Experiences of delivering a peer support intervention to individuals who have had an amputation

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Introduction

- Project in physical health
  - Initial project in a stroke service

- Current stage
  - Application for an extension
  - Interviews and transcription

- Overview
  - Focus on process so far
  - Reflections
Amputation can impact physically and socially, resulting in depression and other psychological difficulties (Horgan & MacLachlan, 2004).

- For example, loss of mobility, control, self-esteem, income, perceived loss of attractiveness and anticipated future (Fitzgerald, 2000).
- Individuals may experience social isolation, hopelessness, anxiety, frustration, guilt, fear and suicidal thoughts (Wamuz, Szelia, Krzemien, Stemplewska & Witanowska, 2004).

Social support can help individuals to adapt and cope with chronic illness and disability (Valizadeh, Dadkhah, Mohammed, & Hassankha, 2014).

- The transition phase (Clark, Barbour & McIntyre, 2002).
- Can increase self-care and positively influence an individual’s physical, mental, and social condition (Valizadeh et al., 2014).
Peer-support

Different definitions of peer-support within the literature:

- Peer-support is, ‘based on the belief that people who have faced, endured and overcome adversity can offer useful support, encouragement, hope and perhaps mentorship to others facing similar situations’ (Davidson, Chinman, Sells & Rowe, 2006).
- It offers ‘the provision of emotional, appraisal and informational assistance by a created social network member who possesses experiential knowledge of a specific behaviour, or stressor, and similar characteristics as the target population’ (Dennis, 2003).

In the current research, peer-support was considered to refer to a one to one relationship that offers support between two individuals who share a similar experience of having an amputation.
Peer-support across different contexts

- Peer-support across different physical and mental health contexts
  - For example, individuals with cancer, traumatic brain injury, psychosis and chronic pain (Castletein et al., 2008; Doull, O'Connor, Welch, Tugwell, & Wells, 2005; Hibbard et al., 2002; Macvean, White & Fisher, 2008).

- Research suggests both positive and negative experiences
  - Normalise experiences and suggest new ways to cope, but may lead to isolation and negative social comparison (Embuldeniya et al., 2013).
  - Potential challenges for the individual who delivers the support (Doull et al., 2005).
The Current Research

- There is a lack of literature in relation to amputation and peer-support
  - Support groups may ‘jump-start their lifestyle transitions post amputation’ (Jacobson, 1998; Marzen-Groller & Bartman, 2005).

- The majority of literature considers the individual who receives the support
  - Important to consider the psychological impact on individuals who offer the support

- The role of psychology and amputation
  - Psychology can provide important input into physical health settings
  - Currently this input varies in relation to amputation

- The current service
  - An interest in developing the peer-support service
‘What are the qualitative experiences of individuals who offer a peer-support intervention through the current service, and what are the psychological needs and wants of these individuals?’
Research Design

- Qualitative design
  - Concerned with subjective meaning and the way individuals make sense of the world around them (Willig, 2008).

- Interpretative phenomenological analysis (IPA)
  - An individual’s experience of something
  - Participants are encouraged to offer a rich, detailed, first-person account of their experiences (Smith, Flowers & Larkin, 2009)

- Semi-structured interviews
  - In line with IPA recommendations (Smith, Flowers & Larkin, 2009)
  - ‘Can you tell me about your experiences of offering peer-support?’
Method

• The current service
  ○ A national advocacy charity for people with limb loss
  ○ A peer-visiting service
  ○ The process – Was the project viable?

• Participants
  ○ Experienced an amputation and offer peer-support
  ○ Inclusion and exclusion criteria
  ○ Sample size in IPA research (Smith, Flowers & Larkin, 2009)
Recruitment

- Individuals contacted through service
  - Participant information sheet and consent to contact via post and email
  - An advert was posted on the website
  - Process to be repeated after two weeks
  - Consideration of too many applicants

- Consent gained
  - Written or oral
  - Demographic information

- Interviews
  - Telephone or face to face
  - Recorded on dictaphone
  - Debrief form
Currently...

- Twelve individuals expressed interest
  - Aim to interview ten (seven to date)
  - Due to time consuming nature of IPA research (Smith, Flowers & Larkin, 2009)

- Demographics
  - Five males and five females
  - All lower-limb amputations
  - Mixture of experience

- Interviews
  - Between 30 and 120 minutes
  - Only one face to face interview
Reflections

- Initial project fell through in early stages
- Process of producing a new project
- Ethics protocol
  - Unfamiliar and very time-consuming
  - Apply early
- Recruitment
  - Too many participants!
- Application for an extension
- Next steps:
  - Last three interviews
  - Continue transcription
  - Analysis
Dissemination

- Charity would like feedback
  - Presentation of findings (written or verbal)
  - Thoughts about developing a training
- Publication
  - Consideration of journal
  - Number of participants
- Provide a summary of the findings
- Presentation at Lancaster
References


References


Any Questions?