Benefits of Peer Support for Intensive Care Unit Survivors: Sharing Experiences, Care Debriefing, and Altruism

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Background After critical illness, patients are often left with impairments in physical, social, emotional, and cognitive functioning. Peer support interventions have been implemented internationally to ameliorate these issues.

Objective To explore what patients believed to be the key mechanisms of effectiveness of peer support programs implemented during critical care recovery.

Methods In a secondary analysis of an international qualitative data set, 66 telephone interviews with patients were undertaken across 14 sites in Australia, the United Kingdom, and the United States to understand the effect of peer support during recovery from critical illness. Prevalent themes were documented with framework analysis.

Results Most patients who had been involved in peer support programs reported benefit. Patients described 3 primary mechanisms: (1) sharing experiences, (2) care debriefing, and (3) altruism.

Conclusion Peer support is a relatively simple intervention that could be implemented to support patients during recovery from critical illness. However, more research is required into how these programs can be implemented in a safe and sustainable way in clinical practice. (*American Journal of Critical Care.* 2021;30:145-149)

T he use of peer support as a method of supporting survivors of critical illness is gaining momentum internationally.[1-4] After critical illness, many patients and their loved ones are left with lingering physical, emotional, cognitive, and social problems.[5-7] Peer support–based interventions have emerged as a strategy to ameliorate these issues despite a lack of evidence proving the interventions' efficacy.[1-8] These programs need to be evaluated to understand their mechanisms of effectiveness with the goal of measuring clinical impact.

We undertook a secondary analysis of an existing data set to explore what patients believe to be the key mechanisms of effectiveness of peer support interventions during intensive care unit (ICU) recovery. Previous analysis has explored the key mechanisms of ICU recovery services[9]; this analysis is distinct in that it critically examined how peer support provided benefit within these services and sought to elucidate the effective mechanisms from the perspective of patients.[8]

Methods

The Western Health Research Ethics Committee (Australia), Vanderbilt University Institutional Review Board (US), and the South West (Cornwall and Plymouth) Research Ethics Committee (UK) approved this study.
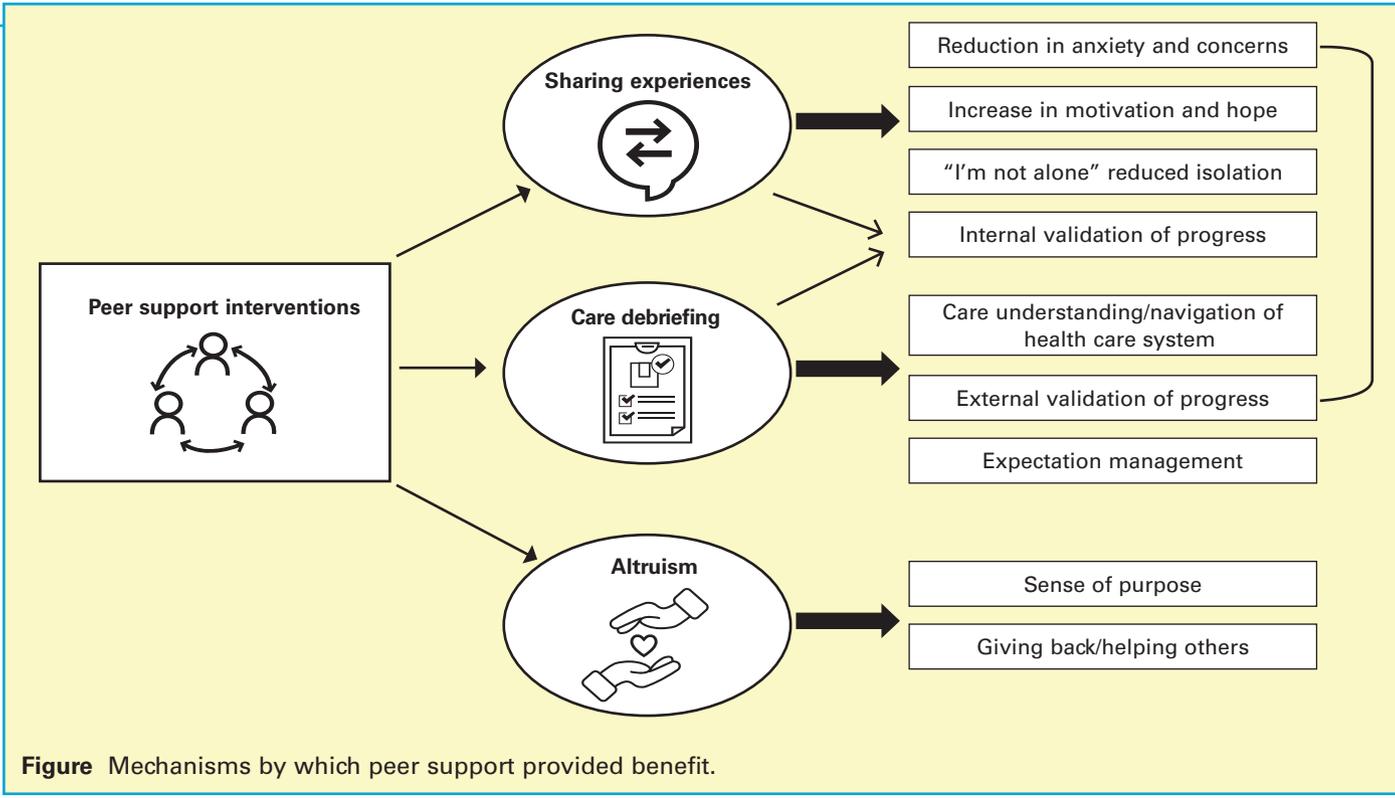
Participants were recruited from ICU recovery services through the Society of Critical Care Medicine's THRIVE program. Clinicians approached their patients about the study and passed contact details of patients who were interested in participating to the research team. We obtained the patients' consent before undertaking interviews.

THRIVE was established to bring together critical care clinicians who use ICU follow-up clinics and peer support models to improve patient and family outcomes. Within the THRIVE Collaboratives, 6 models of peer support are used, and all 6 are represented

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Figure Mechanisms by which peer support provided benefit.

In the figure:
- **Peer support interventions** branches to three mechanisms:
  - **Sharing experiences** → Reduction in anxiety and concerns; Increase in motivation and hope; "I'm not alone" reduced isolation; Internal validation of progress
  - **Care debriefing** → Internal validation of progress; Care understanding/navigation of health care system; External validation of progress; Expectation management
  - **Altruism** → Sense of purpose; Giving back/helping others

within this study.[1] All programs involved in the THRIVE ICU follow-up clinic collaborative use a multidisciplinary approach.

We used purposive sampling strategies in this study. We interviewed patients from THRIVE sites across the United States, United Kingdom, and Australia. We also interviewed patients who received no recovery service (intervention) to contextualize the perceived benefits of and to understand any negative consequences of peer support. We recruited patients who were not part of a THRIVE program through the Society of Critical Care Medicine's social media. We interviewed the participants' caregivers and family members separately. We conducted interviews via telephone, and each patient was interviewed once. We used a semistructured interview format (Supplement—available online only, at www.ajcconline.org), and all interviews were audio recorded and transcribed verbatim.

Interviews were conducted by 3 female researchers (J.M., L.M.B., E.H.) and 1 male researcher (J.J.). All are clinicians trained in qualitative research and critical care clinical practice (nursing, physiotherapy, and psychology). All of the researchers described their professional background and their role in the research. The interviewers were not part of the clinical care team that had cared for the participants they interviewed. Participants were given the opportunity to ask any questions about the study before it began. Interviews lasted 20 to 60 minutes.

We used framework analysis as a systematic and transparent method of analyzing themes and produced matrices to compare the occurrence of themes.[10] Two members of the research team (J.M., L.M.B.) coded data and 3 (J.M., L.M.B., T.J.I.) analyzed the data. We initially grouped the data under broad repeated themes, and then we used the framework method to synthesize the data for specific mechanisms related to peer support effectiveness to generate themes. An audit trail was uploaded onto a secure site for researchers involved in the analysis. Member checking was undertaken, and members of the research team not directly involved in data analysis or collection conducted a peer review of the final analysis (C.M.S., K.J.H.).

Results

We conducted interviews with 52 patients from 14 THRIVE sites across the United States, United Kingdom, and Australia and 14 former ICU patients who received no recovery service (total interviews = 66). Interviews took place between July 2018 and February 2019. Interviews were stopped in February 2019 because there was a consensus among the research team that no new themes were emerging from the data.

The median (interquartile range) age of the participants was 52 (40-62.5) years and 40 (60%) were female. All patients approached consented to being interviewed.

Patients described 3 primary mechanisms by which peer support provided benefit: (1) sharing experiences, (2) care debriefing, and (3) altruism (see Figure).

Table
Illustrative quotes from participants

Mechanism	Supporting quotations
Sharing experiences	
Reduction in anxiety and concerns	I'd tell them the situation I was in . . . whether it's two of us or seven of us, a lot will come out. You will lose stress. I lost stress. You'll feel better about everything. [patient 35]
Increase in motivation and hope	I felt such comfort in everybody else's misery and solely for the only purpose and reason is that I'm not alone . . . it was such a level of comfort. [patient 34]
Reduction in social isolation	It's the isolation part of it, like you think that you're the only one in this situation . . . until you hear other people's stories you feel isolated and alone, you know, and soon as I started hearing other people's stories . . . I finally realized I am not on my own; I am not isolated; there [are] other people and that's really important. [patient 2]
Internal validation of progress	. . . got him to come over and chat with you, he had went through exactly the same as you and he is great now—he is living normal. [patient 4]
Care debriefing	
Care understanding/navigation of health care system	It was good to talk about the experience. It was good to talk to other people who had the same thing, that my experience wasn't unique. And they talked about some coping mechanisms and stuff. [patient 66] And everybody is really attentive . . . we can give you some advice from where we are, what we have been through, rather than coming from a medical perspective . . . because we have walked a path. [patient 10]
External validation of progress and feelings	. . . that people have it worse than I do and made me feel like I'm not alone. I'm not just going crazy, this is a big deal. [patient 46]
Internal validation of progress and feelings	Just being able to talk to somebody who understands what you're talking about. People can sit there and nod their heads . . . but if they ain't been through it, they have got no idea what's going on. [patient 33]
Expectation management	You've got to make compromises. You can't just quit living. You've got to take some risk . . . learning to navigate through that process. [patient 41] It's not that you want other people to be miserable and in the same boat, it's that you want to be reassured you aren't odd or unique. It is reassurance. [patient 9]
Altruism	
Sense of purpose	It has helped me, to try and help other people. [patient 24] There was a sense of common purpose, of support, quiet support for each other and being in the presence of other people who knew what it was like to be incapacitated. [patient 25]
Giving back/helping others	I went through hair loss . . . people that are like, oh, my gosh, what's happening. I love being able to [say] hey . . . it'll grow back. I'm proof in the pudding. [patient 34] I felt that I could give something back. [patient 3] Part of my recovery is that I'm helping others. I'm giving back. [patient 44]

Illustrative quotes and how these mechanisms manifested are shown in the Table. We found no distinct differences between those who did and did not take part in peer support programs.

Sharing Experiences

Sharing experiences supported recovery in several ways. Patients' anxiety decreased because they felt reassured that other patients had similar issues. Participants described increased hope and motivation with a subsequent reduction in social isolation. Interacting with patients who were further along the recovery trajectory helped patients visualize and understand that their condition could improve (*internal validation*).

Care Debriefing

Understanding the recovery trajectory and interacting with others allowed patients to better comprehend their ICU illness narrative and supported them in navigating complex health care systems. Care debriefing also supported realistic goal setting and helped patients calibrate accurate expectations of recovery and the recovery time frame (*external validation*). Interacting with others on the same pathway helped patients understand their health challenges and visualize their progress (*expectation management*).

Altruism

The sense of giving back to other patients, the hospital system, and the ICU was an important

benefit of peer support. Patients believed that their participation in peer support was advantageous to a variety of stakeholders including other patients, caregivers, and ICU staff. Taking part in peer support programs gave patients a sense of purpose.

Discussion

This brief report illustrates the perceived benefit of peer support from the perspective of an international cohort of critical care patients. The use of peer support has been established in other populations; this research adds to the growing body of evidence about its mechanisms of effectiveness with critical care survivors.[2] Providing a sense of purpose was an important component of peer support effectiveness, distinct from that provided by post-ICU clinics.[8] Sense of purpose is a modifiable risk factor associated with all-cause mortality.[11] Peer support could therefore be a low-cost solution that provides important psychosocial benefits after critical illness. Peer support also appears to reduce social isolation in patients. Social isolation and loneliness have been shown to increase mortality across a wide range of disease pathways.[12] Peer support may mediate this isolation; however, more work is required to understand this relationship.

Our study has limitations. We interviewed patients recovering from critical illness who were actively engaged in programs of support; therefore, this study may not represent the views of patients who are not involved in these support structures. Furthermore, although we used contemporary qualitative methods with several processes to enhance rigor, other interpretations of these data are possible.

In conclusion, peer support appeared to improve outcomes through 3 main mechanisms: sharing experiences, care debriefing, and altruism. Future work should examine outcome measures that align with these mechanisms of effectiveness to help us understand the clinical impact of peer support programs in the post-ICU period.

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1. Can you tell me about how you have been getting on since you left hospital?

2. Thinking back to what you recall of your time in ICU, and then walking through your recovery from hospital to home to now—what were the most important moments for you? What stands out the most to you?

3. Thinking about this time from ICU to home, what were some of the challenges you encountered along the way?

4. How did you try and solve some of these challenges?

5. Can you describe any successful parts of your recovery?

6. Thinking about your involvement in the ICU recovery program, how did you feel when you received the invitation to take part?

7. What motivated you to participate? Why do you think you were able to participate at the time you did?

8. How did you feel when you first went to the program? Did that experience change over time?

9. How has the program influenced your recovery?

10. Has anyone commented on changes they have seen in you; if so, what have they said?

11. What do you think are the most important parts of a support program?

12. How could we better support patients and their families following discharge from ICU?

13. If another patient was thinking about participating in such a program, what would you say to them?

14. Is there anything else you would like to add or ask?

Supplement Patient interview questions.

Abbreviation: ICU, intensive care unit.