



Millenium, 2(Edição Especial Nº16)




A INTERAÇÃO PELOS PARES NA PESSOA COM DOENÇA CRÓNICA: PERSPETIVAS E PRÁTICAS DOS ENFERMEIROS
PEER SUPPORT INTERACTION IN PEOPLE WITH CHRONIC DISEASES: NURSES' PERSPECTIVES AND PRACTICES
LA INTERACCIÓN ENTRE IGUALES EN PERSONAS CON ENFERMEDADES CRÓNICAS: PERSPECTIVAS Y PRÁCTICAS DE LAS ENFERMERAS

Liliana Escada Ribeiro^{1,2}  <https://orcid.org/0000-0003-3798-347X>

Cármén Nogueira^{1,3}  <https://orcid.org/0009-0009-8417-4166>

Margarida Antunes^{1,2}  <https://orcid.org/0009-0008-7858-2107>

Andréa Marques^{4,5}  <https://orcid.org/0000-0002-2026-9926>

Ricardo Ferreira^{6,7}  <https://orcid.org/0000-0002-2517-0247>

¹ Unidade Local de Saúde de Coimbra, Coimbra, Portugal

² Núcleo de Investigação em Enfermagem (NIE), Coimbra, Portugal

³ Unidade de Inovação e Desenvolvimento (UID) do Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

⁴ Escola Superior de Enfermagem de Coimbra (ESENfC), Coimbra, Portugal

⁵ UICISA: E - Unidade de Investigação em Ciências da Saúde: Enfermagem, Coimbra, Portugal

⁶ Escola Superior de Enfermagem de Lisboa (ESEL), Lisboa, Portugal

⁷ Centro de Investigação, Inovação e Desenvolvimento em Enfermagem de Lisboa (CIDNUR), Lisboa, Portugal

Liliana Escada Ribeiro – 24466@ulscoimbra.min-saude.pt | Cármén Nogueira – carmennogueira@ulscoimbra.min-saude.pt |

Margarida Antunes - 6392@ulscoimbra.min-saude.pt | Andréa Marques – andreamarques23@gmail.com | Ricardo Ferreira – ferreira.rjo@gmail.com



Corresponding Author:

Liliana Escada Ribeiro

Avenida Drº Armando Gonçalves, Lote 15, Ap. 105

3000-059 – Coimbra - Portugal

24466@ulscoimbra.min-saude.pt

RECEIVED: 27th May, 2024

REVIEWED: 19th March, 2025

ACCEPTED: 27th March, 2025

PUBLISHED: 14th April, 2025

DOI: <https://doi.org/10.29352/mill0216e.36074>

RESUMO

Introdução: A doença crónica implica mudança na vida das pessoas, exigindo a assunção de novos hábitos para a adaptação a uma nova condição de saúde. A relação dinâmica da pessoa com doença crónica com outras pessoas que têm a mesma doença ("pares"), e que tiveram uma adaptação eficaz, tem potencial para ser benéfica, facilitando o desenvolvimento de comportamentos e competências que promovam uma melhor autogestão da doença e qualidade de vida.

Objetivo: Conhecer as perspetivas e as práticas dos enfermeiros relativamente à promoção da interação pelos pares na sua prática clínica.

Métodos: Estudo observacional e transversal, num hospital universitário. Foi aplicado um inquérito a uma amostra não probabilística de 1-2 enfermeiros por serviço, explorando as suas perspetivas e práticas.

Resultados: Participaram 90 enfermeiros de 55 unidades. 27% referiram que promovem frequentemente a interação pelos pares. 58% considera como "muito importante" este apoio ao doente na adaptação/aceitação à nova condição de saúde. A falta de motivação, envolvimento e a manifestação de sentimentos e crenças negativas são os motivos mais frequentes desta intervenção. Os ganhos esperados centram-se nas dimensões dos comportamentos de saúde e da qualidade de vida.

Conclusão: Os enfermeiros reconhecem as potencialidades da interação pelos pares, mas ainda não existe uma ação sistematizada e intencional para implementar a intervenção de enfermagem: incentivar a interação dinâmica com pessoas com gestão do regime terapêutico eficaz.

Palavras-chave: doença crónica; interação pelos pares; transição

ABSTRACT

Introduction: Chronic disease implies a change in people's lives, requiring the assumption of new habits in order to adapt to a new health condition. The dynamic relationship between a person with a chronic condition and others who have the same disease ("peers"), and who have had an effective adaptation, has the potential to be beneficial, facilitating the development of behaviours and skills that promote a better quality of life and self-management of the disease.

Objective: To describe nurses' perspectives and practices regarding peer support for adults with chronic diseases.

Methods: Observational and cross-sectional study, in a university hospital. A survey was applied to a non-probabilistic sample of 1-2 nurses per service, exploring their perspectives and practices.

Results: 90 nurses from 55 units were interviewed. 27% said they frequently promote interaction between patients with similar clinical conditions. 58% consider peer support to the patient in adapting/accepting a new health condition as "very important". The lack of motivation, involvement, and the manifestation of negative feelings and beliefs are the most frequent reasons for this intervention. The main gains focus on the dimensions of health behaviours and improved quality of life.

Conclusion: Nurses recognize the potential of peer support, yet there is currently no systematic or intentional action to implement the nursing intervention: encouraging dynamic interaction with people with effective therapeutic regimen management.

Keywords: chronic disease; peer interaction; transition

RESUMEN

Introducción: La enfermedad crónica implica cambios en la vida de las personas, exigiéndoles la adopción de nuevos hábitos para adaptarse a una nueva condición de salud. La relación dinámica de la persona con enfermedad crónica con otras personas que tienen la misma enfermedad ("iguales") y que se han adaptado eficazmente, tiene un potencial de ser beneficiosa, facilitando el desarrollo de comportamientos y habilidades que promuevan una mejor autogestión de la enfermedad y calidad de vida.

Objetivo: Conocer las perspectivas y prácticas de las enfermeras respecto a la promoción de la interacción entre iguales en su práctica clínica.

Métodos: Estudio observacional, transversal, en un hospital universitario. Se administró una encuesta a una muestra no probabilística de 1-2 enfermeras por servicio, explorando sus perspectivas y prácticas.

Resultados: Se encuestó a 90 enfermeras de 55 unidades. El 27% afirmó que promovía con frecuencia la interacción entre iguales. 58% considera "muy importante" el apoyo de los compañeros en la adaptación/aceptación de la nueva condición de salud. La falta de motivación, implicación y la manifestación de sentimientos y creencias negativas son los motivos más frecuentes de esta intervención. Los beneficios esperados se centran en las dimensiones de los comportamientos de salud y la mejora de la calidad de vida.

Conclusión: Los enfermeros reconocen el potencial de la interacción entre iguales, pero aún no hay una acción sistematizada e intencionada para poner en práctica la intervención de enfermera: fomentar la interacción dinámica con las personas con una gestión eficaz del régimen terapéutico.

Palabras Clave: enfermedad crónica; interacción entre iguales; transición

DOI: <https://doi.org/10.29352/mill0216e.36074>

INTRODUCTION

In 2019, chronic diseases were responsible for approximately 74% of deaths worldwide, which corresponds to approximately 41 million people (WHO, 2023). Chronic diseases force unexpected changes in people's lives, generating anxiety and great instability, causing changes that lead the person to assume new roles, as well as, to adapt to a new health condition (Sousa, 2015).

The adaptation to a chronic disease and a new health condition can be highly improved following contact with a peer, i.e. a person who has firsthand experience living with a health condition and who assists others in managing that same condition, potentially offering a sense of connection and purpose, as well as, experiential skills for disease management, also known as, peer support (Joo et al., 2022; Thompson et al., 2022).

Peer support can be provided through diverse modes of interaction, such as face-to-face sessions and informal or formal group sessions conducted within hospital settings (Enggaard & Uhrenfeldt, 2016), ensuring a tailored approach that aligns with the individuals' needs, occurring in optimal locations and timing. It can be delivered in a variety of formats, including one-to-one or group sessions (Clark et al., 2020). While the group format may be beneficial for facilitating the sharing of information and resources, one-to-one facilitated sharing of personal experiences and struggles has been observed as a more effective method (Joo et al., 2022).

Contacts with peers are usually programmed and take place in group sessions, managed by health professionals such as nurses, in an outpatient facility (Bastos, 2013). The contact with a peer can also take place in the wards, although not so frequent nor described in the literature (Sousa, 2015).

The support from peers has shown a wide range of positive results, such as receiving emotional support, improvements in disease self-management and therapeutic adherence, well-being, self-efficacy, and increase in quality of life, thereby contributing to the enhancement of their confidence in the decision-making process (Trasolini et al., 2021). Peer support can also increase the effectiveness of chronic disease management by facilitating the sharing of experiences, social comparison, vicarious learning, and motivation (Clark et al., 2020). Its efficacy seems to stem from the establishment of a nonhierarchical, reciprocal relationship facilitated by identifying and sharing similar experiences. Moreover, peer support provides practical help in daily management, creates a stimulating emotional and social environment, and offers ongoing support to assist with the lifelong needs of disease self-care management (Virtic et al., 2023). Peer supporters play a particularly important role in improving the quality of life of individuals with the same chronic disease, with whom they can share knowledge and experiences—some of which healthcare professionals may lack—without linguistic or cultural barriers (Virtic et al., 2023). Peer support is a distinctive form of support based on the expertise of a peer who shares key characteristics with the target population (e.g., age, health concern) and possesses specific knowledge derived from personal experience rather than formal training (Longley et al., 2023). This shared experience enhances the assimilation of new knowledge and perspectives through mutual exchange, making it a particularly effective approach for learning and adaptation."

There are also some risks described, namely advice and support from peers may unintentionally result in misinformation, and safeguarding confidentiality may pose some challenges. Also, peers may personally experience emotional strain due to the struggles of those they support, potentially resulting in emotional fatigue, burnout, or the emergence of their own mental health challenges. The definition of explicit boundaries in peer relationships can be demanding, possibly resulting in inappropriate interactions or misunderstandings (Trasolini et al., 2021).

In addition, several barriers to implementing this intervention have been identified, including skepticism among healthcare professionals. The healthcare culture and organisation of healthcare also have an impact on this. Furthermore, for this intervention to be carried out effectively, the nurse must have the ability and time to listen, identify the person's main concerns, discuss them, and understand how the person experiences their condition (Sousa, 2015).

As part of continuous improvement, we aim to promote wider and planned promotion of this peer support. However, how this intervention is being implemented within our institution is currently unknown, and we have been unable to find data regarding other national or international institutions. There are also no guiding standards for this practice, although the importance of involving patient associations and organisations is recognised (Nikiphorou et al., 2021).

This study aimed to describe the nurses' perspectives and practices regarding the promotion of peer support in their clinical practice (adults with chronic diseases from inpatient and outpatient facilities).

1. THEORETICAL FRAMEWORK

When faced with the diagnosis of a chronic disease, the person becomes weakened and more vulnerable to threats, which affects their health and well-being. The disease creates new demands that require adjustment and adaptation, for which the person is unprepared (Bastos, 2013). The process of adapting to chronic disease is highly complex and depends on individual characteristics, beliefs, and the person's life projects, among other aspects (Bastos, 2013). The promotion of peer support should be a priority for nurses (and the interdisciplinary team), who should intentionally develop a set of interventions towards promoting a healthy health-illness transition.

In the first phase of the disease, before the person acquires a set of skills regarding (self) management of the therapeutic regimen, it is important, from the onset, that the nurse develops intentional interventions to promote awareness, as well as the identification of beliefs and/or meanings that may interfere with the meaning of the transition.

The nurse has the role of facilitator, as the person must learn to manage and control his/her illness, avoiding complications and maintaining the best possible quality of life and well-being (International Council of Nurses, 2015). Here, nursing interventions

DOI: <https://doi.org/10.29352/mill0216e.36074>

involve increasing a person's awareness of the disease and its impact on life, as well as promoting their involvement in the therapeutic process, identifying meanings, beliefs, personal attitudes, and social factors associated with healthy transitions therefore, creating environments that facilitate and promote a healthy adaptation process, facilitating the acquisition of knowledge and skills to deal with the new health condition (Meleis &Trangenstein, 1994).

Peer support is defined as the process of giving and receiving help or encouragement from someone of similar or equal character (Dennis, 2003). Encouraging dynamic interaction between a person with a chronic disease and “peers” with an effective adaptation can enhance their transition. This relationship will act as a reference and provide points of contact, as it allows a feeling of identification that is so important for those who have just seen their identity changed by the diagnosis of a chronic disease (Embuldeniya et al., 2013).

The nursing information system in use at our university hospital (in the central region of Portugal), uses the International Classification for Nursing Practice® (ICNP) in its beta 2 version. The intervention “Encouraging dynamic interaction with people with effective therapeutic regimen management”, is prescribed and implemented on a continuum and, at the same time, assists the person in adapting to their new condition, in areas such as meanings, beliefs, values, and awareness. Thus, interaction with peers who are experiencing similar changes and difficulties tends to facilitate disease management.

2. METHODS

This is an observational, cross-sectional, and descriptive study, carried out in a university hospital in the central region of Portugal. The hospital is comprised by a network of hospital units, including two adult hospitals, two maternities, a pediatric hospital, and a psychiatric hospital. Ethical approval was granted by the Health Ethics Committee of this hospital unit (PI OBS.SF.127-2022).

2.1 Sample

For this study, a survey was applied to one or two nurses per /unit dedicated to the care of adults with chronic diseases (inpatient and outpatient), selected in a non-probabilistic manner. The professionals were selected by the Nurse Manager of each service: one per inpatient ward and one per outpatient consultation and day hospital. The selection of nurses by the Nurse Manager of each unit was conducted with consideration of their professional experience in caring for people with chronic disease, knowledge and potential involvement in promoting peer interaction. This selection process aimed to include nurses who, due to their role and professional background, could provide a representative view of the practices and challenges related to this intervention. We excluded the pediatric hospital, the two maternities, intensive and intermediate care units, as well as complementary diagnostic and therapeutic examination units. With regard to the exclusion of these units, the decision was based on two considerations. Firstly, the specificity of the care provided in each of these units. Secondly, the fact that the study was centred on the adult population with chronic diseases.

2.2 Data collection instruments

The applied survey (Appendix 1) consisted of six closed and three open-ended questions about the perspectives,practices, and documentation of peer support interaction in the clinical records. This survey was developed by the research team, based on a review of the literature and on the experience of researchers who are experts in the field. The selection of the questions was made to reflect relevant perspectives and practices, with the aim of gathering comprehensive information on the topic under study. A pre-test was performed with eight nurses, who were included in the sample. No difficulties were identified regarding the understanding or completion of the questionnaire. As a result, no changes were made to its structure or content following the pre-test. This procedure ensured the adequacy of the instrument for data collection in the main study.

Data collection was conducted in each of the selected contexts, between 4th and 14th October 2022 by the research team and a wider group of interviewers (who had received training to ensure consistency in surveying procedures).

This study was supported by the hospital's nursing department. The nursing director sent an email to the head nurses/nurse managers of each unit, informing them that the research team would visit each unit at a set time to interview colleagues about the nurses' perspectives and practices regarding the promotion of peer support in their clinical practice.

2.3 Data analysis

For the closed questions, we performed descriptive analyses only, determining frequencies and percentages for each answer and, when applicable, means and standard deviation (SD). All data were analysed using the Statistical Package for the Social Sciences (SPSS) software, version 26.

Based on the open-ended questions, a simple content analysis was conducted. One question aimed to identify the contexts and patient groups in which nurses promoted peer interaction. Another question sought to determine whether structured or systematized peer interaction activities were implemented within each unit. The final question explored the potential barriers to the promotion of peer interaction in clinical practice.

DOI: <https://doi.org/10.29352/mill0216e.36074>

3. RESULTS

3.1. Participants characteristics

A total of 90 nurses answered the survey, from 55 units (84% inpatient wards), half were specialist nurses, and all except one provided care (Table 1).

Table 1 - Sociodemographic Characterization of the Participating Nurses (n=90)

Variable	N	%
Unit		
Inpatient	76	84,4
Outpatient Consultation	9	10,0
Day Hospital	5	5,6
Professional Category		
Nurse Manager	4	4,4
Specialist Nurse	45	50,0
General Nurse	41	45,6
Provides Care		
Yes	89	98,9
No	1	1,1

3.2. Individual Perspectives and Practices

After a brief explanation from the interviewers on what peer support is, 26.7% (n=24) of nurses report that they frequently promote it, while 13,3% (n=12) never promote it, with most of the sample promoting it occasionally or rarely (Table 2).

Table 2 - Frequency of nurses' promotion of peer support

Question	N	%
Frequently (1 or 2 times a week)	24	26,7
Occasionally (1 time per month)	26	28,9
Rarely (every 2/3 months)	28	31,1
Never	12	13,3

To select which patient requires peer support, it is seen that 75.3% (n=61) of nurses select the target person for intervention by peers due to a lack of motivation and involvement, and a manifestation of negative feelings and beliefs (Figure 1).

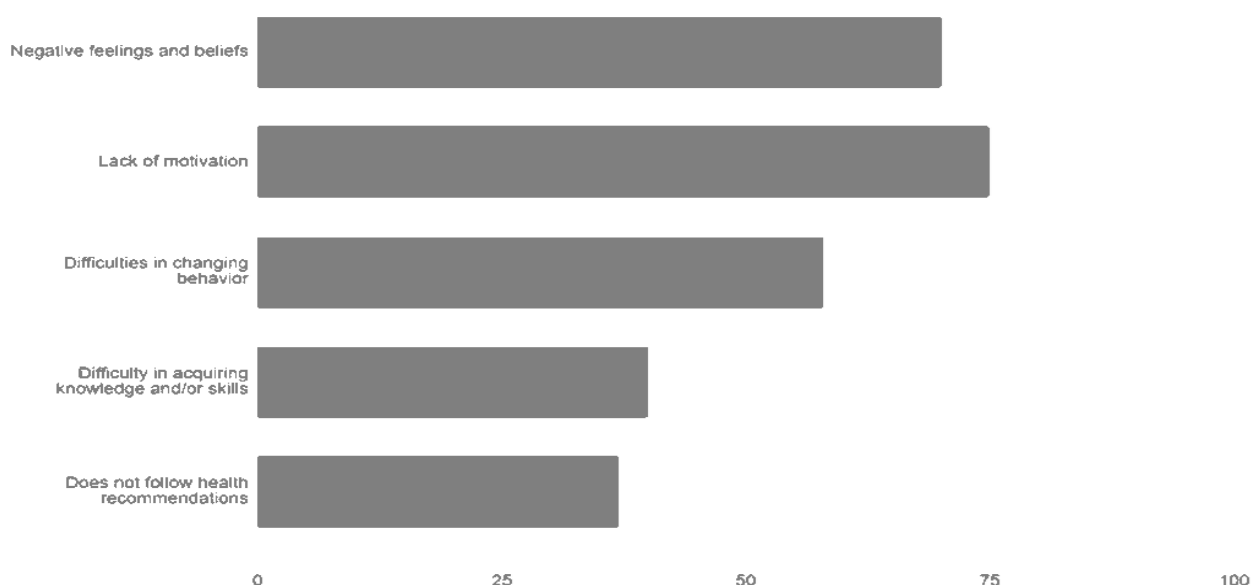


Figure 1 - Key aspects identified by nurses in patients that lead to the implementation of peer support interaction

DOI: <https://doi.org/10.29352/mill0216e.36074>

When questioning nurses, about how they select the peer, who will provide support to their patients, it was found that 82.2% (n=74) of nurses select the peer because this is a patient who is coincidentally at the location and presents an effective adaptation to the disease and adequate management of the therapeutic regimen. On the other hand, 15% (n=12) select the peer because they belong to a patient group or association.

Regarding the nurses' perspectives on how peers can support patients with chronic diseases the main reason was promoting adaptation/acceptance, with 90% (n=76) of the participants considering it "important" or "very important" (Figure 2). The second most frequent reason was emotional and social support, with 33% (n=28) who said that emotional and social support was very important, followed by 29% (n=25) who said the information was very important.

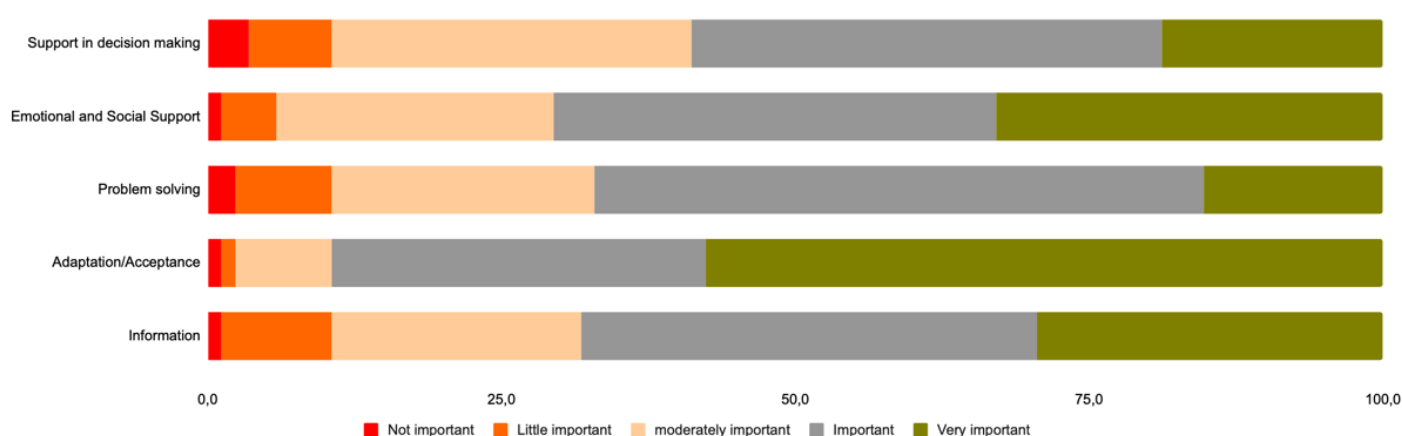


Figure 2 - Nurses' perspectives on how peers can support patients with chronic diseases

The promotion of peer support interaction is documented in the nursing information and documentation system as follows: approximately 8% (n=1) of nurses report that they record it in general notes as it is easier; 25% (n=3) document in general notes, because there is no such intervention in the nursing documentation standard; 23% (n=3) report that they document in general notes because they are unaware of this intervention; 31% (n=4) state that they document this intervention by prescribing the nursing intervention "encouraging dynamic interaction with people with effective therapeutic regimen management". However, despite these varied documentation practices, 68% (n=61) of nurses indicate that they do not document peer support interactions at all, as they perceive them as an "informal activity" rather than a structured nursing intervention.

A majority of nurses (66%, n=59) consider that the main gains of promoting peer support interaction are related to health behaviors for the person with chronic diseases. Additionally, 62% (n=56) indicated that we can achieve gains in quality of life, while 47% (n=42) reported gains in terms of self-care. The open-ended responses revealed that, of the 90 respondents, 78 nurses reported actively promoting peer interaction, specifying the contexts and patient groups in which they implemented this approach. However, 12 nurses indicated that they did not promote peer interaction in their clinical practice. In terms of the existence of structured or systematized peer interaction activities within their units, five units reported having some level of structured intervention. A closer analysis of the responses, however, showed that only one unit—the Otorhinolaryngology unit - had a fully structured approach to promoting peer support interactions. This unit's structured peer support intervention emerged as a unique example of a comprehensive and institutionalized approach within the hospital. The nurses from this unit described a well-established intervention where peer support was actively incorporated into standard care practices. This example is further explored as a case study in section 3.3.

Additionally, the open-ended responses highlighted several barriers to promoting peer support interactions in clinical practice. These barriers included restrictions on contact during the pandemic; limited human resources; unit dynamics; ; the patient's health condition; the absence of a standardised procedures within the unit/institution; insufficient knowledge of this intervention; and a lack of awareness regarding the importance of peer interaction.

DOI: <https://doi.org/10.29352/mill0216e.36074>

3.3. Case Study

In the hospital, there are some structured activities to promote peer support interaction, developed through projects to continuously improve the quality of nursing care, namely through health education sessions during nursing consultations. Of all the units in the hospital, only one was identified as having structured interventions to promote peer support, and this was the Otorhinolaryngology service/unit.

Although peer support, both in individual and group sessions, was already being promoted sporadically, it was only with the introduction of the nursing consultation for respiratory ostomy patients in 2020, and with the allocation of a team of expert nurses, that it was possible to promote this intervention on a regular basis, in an organized and structured way, and to document the patient's clinical records. This team of experts is composed of nurses with recognised expertise in caring for respiratory ostomies. Their expertise is based on both scientific knowledge and extensive clinical experience, which has enabled them to develop and structure peer support interventions in a systematic and sustainable manner. Peer support interaction is promoted through both individual and group sessions, always facilitated by a nurse. Group sessions take place monthly during the 'Laryngectomised Patients' Meeting', involving patients, carers, peers, and patients' association. Individual sessions occur between the patient and the peer in the following settings: preoperative nursing consultation, inpatient care (postoperative period), and follow-up nursing consultation.

The decision between an individual or group session is based on the patient's needs and their stage in the transition process. Individual sessions are typically conducted at critical moments of adaptation, such as the preoperative nursing consultation, during hospitalization in the postoperative period, and during follow-up nursing consultations, providing personalized support. Group sessions, held monthly, aim to foster peer support in a broader setting, encouraging experience-sharing among patients, caregivers, peers, and patient's association. In both individual and group sessions, it is crucial to emphasise that patients and their carers are referred to these sessions by a nurse. This approach is particularly beneficial for patients who are experiencing a transition process, struggling to accept their new health condition, change behaviours and adhere to the therapeutic regimen. Additionally, patients with difficulties in developing esophageal voice are encouraged to participate in these sessions and to feel prepared to share their experiences. It is of the utmost importance that the nurse who oversees these sessions is fully aware of the genuine needs of the patients and their carers. This enables them to provide targeted assistance and facilitate the sharing of experiences, which in turn fosters the acceptance of the patient's new health condition. It is crucial to recognize that the presence of a tracheostomy has a profound impact on both the patient and their family structure. Consequently, these sessions also facilitate the exchange of experiences between carers. Additionally, within the scope of health education, thematic sessions are presented in the group sessions. These include communicating after laryngectomy, oral health, and user rights.

4. DISCUSSION

This study is the first in a Portuguese institution that aims to understand the perspectives and practices of nurses in the context of clinical practice, regarding the promotion of peer support for people with chronic disease. Through interviews with 90 nurses from 55 units, although nurses consider the promotion of interaction between patients with similar clinical conditions to be important, only 27% (n=24) said that they promote it frequently.

A total of 58% (n=49) of nurses considered "very important" peer support to adapt/accept a new health condition. We were able to identify only one service in the hospital that had a structured intervention to promote peer support. This service is the Otorhinolaryngology unit where structured interventions are developed, with the involvement of peers, and patient associations. They have individual and group sessions. Regarding individual sessions, whenever surgery is scheduled (laryngectomy), patients attend a face-to-face nursing consultation, where they are put in touch by telephone or even in person, with peers (volunteer patients who are adapted to their new health condition - e.g. patients with esophageal voice will demonstrate to patients who are about to have surgery how they can communicate). For group sessions they hold a monthly meeting ("Laryngectomized Meeting"), with a group of peers (a group of volunteers from the service and a patients' association - "Associação Portuguesa dos Limitados da Voz"), coordinated by nurses to help patients with respiratory ostomies and their carers in the process of adapting to a new health condition. It should be noted that occasionally the multidisciplinary team (speech therapist, social worker, doctor, and nutritionist) also participates in these group sessions.

This peer interaction is seen as significant learning, which can contribute to the success of the adaptation process to chronic disease. The aim is to encourage the mobilization of this type of strategy as a promoter of adaptation processes to chronic disease, increasing the value of nursing care and ensuring better results in health, well-being, and satisfaction.

The results of this survey show that 87% (n=78) of nurses promote peer interaction in clinical contexts because they recognize that this is a pressing area of attention, and it is sensitive to their intervention. This intervention has been demonstrated to be effective, as peer support has been associated with improved self-management of chronic disease and is a key component of numerous self-management education programmes (Health Council of Canada, 2012).

DOI: <https://doi.org/10.29352/mill0216e.36074>

Regarding the areas identified by nurses in which the peer can help the person with chronic disease, these relate to the adaptation/acceptance of a new health condition, as well as emotional and social support, and information. It is known that peer support is defined as support from a person with similar characteristics and who has had similar experiences. Peer support helps to reduce problematic health behaviours, contributing to better disease self-management, including improving behaviours related to adherence to therapeutic, dietary, and exercise regimens (Health Council of Canada, 2012). This interaction also provides education, emotional support, and practical assistance in solving problems between people facing similar challenges.

Nurses have reported that the expected gains from implementing peer interaction are in terms of health behaviours, quality of life, and self-care. The success of peer support appears to stem from the non-hierarchical and reciprocal relationship established through shared experiences. It is based on the premise that individuals who have faced, endured, and successfully navigated adversity are uniquely positioned to provide meaningful support, encouragement, and hope to those encountering similar challenges. As non-professionals with firsthand experience in managing a health condition, peers offer a distinctive form of guidance that complements professional healthcare support (Yao et al., 2021). While greater homogeneity among peers may facilitate better adaptation to chronic disease by fostering mutual understanding and shared experiences, recent evidence suggests that the effectiveness of peer support also depends on factors such as the quality of interactions, the context in which support is provided, and the individual needs of those involved (Yao et al., 2021; Longley et al., 2023). The assimilation of new information and adoption of behaviours through the mutual exchange of experiences occurs more effectively when presented by peers with whom people identify and share common experiences. Thus, while similarity can enhance connection, diverse peer interactions may also contribute valuable perspectives and coping strategies.

It is crucial to acknowledge that although there are already some structured peer support interaction activities in place at this institution for individuals with chronic diseases, there is a lack of systematic action across the entire institution. This is evidenced by the scarcity of peer interaction examples.

The evidence of the prescription/execution of the nursing intervention "Encouraging dynamic interaction with people with effective therapeutic regimen management" is still limited. Furthermore, there is a lack of systematic documentation of nursing care decision-making processes, which impedes the clear delineation of the data that led the nurses to prescribe and implement an intervention, the way it was implemented, and the outcomes achieved (Sousa, 2015).

Reflecting on their clinical practice when assessing the nursing care documentation standards, nurses have identified the relevance of this intervention. Nevertheless, 68% (n=61) of the nurses surveyed do not document this intervention in the information system, as they consider the promotion of peer support interaction to be an "informal activity". Furthermore, they are unaware of the existence of this intervention in the documentation standard and the fact that this intervention is not yet a structured practice.

One of the limitations of this study is the non-inclusion of all units and nurses at this institution. Although the survey was applied to only one or two nurses per unit dedicated to the care of adults with chronic diseases, it is important to emphasize that this study was conducted in a large university hospital and carried out in fifty-five units. While the sampling strategy, which involved selecting one or two nurses per unit, may appear limited, it is essential to emphasize that this is a preliminary study that does not seek to generalize its findings. Rather, its primary objective is to provide a comprehensive institutional overview and to ensure the representation of nurses from diverse care settings. In future phases, contingent on the development and validation of a robust quantitative scale, a broader implementation involving a larger sample of nurses may be considered.

In any case, the study brings relevant contributions to nursing, as the results of this study made it possible to characterize how the use of "peers" can be a strategy to be incorporated into healthcare, with the aim of developing behaviours and skills that promote health, a better quality of life, and responsible management of chronic disease.

This study led to the creation of a work group, appointed by the nursing director, and the development of a guiding and facilitating procedure to promote peer support and systematize the implementation of peer interaction in the practice of nursing care.

The next steps in the project will involve the implementation of this procedure in three pilot units, selected based on their previous experience in peer support interaction, which will facilitate a more structured implementation process. A subsequent evaluation will assess its effectiveness in increasing good practice. Future studies will aim to develop scales to validate this phenomenon.

CONCLUSION

The prevalence of chronic diseases has been on the rise in recent years, presenting a challenge for health systems in empowering patients to self-manage effectively, incorporating health behaviours that promote their quality of life. Health professionals must equip themselves with all the knowledge and strategies in order to be able to play a significant role in adaptation processes. The promotion of peer support interaction was identified as a potential intervention for nurses in clinical contexts.

The results of this study demonstrate the clear added value that the promotion of peer interaction brings to nurses when they are approaching patients with chronic diseases in clinical contexts. Despite the recognition of its strengths, the existence of systematized actions is scarce. The exploration and analysis of the perspective and practices of the organization's nurses constituted the first phase of this study that will allow the development of guidelines for the effective implementation of nursing

DOI: <https://doi.org/10.29352/mill0216e.36074>

intervention “encourage dynamic interaction with people with effective therapeutic regimen management”, in a systematic, intentional, and global way within the institution. This will facilitate a healthy transition for people with chronic diseases.

ACKNOWLEDGEMENTS

The authors would like to express their gratitude to Núcleo de Investigação em Enfermagem of the Unidade Local de Saúde de Coimbra, as well as, to the team that has also collaborated on this project: António Manuel Marques, Diana Santos, Dulce Carvalho, Helena Tavares, Joana Grácio, Lisa Nunes, Maria Loureiro, Ricardo Limão, João Antunes, Vanessa Anjos.

AUTHORS' CONTRIBUTION

Conceptualization, C.N., A.M. and R.F.; data curation, L.E.R., C.N., M.A. and A.M.; formal analysis, L.E.R., C.N., M.A. and A.M.; investigation, L.E.R., C.N., M.A., A.M. and R.F.; methodology, L.E.R., C.N., A.M. and R.F.; project administration, L.E.R., C.M. and A.M.; resources, L.E.R., C.N., M.A., A.M. and R.F.; writing-original draft, L.E.R. and M.A.; writing-review and editing, L.E.R., C.N., M.A., A.M. and R.F.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

- Adriano, A., Thompson, D. M., McMullan, C., Price, M., Moore, D., Booth, L., & Mathers, J. (2022). Peer support for carers and patients with inflammatory bowel disease: A systematic review. *Systematic Reviews*, 11(1), 200. <https://doi.org/10.1186/s13643-022-02064-6>
- Bastos, F. (2013). *A pessoa com doença crónica: Uma teoria explicativa sobre a problemática da gestão da doença e do regime terapêutico* [Tese de doutoramento, Universidade Católica Portuguesa].
- Clark, E., MacCrosain, A., Ward, N. S., & Jones, F. (2020). The key features and role of peer support within group self-management interventions for stroke: A systematic review. *Disability and Rehabilitation*, 42(3), 307–316. <https://doi.org/10.1080/09638288.2018.1498544>
- Cooper, R. E., Saunders, K. R. K., Greenburgh, A., Shah, P., Appleton, R., Machin, K., Jeynes, T., Barnett, P., Allan, S. M., Griffiths, J., Stuart, R., Mitchell, L., Chipp, B., Jeffreys, S., Lloyd-Evans, B., Simpson, A., & Johnson, S. (2024). The effectiveness, implementation, and experiences of peer support approaches for mental health: A systematic umbrella review. *BMC Medicine*, 22, 72. <https://doi.org/10.1186/s12916-024-03260-y>
- Dennis, C. L. (2003). Peer support within a health care context: A concept analysis. *International Journal of Nursing Studies*, 40(3), 321-32. [https://doi.org/10.1016/s0020-7489\(02\)00092-5](https://doi.org/10.1016/s0020-7489(02)00092-5)
- Elst, K. V. der, Cock, D. D., Bangels, L., Peerlings, L., Doumen, M., Bertrand, D., Caluwé, L. D., Langers, I., Stouten, V., Westhovens, R., & Verschueren, P. (2021). ‘More than just chitchat’: A qualitative study concerning the need and potential format of a peer mentor programme for patients with early rheumatoid arthritis. *RMD Open*, 7(3), e001795. <https://doi.org/10.1136/rmdopen-2021-001795>
- Embuldeniya, G., Veinot, P., Bell, E., Bell, M., Nyhof-Young, J., Sale, J. E., & Britten, N. (2013). The experience and impact of chronic disease peer support interventions: A qualitative synthesis. *Patient Education and Counseling*, 92(1), 3-12. <https://doi.org/10.1016/j.pec.2013.02.002>
- Enggaard, H., & Uhrenfeldt, L. (2016). Experiences of peer support in self-management interventions among people with ischemic heart disease: A systematic review protocol. *JBISIRIR-2016-2372*. <https://doi.org/10.11124/JBISIRIR-2016-2372>
- Health Council of Canada. (2012). *Self-management support for Canadians with chronic health conditions: A focus for primary health care*. Health Council of Canada. https://publications.gc.ca/collections/collection_2012/ccs-hcc/H174-28-2012-eng.pdf
- Hossain, S. N., Jaglal, S. B., Shepherd, J., Perrier, L., Tomasone, J. R., Sweet, S. N., Luong, D., Allin, S., Nelson, M. L. A., Guilcher, S. J. T., & Munce, S. E. P. (2021). Web-based peer support interventions for adults living with chronic conditions: Scoping review. *JMIR Rehabilitation and Assistive Technologies*, 8(2), e14321. <https://doi.org/10.2196/14321>

DOI: <https://doi.org/10.29352/mill0216e.36074>

- Hu, J., Wang, X., Guo, S., Chen, F., Wu, Y., Ji, F., & Fang, X. (2019). Peer support interventions for breast cancer patients: A systematic review. *Breast Cancer Research and Treatment*, 174(2), 325–341. <https://doi.org/10.1007/s10549-018-5033-2>
- International Council of Nurses. (2015). *CIPE: Classificação internacional para a prática de enfermagem*. Lusodidacta. https://futurosenf.wordpress.com/wp-content/uploads/2017/04/cipe_2015.pdf
- Joo, J. H., Bone, L., Forte, J., Kirley, E., Lynch, T., & Aboumatar, H. (2022). The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers. *Family Practice*, 39(5), 903–912. <https://doi.org/10.1093/fampra/cmac004>
- Kong, L., Hu, P., Zhao, Q., Yao, H., & Chen, S. (2020). Effect of peer support intervention on diabetes distress in people with type 2 diabetes: A systematic review and meta-analysis. *International Journal of Nursing Practice*, 26(5), e12830. <https://doi.org/10.1111/ijn.12830>
- Lacombe, D., O'Morain, C., Casadei, B., Hill, K., Mateus, E., Lories, R., & Brusselle, G. (2019). Moving forward from drug-centred to patient-centred research: A white paper initiated by EORTC and developed together with the BioMed Alliance members. *European Respiratory Journal*, 53(2). <https://doi.org/10.1183/13993003.01870-2018>
- Lyons, N., Cooper, C., & Lloyd-Evans, B. (2021). A systematic review and meta-analysis of group peer support interventions for people experiencing mental health conditions. *BMC Psychiatry*, 21, 315. <https://doi.org/10.1186/s12888-021-03321-z>
- Meleis, A., & Trangenstein, P. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook*, 42(6), 255-259. [https://doi.org/10.1016/0029-6554\(94\)90045-0](https://doi.org/10.1016/0029-6554(94)90045-0)
- Murphy, R., Huggard, L., Fitzgerald, A., Hennessy, E., & Booth, A. (2024). A systematic scoping review of peer support interventions in integrated primary youth mental health care. *Journal of Community Psychology*, 52(1), 154–180. <https://doi.org/10.1002/jcop.23090>
- Nikiphorou, E., Santos, E. J. F., Marques, A., Böhm, P., Bijlsma, J. W., Daien, C. I., Esbensen, B. A., Ferreira, R. J. O., Fragoulis, G. E., Holmes, P., McBain, H., Metsios, G. S., Moe, R. H., Stamm, T. A., de Thurah, A., Zabalan, C., Carmona, L., & Bosworth, A. (2021). 2021 EULAR recommendations for the implementation of self-management strategies in patients with inflammatory arthritis. *Annals of the Rheumatic Diseases*, 80(10), 1278–1285. <https://doi.org/10.1136/annrheumdis-2021-220249>
- Sousa, M. R. (2015). Promover o autocuidado apoiar a adesão e a gestão do regime terapêutico – Programa de intervenção de enfermagem em pessoas com diabetes [Tese de doutoramento, Instituto de Ciências Biomédicas Abel Salazar da Universidade do Porto]. Repositório Universidade do Porto. <https://repositorio-aberto.up.pt/handle/10216/80091?locale=pt>
- Thompson, D., Booth, L., Moore, D., & Mathers, J. (2022). Peer support for people with chronic conditions: A systematic review of reviews. *BMC Health Services Research*, 22, 427. <https://doi.org/10.1186/s12913-022-07816-7>
- Trasolini, A., Wood, E., & Thomas, N. (2021). A narrative review of peer support barriers and facilitators in kidney care. *Journal of Renal Care*, 47, 9–16. <https://doi.org/10.1111/jorc.12350>
- Virtic, T., Mihevc, M., Zavrnik, C., Mori Lukancic, M., Poplas Susic, A., & Klemenc-Ketiš, Z. (2023). Peer support as part of scaling-up integrated care in patients with type 2 diabetes and arterial hypertension at the primary healthcare level: A study protocol. *Zdravstveno Varstvo*, 62(2), 93–100. <https://doi.org/10.2478/sjph-2023-0013>
- Werfalli, M., Raubenheimer, P., Engel, M., Musekiwa, A., Bobrow, K., Peer, N., Hoegfeldt, C., Kalula, S., Kengne, A., & Levitt, N. (2020). The effectiveness of peer and community health worker-led self-management support programs for improving diabetes health-related outcomes in adults in low- and middle-income countries: A systematic review. *Systematic Reviews*, 9, 1-21. <https://doi.org/10.1186/s13643-020-01377-8>
- World Health Organization. (2023). *World health statistics 2023: Monitoring health for the SDGs, Sustainable Development Goals*. Geneva: WHO. <https://www.who.int/publications/i/item/9789240074323>
- Yao, X., Wang, X., Yuan, J., Huang, Z., Wu, D., & Xu, H. (2021). Benefits of peer-support nursing intervention to pulmonary function and quality of life in nonsmoking patients with COPD. *Canadian Respiratory Journal*, 2021, 1–7. <https://doi.org/10.1155/2021/7450979>

DOI: <https://doi.org/10.29352/mill0216e.36074>

APPENDIX I

Nurses' Survey

"Peer Support Interaction in People with Chronic Diseases"

Introduction:

The process of adapting to a chronic disease and integrating new therapeutic regimens is highly complex. Nurses play a key role in supporting individuals experiencing a health-disease transition.

The Nursing Research Unit aims to conduct a study focused on how nurses promote the engagement of individuals with chronic diseases with a peer. By "peer," we refer to someone in a similar position who has experienced or is experiencing the same condition or behavior. Peer support is defined as the process of giving and receiving help or encouragement from someone with similar or equal, or with defined characteristics (Dennis, 2003).

We kindly ask for your collaboration in completing this survey, and we appreciate your contribution.

The data provided will be treated anonymously unless otherwise agreed.

Date: ____/____/____

Interviewer: _____

Part I: Sociodemographic Characterization

Unit: _____

☐ Inpatient ☐ Outpatient ☐ Day Hospital ☐ Other

Age: _____ (years)

Professional Category: ☐ Nurse Manager ☐ Specialist Nurse ☐ Nurse

Usually provides care: ☐ yes ☐ no

Professional experience:

Years of service (in the profession): _____ (no. of years)

Years of service (in the current department): _____ (no. of years)

Part II - Individual Perspectives and Practices

1. In your practice, considering a typical month, how often do you promote interaction between one of your patients (people with chronic disease) and other patients in similar conditions (peers)?

(select one option)

☐ Frequently (1 or 2 times a week)

☐ Occasionally (1 time per month)

☐ Rarely (every 2/3 months)

☐ Never

2. In what situations and with whom do you carry out these interventions?

More commonly:

More rarely:

3. What relevant aspects do you identify in the patient (target of intervention) that lead you to develop this type of intervention? (NOTE: Check if the respondent spontaneously indicated these options Yes ☐ No ☐; more than one option can be selected):

Yes ☐ No ☐ – Negative feelings and beliefs

Yes ☐ No ☐ – Lack of motivation

Yes ☐ No ☐ – Difficulty in changing behavior

Yes ☐ No ☐ – Difficulty in acquiring knowledge and/or skills

DOI: <https://doi.org/10.29352/mill0216e.36074>

Yes[]No[] – Does not follow health recommendations

Yes[]No[] – Other (Specify)

4. How do you select the peer who will support your patients?

(NOTE: Check if the respondent spontaneously indicated these options Yes []No[]; more than one option can be selected):

Yes[]No[] – A patient who happens to be in the unit and is known for having adapted well and managing their treatment regimen effectively

Yes[]No[] – A patient with previous training

Yes[]No[] – A patient who belongs to a support group / association related to the problem

Yes[]No[] – Other (Specify)

5. How do you think the peer can help the patient?

	Not important	Little important	Moderately important	Important	Very important
Support in decision making					
Emotional and social support					
Problem solving					
Adaptation/Acceptance					
Information					

6. Are there structured/systematic activities in your service for implementing this type of intervention? Individually or in groups?

- No, no structured interventions, but occasional promotion []

Example: when a hospitalized patient is struggling with treatment adaptation and another patient, known to be well-adapted, is present, they are encouraged to interact.

- Yes, structured interventions exist [] → Individually [] In groups []

Example: There is a plan of activities in the service with the intention of promoting the interaction of a person with adequate adaptation with another patient who needs this type of intervention.

Which ones? (describe them)

7. Do you register this intervention in the information system?

Yes[]

Yes[]No[] – Yes, through the prescription nursing intervention: 'Encouraging dynamic interaction with people with effective therapeutic regimen management'

Yes[]No[] – Yes, in General Notes, because I'm unaware of this intervention

Yes[]No[] – Yes, in General Notes because this intervention is not included in the documentation standards

Yes[]No[] – Yes, in General Notes, because it is easier

Yes[]No[] – Yes, Others (ex. Notes associated with other interventions)

No[]

Why? (Justify)

DOI: <https://doi.org/10.29352/mill0216e.36074>

8. What are the main outcomes/benefits that you believe can be achieved with this type of intervention?
Select the 3 most important.

Quality of life _____
Self-efficacy _____
Symptom management _____
Self-care _____
Social participation _____
Functional capacity _____
Health Behaviours _____
Other (Specify) _____

9. Describe the reasons that may underlie the lack of peer interaction promotion in the context of providing care.

Name: _____
Email: _____