

Care for Care-Givers: Peer Support Programme Establishment, Training and Outcomes

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Abstract

Aim

To establish a free, confidential one-to-one Peer Support Programme across a hospital group for colleagues (clinical and non-clinical) under stress, with trained peer supporters and review early outcomes.

Methods

Potential Peer Supporters were identified and trained. A confidential e-mail and telephone line were established and checked daily by the programme lead who links colleagues with Peer Supporters.

Results

Four months after establishment of the programme, a Professionalism in the Workplace survey across the hospital group identified that 92% (1,176) of respondents said that establishment of the Peer Support Programme was a positive step, 82% (1,051) would recommend it to a colleague and 73% (930) would consider using it themselves. In the first year 31 colleagues contacted the programme for support (2.2 per month).

Conclusion

Establishment of a confidential Peer Support Programme modelled on international centres of excellence, is identified as helpful by colleagues. Establishment is cost neutral.

Introduction

Staff is a healthcare organisation's most valuable asset. Staff should be supported in work to ensure delivery of the highest quality patient centred care. Burnout is common in hospital doctors working in Ireland ¹. Burned out doctors are more likely to be involved in adverse events ². The prevalence of adverse events in hospital admissions in Ireland is 12% ³. Medical error is the third leading cause of death in the US ⁴: the majority of errors are preventable. Working in healthcare during the first wave of Covid-19 in Ireland was stressful.

A Peer Support programme modelled on international centres of excellence was established across a hospital group (May 2020) to support staff during stressful events including working during COVID-19, after an adverse event, after an unexpected patient outcome or death or the stress of working during continuous change.

Methods

Respected and experienced HCPs were identified, contacted confidentially, and invited to train to become Peer Supporters. Peer Supporters are non-clinical and clinical staff including doctors, nurses and health and social care professionals (HSCPs), volunteering their time. The majority are peer nominated.

Training includes successful completion of an online, international psychological first aid training programme (~6 hours) followed by specific training from the programme lead using curricula and cases from international centres of excellence (~2 hours). A confidential, dedicated e-mail address and a confidential phone line were established, both are checked daily by the programme lead.

Colleagues under stress are invited to contact the Peer Support programme and are linked by the programme lead with a Peer Supporter who meets them face to face or virtually.

The Peer Supporter provides psychological first aid, a non-judgemental listening ear and a safe space to debrief. Links to resources (exercise, diet, sleep, relaxation, and mindfulness podcasts) are given including free counselling if required. The Peer Supporter follows up one week later. If "red flags" are identified, colleagues are referred to appropriate experts e.g. occupational health, or GP. Regular Peer Supporter meetings are held, chaired by the programme lead. Regarding governance, the programme lead reports to the Chief Medical Officer who is a member of the Executive Committee.

Results

Twenty-three Peer Supporters were trained over three months, with representation from each of the five hospital group sites (Table 1).

Table 1: Profile of Trained Professionalism Peer Supporters.

Role	Quantity
Non clinical/operations	1
NCHD (clinical & research)	5
Nurse (front line & management)	8
Consultant (physicians & surgeons)	8
Health & Social Care Professional	1
Total	23

Thirty five percent (n=1,281) of staff across the hospital group responded to the confidential Professionalism in the Workplace Survey (2020) which closed four months after establishment of the Peer Support Programme. The characteristics of the respondents accurately reflected those of the employees. Ninety two percent (n=1,176) of respondents identified that establishment of the cross-hospital group Peer Support Programme was a positive step. Eighty two percent (n=1,051) would recommend it to a colleague and 73% (n=930) would consider using it themselves. Thirty-one colleagues contacted the Peer Support Programme seeking support in the first 12 months (2.2. per month) from both non-clinical and clinical backgrounds including medical, nursing and Health and Social Care Professional (HSCP).

Discussion

Self-care is a key component of professionalism. HCPs must self-care: to both look after themselves and give the best care to patients. After an adverse event, the prevalence of second victim varies from 10.4% to 43.3%⁵. Almost half of HCPs experience the impact as a second victim at least one time in their career⁶. One of the factors associated with resilience after an adverse event includes talking about it with colleagues⁷. Doctors do not always make use of traditional supports available such as Employment Assistance Programmes⁸. Identified barriers to seeking traditional supports include perceived lack of time (89%), concerns about lack of confidentiality (68%), negative impact on career (68%) and the stigma of mental healthcare (62%)⁸. Doctors prefer one to one rather than group peer support⁸. This is the type of peer support we aim to provide.

The Peer Support Programme at Johns Hopkins (Resilience in Stressful Events, RISE), had 12 calls for peer support in its first year⁹. Numbers have increased since. Our numbers exceeded that in the first year (n=31). Similar to Johns Hopkins, we expect numbers to increase over time. The RISE programme is estimated to save the hospital US \$1.8 million annually¹⁰. This cross hospital group Peer Support programme is in its infancy; therefore assessment is limited. In conclusion, establishment of a Peer Support programme with trained peer supporters across a hospital group is a first nationally and cost neutral. Staff feedback is positive.

Declaration of Conflicts of Interest:

I, Dubhfeasa Slattery have no conflicts of interest to declare.

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