need for them to travel to a central location, and allowing them to complete the training at times and a rate suitable to their needs. However, blended learning does not appear to have been utilised in peer support training to date.

To our knowledge this is the first study aimed at training peers to facilitate self-management of CLBP in older adults following discharge from physiotherapy and also the first to explore flexible methods of delivering a peer support intervention. The aims of this study were to:

1. Determine the feasibility of delivering a training programme for peer support volunteers to support older people with CLBP following discharge from physiotherapy.
2. Determine the acceptability of the peer support volunteer training programme.
3. Evaluate whether the peer support training facilitates participants to achieve the knowledge, skills and self-efficacy required for delivering the intervention.

This study formed part of a larger study aimed at developing and testing the feasibility of a peer support intervention, the associated training programme, and the methods of evaluation. In keeping with MRC guidance [26] the knowledge generated will be used to inform the design of a future randomised controlled trial to evaluate clinical and cost effectiveness of the intervention.

The study was approved by the North of Scotland Research Ethics Committee (Ref. No.: 13/NS/0094).

Methods

Development of peer support intervention and training programme

The intervention was informed by a systematic review on peer support for chronic non-cancer pain [18], consultation with individuals and organisations experienced in peer support for chronic health conditions, and a qualitative study exploring older adults with CLBP and physiotherapists' perceptions of peer support [27]. The knowledge generated from these activities, along with a wider review of literature, was used to develop the peer support intervention and accompanying peer support volunteer training programme. The intervention, training programme, and all supporting materials were reviewed by a sample of physiotherapists, older people with CLBP, and individuals experienced in peer support for chronic health conditions, prior to being finalised for use in this feasibility study. The intervention was known as

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