

Promoting physical activity among older people in primary care using peer mentors

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Introduction: The home-based Otago Exercise Programme has been shown to increase sustained physical-activity levels in older people recruited through primary care, when supported by health professionals. The ProAct65+ trial is testing this programme using volunteer peer mentors to support behaviour change. This qualitative study explored how these peer mentors experienced their role. **Methods:** Ten peer mentors from the ProAct65+ trial were interviewed. Semi-structured interviews were audio-recorded, transcribed verbatim and thematically analysed. **Results:** Peer mentors reported positive experiences including meeting new people, watching mentees progress, developing friendships and being shown gratitude for their support. Key barriers and facilitators to the mentoring process included the home and telephone as settings for support, geography and making contact with mentees. **Conclusion:** Findings from this study can help the development of peer mentor programmes in primary care for older people. Future programmes should recruit peer mentors who are local to where mentoring is needed to reduce travel difficulties.

Key words: peer mentor; physical activity; primary care

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Introduction

Regular physical activity reduces the risk of disease and improves health (Baumann, 2004; Chief Medical Officer, 2004). Despite national recommendations of 30 min moderate exercise on five or more days of the week, <10% of older people reach these levels (NHS Information Centre for Health and Social Care, 2009). It is a priority for public health research to develop effective methods to promote physical activity in the older population (Prochaska *et al.*, 2006). Evidence suggests that exercise promotion can lead to significant health gains in older people. For example, the home-based Otago Exercise Programme (OEP)

of balance, strength and stretching exercises for older people can reduce falls by 30% when older people are supported by health professionals, via home visits and telephone calls (Robertson *et al.*, 2001a; 2001b; Liu-Ambrose *et al.*, 2008). The OEP is a progressive programme using ankle weights; older people are encouraged to use heavier ankle weights, have less balance support and do more repetitions of exercises.

Support from peers has been found to be more successful than support from health professionals in encouraging older people to increase physical activity levels (Cousins, 1995; Seefeldt *et al.*, 2002). Volunteer 'peer mentors' are already used to motivate people in the United Kingdom on exercise referral and cardiac rehabilitation programmes, and in falls prevention services and interventions piloted by Local Health Boards and Primary Care Trusts. Peer mentors can engage and motivate inactive older people and those who have low self-efficacy to

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Table 1 Comparison of peer mentors who were interviewed against the remaining peer mentors in London

	10 interviewees	20 not interviewed
Gender	90% female	65% female
Age (mean)	69 (range 54–85)	71 (range 52–96)
Number of mentees (mean)	4 (range 1–13)	2 (range 1–5)
Number of visits carried out	3	2
Time spent at visits (mean)	55 min	39 min
Number of telephone calls carried out	8	6
Time spent on telephone calls (mean)	7 min	8 min

increase physical activity levels (Pringle *et al.*, 2007). Trained peers may therefore, be an affordable alternative to the use of trained health professionals in supporting older people on the OEP. A two-day training course based upon the ‘Someone Like Me’ programme teaches peers about physical activity recommendations, benefits and barriers to exercise, theoretical and practical issues in peer mentoring (motivation, communication and support strategies) (Laventure *et al.*, 2008).

The success of peer mentoring interventions depends upon the feasibility of the role. It is important to understand why peer mentors volunteer for such a role, and how they are effective in it, to develop future peer mentoring interventions. Research about peer mentors’ experiences volunteering on physical activity programmes is scarce. Most research concentrates on the effectiveness of interventions at increasing participants’ physical activity levels (King *et al.*, 1998). Some research comments on intervention design but little research focuses on the perspectives of the peers or the participants (Hooker *et al.*, 2005). No previous research has examined peer mentors’ experiences of volunteering to motivate older people on the OEP.

The ProAct65+ trial, described elsewhere (Iliffe *et al.*, 2010; Stevens *et al.* 2013), recruited and trained peer mentors to provide support (by home visits and telephone calls) to trial participants during the 24-week exercise programme. This study aimed to fill the research gap by interviewing a sample of peer mentors from the ProAct65+ trial about their experiences of supporting older people recruited from primary care on the OEP.

Methods

This add-on study was submitted as a substantial amendment to the ProAct65+ trial, to the *Primary Health Care Research & Development* 2015; **16**: 201–206

Nottingham Research Ethics Committee 2 (application number 08/H0408/72), and was granted ethical approval in May 2010.

Participants were peer mentors living in London, aged 50 or over. Thirty had supported at least one mentee throughout a full 24-week exercise programme and a convenience sample of 12 available peer mentors were invited for an interview. All were within three months of them completing their role with one or more mentee(s), to reduce the risk of them forgetting aspects of their experience. Ten peer mentors provided informed consent and were interviewed; data saturation was reached and no further interviews were arranged (Mapp, 2008). Table 1 shows the characteristics of those interviewed and those not.

Peer mentors were interviewed in their preferred venue. Interview questions were based on a semi-structured interview guide (Figure 1), which was modified throughout the research process. All interviews were recorded with a digital dictaphone.

All interview recordings were transcribed verbatim, including sighs, laughs and lengthy pauses, and thematic content analysis was undertaken. Each transcript was read and re-read to acquire a sense of the whole experience; ‘open codes’ were allocated to sections of the transcripts to give meaning to the data; sections of the transcripts with similar codes were allocated to higher order themes; higher order categories were developed to group themes together; categories were collated into over-arching categories to make data navigation easier. ‘Constant comparison’ was used to cross-check all parts of the transcripts with each other to ensure all themes were identified and were consistent (Holloway and Wheeler, 2002; Silverman, 2006). Themes were used to provide a rich description of the essential structure of the experiences. In order to ensure reliability three transcripts were independently analysed by the

1. Tell me how you found out about becoming a peer mentor on the ProAct65+ study.
 - a. What attracted you to the programme?
2. Tell me about the training you received.
 - a. Could anything have been improved?
3. Tell me about your mentees? what was mentoring them like?
 - a. How many mentees did you have?
 - b. Tell me about the first contact you had with your mentee(s).
 - c. What happened during your visits?
 - d. What happened during the phone calls?
 - e. Did you have any contact with your mentee(s) outside of the scheduled visits and phone calls?
 - f. Do you feel you had enough time to devote to your mentee(s)?
 - g. Did they all continue or did any of them drop out?
4. Tell me what benefits you have seen from the programme.
 - a. Did your mentee(s) physical activity levels improve?
 - b. Do you think you made a difference to your mentee(s) physical and mental health?
5. Tell me what you have enjoyed about mentoring.
 - a. Has mentoring has benefitted you?
 - b. What you have gained from the programme?
 - c. Have you made any lifestyle changes because of your role as a peer mentor?
 - d. Has being a peer mentor changed the way you feel about yourself in any way?
 - e. Has being peer mentor changed how you feel about physical activity?
 - f. Have you/would you like to continue mentoring?
 - g. Have you/would you recommend the programme to your friends, family or a mentee?
6. Tell me about the support you have had from the research team.
 - a. Do you feel you have had enough support?
7. Tell me about any difficulties you have faced and what you have not enjoyed.
 - a. How were these difficulties overcome?
 - b. How do you think the programme could improve?

Figure 1 Interview guide. Numbers 1–7 are key questions asked. Letters a, b, c, etc. are prompt questions asked if the information was not automatically described.

second author (C.B.) and a list of themes and quotes were compared and agreed upon, confirming the transcripts had not been misinterpreted.

Results

The mean length of the interviews was 49 min (range 27–91 min). Peer mentors talked about contacts with mentees in general and discussed memorable experiences in detail. An overview of the themes and categories, which arose from the interviews is shown in Figure 2.

Peer mentors were active people who understood the benefits of exercise. Their main motivation for volunteering was to help others increase their exercise levels.

‘I could help somebody else to err, to mentor somebody else that would be a useful thing to do’. PM01 (32–34).

Peer mentors reported positive experiences. There was a strong sense that rapport developed quickly and the peer mentor-mentee

relationship was an important aspect of the mentoring. Some mentoring pairs formed friendships, which continued after the 24-week programme. *‘...the second time that I went over it was much more like we were just friends...she was more relaxed’.* PM09 (227–231).

‘I’ve actually found, you know, loads of very nice friends really’. PM03 (847–848).

Most peer mentors felt that mentees benefitted from the exercises and enjoyed the supportive contact. Peer mentors reported enjoying meeting new people, watching mentees progress through the OEP, and being shown gratitude by their mentee(s) for their support.

‘...they really really seemed to be erm extremely appreciative of the attention and the time...’. PM10 (199–201).

‘...he grew in every way as a result of it’. PM07 (468–469).

‘...it’s very rewarding to feel you have helped that person’. PM10 (918–919).

There were barriers and facilitators to the mentoring process. Peer mentors’ experiences depended somewhat on the mentees’ health, motivation to take part in the exercise programme and their baseline fitness level. For example, some peer mentors felt they were not needed to support already motivated and fit mentees.

‘...“I’m getting really bored with these exercises”...it’s with the fit ones’. PM03 (118–119...121).

‘Mrs I was so enthusiastic that she, Mrs I didn’t need me at all’. PM09 (127–128).

Some peer mentors reported that telephone contacts were short and unproductive because of the lack of face-to-face contact. Overall peer mentors favoured home visits to support mentees, as observation of the exercises was useful, and assessment of motivation and exercise promotion was easier.

‘...it’s easier to do it face-to-face than it is on the phone, otherwise it sounds like you’re preaching at them’. PM09 (517–519).

		Over-arching categories										
Categories	Initiation	Developing a Relationship				Supporting Behaviour Change			Logistics		Consequences	
	Motivation for mentoring	Initial contact with mentee	Getting to know mentee	Variation between mentees	Being in someone's home	Social aspects	Motivation and progression	Engagement in exercise	External influences	Travel to home visits	Arrangements and contact	Impact on peer mentor
Themes	Help others	In a group	Building rapport	Health	Hospitality	Social contact with mentees outside the research schedule	Use of phone calls	OEP exercise	Seasons	Locality and transport issues	Making contact	Enjoyment and benefits
	Interests	In the mentees home	Type of relationship	Independence	Feelings at visits		Importance of home visits and observation	Living space			Peer mentor commitments	Awareness
		Making social conversation	Motivation	Fitness and activities			Other exercise			Ending contact	Recommend peer mentoring to others	
		Personal / family details				Exercises at home visits	Weight exercise			Coordinating visits and calls	Volunteer again	
		Mentors personal details				Exercise techniques				Withdrawal from programme	Pass OEP information to others	
						Motivation techniques						
						Impact of peer mentor						
						Mentees benefits						
						Appreciation						
						Guidance of peer mentor role						

Figure 2 Categories and themes from interviews

'I don't actually like telephones very much... people are missing ones' body language'. PM03 (524–526).

The mentees home environment, in which to do the exercises determined how easy or difficult it was for peer mentors to promote the exercises and encourage mentees to progress. For example, small or cluttered homes required adaptation of the walking backwards and sideways exercises, and sitting/standing from a chair required some adjustment if the mentee only had low sitting, soft arm chairs.

'...her house was again cluttered...there wasn't a long stretch where she could sort of walk and do her steps backwards'. PM06 (357–358...389–391).

It was important for peer mentors to live close to their mentee(s) and/or for mentee(s) homes to be easily accessible on public transport.

'...they were local I could walk to both of them in ten minutes...Had I had to sort of travel I probably couldn't have done it'. PM10 (1020–1021...1027–1028).

Being able to make contact with mentees was sometimes difficult for peer mentors, which influenced whether telephone calls could be

carried out and arrangements made for home visits.

'...every time I rang him he wasn't available and as I say I left messages...I couldn't go round and visit if he wasn't replying'. PM06 (94–95...770).

Discussion

This is the first study to explore the experiences of peer mentors who supported older people from primary care with the OEP. Our findings are consistent with other peer mentoring studies (see below) and explain the difficulties peer mentors face, what they enjoy and the importance of the mentoring relationship.

Previous OEP trials monitored falls but did not report on the suitability of the home environment for OEP exercises (Robertson *et al.*, 2001a; 2001b; Liu-Ambrose *et al.*, 2008). This study has shown how important the home is as a setting to encourage mentees' engagement with the exercises. Mentees' homes, if small or cluttered, were difficult settings for exercise promotion. They were however, the universally preferred setting for promoting the exercises. Past research has mostly concentrated on using the telephone as a support medium; research on home visits is scarce

(Rudy *et al.*, 2001). Telephone calls were considered unhelpful by these peer mentors. Other studies support the notion that telephone support is not useful for physical activity promotion (Dale *et al.*, 2009). Similarly other telephone-based peer mentoring studies report difficulties making initial contact with mentees and the number of times telephone calls were attempted varied (Dale *et al.*, 2009).

The importance of the peer mentor–mentee relationship was evident. Peer mentors in this and other studies have reported enjoying meeting new people, sometimes making friends, and being rewarded by watching mentees progress and being appreciated for their support (Hooker *et al.*, 2005; Hyland *et al.*, 2006; Dale *et al.*, 2009).

Barriers and facilitators that shaped the peer mentors' experiences included the distance between where the mentee(s) and peer mentors lived, ease of contacting their mentee(s) and mentees enjoyment of the exercises. Another telephone-assisted physical activity promotion study found peer mentors were challenged when participants did not meet their goals (Hooker *et al.*, 2005).

The number of peer mentors interviewed was small, but the available population was only 30. Those not interviewed were older and more likely to be male, and had fewer, shorter contacts with their mentees. The aim was to interview peer mentors within three months of them completing their role with one or more mentee(s), to reduce the risk of them forgetting aspects of their experience. Three interviews were carried out beyond this time limit but their memories did not seem affected. All peer mentors interviewed were of similar ethnicity (white British) with similar interests in exercise and in volunteer work. Although this may limit the transferability of our findings, these characteristics may also be typical of a volunteer group in the older population making our findings transferable to other settings (Holloway, 2005).

Conclusion

This study highlights contextual factors that contribute towards facilitating or preventing the success of mentoring. Face-to-face contact appears important for peer mentors supporting a home-based exercise programme. The mentees' home

environment, health and motivation to engage in exercise can make peer mentoring a challenge. Peer mentors should be recruited from the locality where mentoring is needed to reduce travel times to mentees homes. Suitability of the home environment for the exercise programme seems to be important. An assessment of mentees home environment by a member of staff may enable adaptation of exercises for mentees in small or cluttered homes. Awareness of peer mentors experiences could contribute to improving mentoring interventions for future volunteers supporting physical activity programmes.

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