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Australian healthcare workers experiences of peer support during COVID-19: Hand-n-Hand peer support

Erica Musgrove  Western Health, Footscray, VIC, Australia; and Hand-n-Hand Peer Support, Melbourne, Australia
Daniel Bil Hand-n-Hand Peer Support, Melbourne, Australia; and Bendigo Health, Bendigo, VIC, Australia
Tahnee Bridson  Hand-n-Hand Peer Support, Melbourne, Australia; and Royal Melbourne Hospital, Melbourne, VIC, Australia
Brett McDermott Hand-n-Hand Peer Support, Melbourne, Australia; Tasmanian Health Service, Hobart, TAS, Australia; and University of Tasmania, Hobart, TAS, Australia

Abstract

Introduction: Founded at the beginning of the COVID-19 pandemic, Hand-n-Hand Peer Support (HnH) offers free, confidential peer support to healthcare workers (HCWs) across Australia and New Zealand. This survey aimed to evaluate HCWs experiences of peer support and collect demographic data about what groups of HCWs were seeking support.

Methods: An online survey was conducted in November 2021 of HCWs who were either active or past HnH participants ($n = 158$). Questions included 5-point Likert scales, multiple choice and free text responses.

Results: We received 66 responses (42% response rate). The median age range of respondents was 41–45 years and most were female (87.9%). Most respondents (57.4%) reported experiencing no barriers to accessing peer support. The vast majority (81.4%) of HCWs reported a ‘good’ or ‘very good’ peer support experience. Respondents felt peer support helped in multiple ways, particularly in feeling less alone and having a safe space to discuss issues.

Conclusion: Australian HCWs accessing peer support tended to be female and more senior clinicians. Most HCWs engaged in HnH reported overall very positive experiences. Our survey helped to identify several areas for improvement in HnH, including clearer marketing about peer support and more targeted triage assessments.

Hand-n-Hand Peer Support (HnH) was founded in March 2020, amidst the nascent COVID-19 pandemic. HnH is a volunteer-run organisation that offers free, confidential peer support to healthcare workers (HCWs) across Australia and New Zealand.¹ Key drivers for HnH’s creation included evidence of elevated burnout, compassion fatigue and psychological distress in medical practitioners and students prior to the pandemic.² Moreover, Australian data is consistent with studies from numerous countries about HCWs experiencing secondary traumatic stress and other mental health symptoms during the pandemic.³ From a grassroots social media initiative, HnH has grown rapidly over the last 2 years, with over 300 HCWs engaged with our peer support programme at the time of writing.

HnH is a volunteer-run organisation that includes psychiatrists, general practitioners, allied health professionals, nurses, pharmacists and medical students. These volunteers ensure that HnH continues to be accessible and valuable to any healthcare worker seeking peer support.

HnH is intended for HCWs who do not meet criteria for a current mental illness, with the key aims of promoting resilience and helping to prevent a deterioration of mental health. A HCW seeking support through HnH begins by completing an online sign-up form. This is followed by a confidential phone triage by a HnH psychiatrist or other mental health professional to assess their suitability for peer support. If a HCW is deemed suitable, they are linked with a facilitator through HnH. If not, a referral to a more suitable service is made. Linkage involves matching individuals to 1:1 or group peer support based on similarities in training stage, years of practice and clinical setting.

Fields such as psychiatry have established forms of peer support, such as Peer Review Groups (PRGs), whose

Corresponding author:

Erica Musgrove, Western Health, 30 Gordon St, Footscray, VIC 3011, Australia.
Email: Erica.Musgrove@wh.org.au

outcomes partially overlap with the intentions of HnH, including helping participants manage stress, improve wellbeing and reduce professional isolation.⁴ However, unlike PRGs (groups composed of solely psychiatrists), HnH peer support is open to any HCW of any background, including students, allied health, nursing and administrative staff. Moreover, whilst a focus of PRGs is discussion of clinical work and complex cases,⁴ HnH peer support is intentionally *not* related to any professional development, training requirements or clinical discussions. HnH group discussions are intended to be the giving and receiving support based on respect, shared lived experience and mutual agreement.⁵

The objective of this survey was to initiate a quality improvement process within HnH, to ensure the service is meeting the needs of Australian HCWs. Specific aims included understanding which HCWs accessed peer support, and to report their experiences of the HnH service.

Method

Our survey was targeted at HCWs who had received peer support with HnH (either 1:1 or small group support) between 3 April 2020 and 22 November 2021. Of the 242 HCWs who signed up for peer support during this period, 158 were eligible and were invited via email to complete an online survey, using Qualtrics software. Collected data included personal and professional information (e.g. level of training, time since graduation and years of practice). Participants then answered questions related to their experiences of the HnH process, and receiving peer support. Responses were collected via a mixture of 5-point Likert scales, multiple choice questions and free text fields.

Excluded HCWs ($n = 84$) were those who had signed up but then were: uncontactable for triage or linkage ($n = 27$);

no longer seeking peer support ($n = 30$); looking for something other than peer support (e.g. mentoring, clinical supervision; $n = 10$); or assessed at triage as unsuitable for peer support ($n = 17$). This small group of HCWs deemed unsuitable were those suffering from acute mental illness. They were referred to psychologists, psychiatrists or Doctors' Health Services, often with an 'open door' option of re-referring themselves to HnH once their mental health had stabilised.

Results

We received 66 responses, equalling a 42% response rate. The median age range was 41–45 years, although respondents were spread across all expected age brackets for HCWs. Respondents were overwhelmingly female (87.9%). Very few respondents were of Aboriginal or Torres Strait Islander descent. Years of clinical practice ranged from very new to very experienced practitioners, but more participants had completed their speciality training (60.6%) than were still in training (39.3%). Very few respondents were either students ($n = 5$) or in their first year of clinical practice ($n = 3$) (Figure 1).

The majority of HCWs found HnH either online (Web site or Facebook group) or through word of mouth (Figure 2). The majority (57.4%) reported experiencing no barriers to accessing peer support, whilst the most common barrier noted was, 'Not understanding what peer support is/if it would be suitable' (18%). Most HCWs found it easy or very easy to find HnH (74.5%), found speaking to a triage clinician good or very good (83.6%) (Figure 3), and found it easy to connect with a peer support group or facilitator (77.8%) (Figure 4). Issues with the HnH triage process included a lack of clarity, with one respondent stating HnH could, 'make clear [at] the triage/organisation stage the main issue someone is seeking peer support for. I felt my 1-on-1 peer

What is your level of training?



Figure 1. Peer support participants level of clinical training.

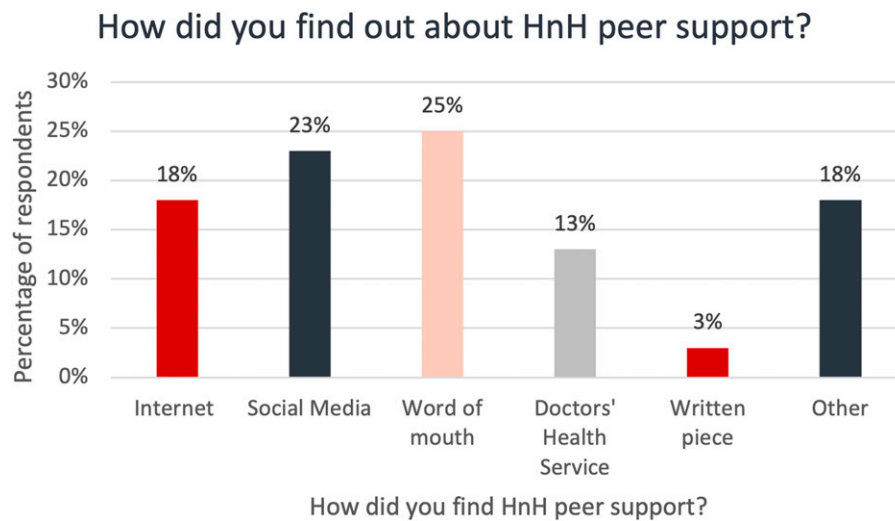


Figure 2. How healthcare workers found Hand-n-Hand peer support.



Figure 3. Participant experiences of speaking with HnH triage clinician.

support was expecting my topics of discussion to be more COVID-based rather than training-based'.

Of participants in peer support groups, more than half (63.3%) reported their facilitator managed the group very or extremely well. A similar proportion (66.6%) found their experience of peer support close or very close to their expectations. However, several respondents did report difficulties connecting with their facilitators: *'No response from assigned initial person (facilitator).'*, *'My facilitator has been very busy and hard to arrange a time to meet'* and *'It led to nothing, nothing happened, waste of time'*.

Overall, the majority (81.4%) of HCWs found their peer support experience to be good or very good, with only 2

participants reporting very poor experiences (Figure 5). The results were similar for how relevant the topics of discussion were to participants: 87% reporting topics were somewhat or very relevant. 62.9% of respondents were still engaged with peer support. For those who had stopped engaging with support, the most common reason (57.8%) was a personal decision to stop attending. One respondent stated that the group they had been matched with wasn't appropriate and so they disengaged with peer support.

Regarding the ways engaging in peer support had helped HCWs, the top three responses were *'Having a safe space to vent about issues'* (62.9%), *'Feeling heard and understood'* (50%) and *'Feeling less alone'* (44.4%) (Figure 6). A large



Figure 4. Participant experiences of connecting with peer support facilitator/group.

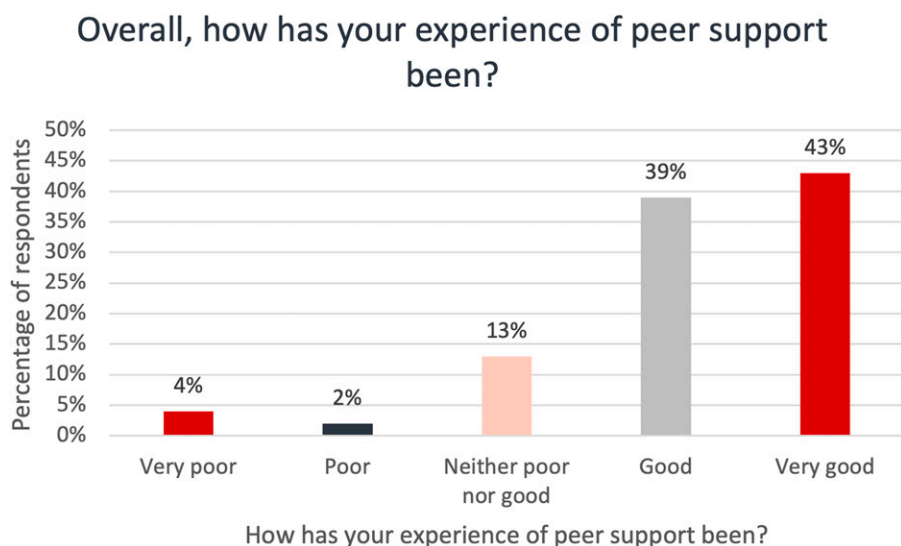


Figure 5. Overall participant experiences of Hand-n-Hand peer support.

majority (88.7%) were likely or extremely likely to recommend HnH to colleagues.

Discussion

We found that HCWs at different career stages were accessing peer support, with a slight trend towards more senior HCWs accessing support. Reassuringly, most respondents reported overall positive experiences with HnH, and we found that HCWs were finding HnH support helpful in ways that align with the intended goals of peer support.

Importantly, our survey identified key points at which some participants hit barriers, such as during triage or

during/after linking with their facilitator. Key HnH quality improvements that will come from this research include clearer communication between the triage and linkage volunteers about what participants are hoping to gain from peer support so that participants can be appropriately matched with support.

Some participants' difficulties contacting or arranging meetings with their facilitator likely reflects the challenges presented by a volunteer model, where facilitators may be limited in the time that they can offer to peer support while balancing clinical work and other commitments. Moreover, although participants are encouraged to contact HnH following linkage if they have any issues, some responses suggest a more proactive participant follow-up may be required. Then

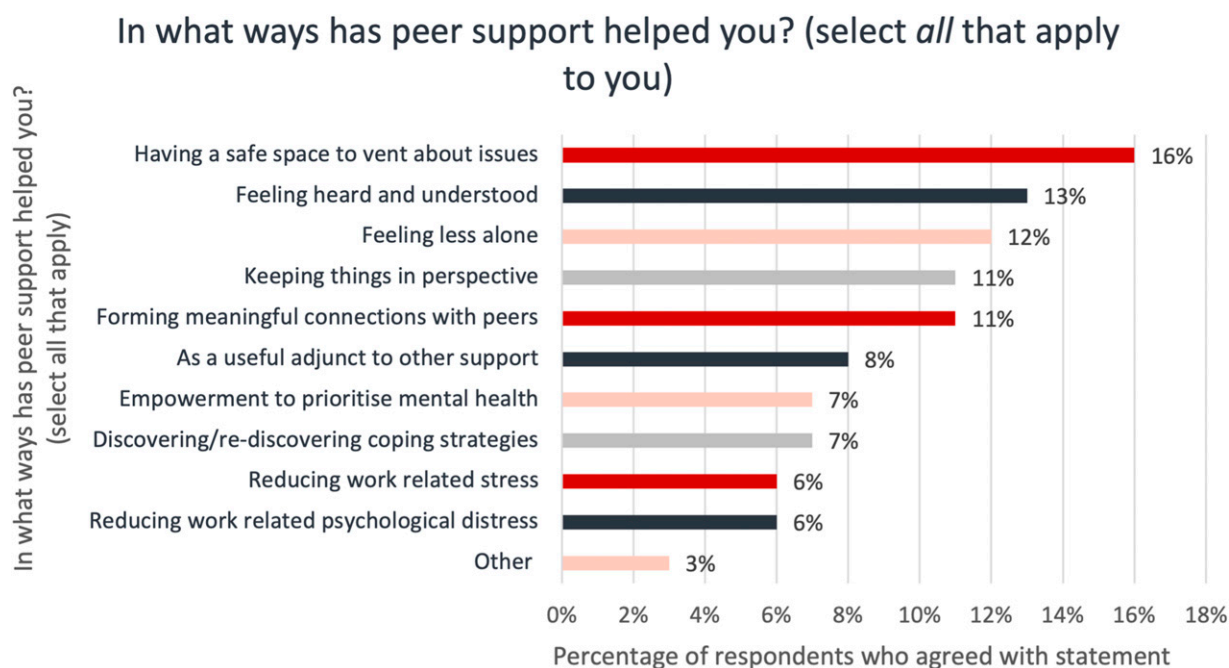


Figure 6. In what ways has HnH peer support helped you? (select all that apply).

any issues with timing difficulties or unsuitable matches could be more quickly resolved.

To our knowledge, this is the first survey to specifically evaluate the experiences of HCWs receiving peer support in the Australian context. Similarly, it is the first attempt to review the participants' experience of the HnH programme, which is intended to continue beyond the COVID-19 pandemic. Our survey has been successful in identifying key areas for improvement in the HnH service, which our team intends to practically implement over the next few months.

These findings are limited within the context of our small sample size and lack of comparable demographic data on those not deemed suitable for peer support. Furthermore, response bias may be present within our results, such that participants who had particularly positive or negative experiences with HnH may have been more inclined to answer the survey.

Future iterations of this survey and other quality assurance measures within HnH will build upon the data collected in this study, particularly as the pool of HCWs engaged with peer support grows, and as we continue to refine our processes and engage in pre-post evaluations. Moreover, we intend to evaluate the experiences of the other half of these relationships – the peer support facilitators – to better understand what motivates HCWs to support their peers, as well as what kind of training and support they require to be successful.

As part of the vision of HnH, we hope to expand our future work beyond HCWs to research the utility and applicability of pre-clinical peer support programmes in other industries. More broadly, future research could investigate

the influence of peer support on specific symptoms of psychological distress and other relevant constructs, such as compassion fatigue and burnout.

Conclusion

Australian HCWs accessing peer support tended to be female and more senior clinicians. Most HCWs engaged in HnH reported overall very positive experiences, particularly in feeling less alone and having a safe space to vent about issues. Our survey helped to identify several areas for improvement in HnH, including clearer marketing about what peer support is, as well as ongoing improvement of our triage and peer support linkage processes to avoid individuals falling through the cracks.

Acknowledgement

The authors note that Hand-n-Hand Peer Support is a free service. The authors wish to acknowledge the dedication of peer support facilitators and other volunteers in providing this service to Australian and New Zealand healthcare workers.

Declaration of conflicting interests

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Ethics and consent

This quality assurance project did not meet any of the triggers for ethics review outlined in the Ethical Considerations in Quality Assurance and Evaluation Activities (NHMRC

2014) document. Further participant protections included: a plain language statement at the start of the research survey, participants' written consent, and voluntary participation.

ORCID iDs

Erica Musgrove  <https://orcid.org/0000-0002-5302-2129>

Tahnee Bridson  <https://orcid.org/0000-0001-9256-752X>

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