

ARNOTT, R., PARK, V. and COOPER, K. 2021. Exploring the experience of participating in a peer support intervention for individuals with chronic non-cancer pain: a qualitative systematic review protocol. [Protocol]. *PROSPERO* [online], item number CRD42021245085. Available from:  
[https://www.crd.york.ac.uk/prospERO/display\\_record.php?RecordID=245085](https://www.crd.york.ac.uk/prospERO/display_record.php?RecordID=245085)

# Exploring the experience of participating in a peer support intervention for individuals with chronic non-cancer pain: a qualitative systematic review protocol. [Protocol]

ARNOTT, R., PARK, V. and COOPER, K.

2021

## Exploring the experience of participating in a peer support intervention for individuals with chronic non-cancer pain: a qualitative systematic review protocol

### Citation

Rachel Arnott, Victoria Park, Kay Cooper. Exploring the experience of participating in a peer support intervention for individuals with chronic non-cancer pain: a qualitative systematic review protocol. PROSPERO 2021 CRD42021245085 Available from: [https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42021245085](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021245085)

### Review question

What are the perceptions of individuals with chronic non-cancer pain regarding participation in peer support interventions?

Sub-questions:

What are patients' perceptions in terms of format, delivery, role and training of peer support volunteer and duration of intervention?

What are the patients' perceptions of the strengths and limitations of peer support interventions?

What do patients perceive to be the barriers and facilitators to implementation of peer support interventions?

### Searches

The databases to be searched include AMED, CINAHL, EmBase, MEDLINE, PsycARTICLES, PsycINFO, SPORTDiscus, Web of Science, and Google Scholar.

Sources of gray literature to be searched include the Networked Digital Library of Theses and Dissertations, EBSCO Open Dissertations, and EThOS.

This search will endeavor to include all languages as limited translation services are available.

Databases will be searched from inception to the present.

Additional search strategy information can be found in the attached PDF document (link provided below).

### Types of study to be included [1 change]

This is a qualitative systematic review and will therefore include studies which generate qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, qualitative descriptive, action research and feminist research. Mixed methods studies will be considered where the qualitative results are reported separately. Qualitative studies may include interviews, focus groups, case studies, exploratory, longitudinal studies, or cross-sectional surveys with reported free-text responses.

Conference proceeding will be excluded as this review is interested in full, published studies which discuss interventions and minimal content could be extracted from this kind of literature.

## Condition or domain being studied

Chronic pain is a prevalent and costly issue. It is defined as pain that persists beyond 12 weeks or past normal healing times. It has been recognized as one of the most prominent causes of disability worldwide and affects up to half of the population in the UK. The cost of chronic pain is also substantial, not only for patients, but also the healthcare system and economy. With such an astounding impact, recent health policies have focused on empowering patients to improve skills with self-management. Improved condition management can be attained by ensuring adequate amounts of social support, particularly support that is condition-specific. Peer support interventions could play a pivotal role in the management of chronic pain as their purpose is to empower patients by equipping them with self-management skills which can aid in improving health outcomes.

## Participants/population [1 change]

This review will consider literature that includes individuals with chronic non-cancer pain. Pain is classified as chronic when it persists beyond 12 weeks. Conditions could include, but are not limited to: low back pain, osteoarthritis, rheumatoid arthritis, fibromyalgia, chronic widespread pain, and lupus. Chronic pain as a result of a traumatic experience will be included (ie: burn victims, amputees). The definition of adult will be aligned with the country of origin for each publication as this can vary between 16-18 years. Studies with adolescents will be included if more than 50% of participants are considered adults. There is no upper age limit as chronic pain can impact adults of all ages.

Cancer pain, neurological conditions and opioid dependence are all excluded due to the specific nature and management of these conditions, which typically differs from other types of pain and circumstances. Sickle cell and tinnitus will be excluded as these conditions exhibit pain episodes versus long-standing chronic pain. Due to differences in management strategies and particular guidelines for children compared with adults, children are also considered outside the scope of this review. Juvenile idiopathic arthritis (JIA) will be excluded as the upper age limit is 16.

## Intervention(s), exposure(s) [1 change]

This review will consider studies that explore individuals' (either peer support volunteer or participant) perceptions of participating in a peer support intervention. The intervention must include a designated component of peer support (can include face-to-face or virtual, such as audio or visual call, email/messaging, social media, or a hybrid). Self-management programs with an element of peer support will be included. The intervention could also consist of a group or one-to-one format. In order to differentiate a peer support intervention from a support group, some amount of training must be provided to the peer support volunteers. Studies with peer support included as part of a multi-component intervention will be included if peer support is the dominant component and/or the data on peer support can be extracted separately. Studies will be excluded if the topic is only on the training experience of peer support volunteers, as this is not directly related to the aims of this review.

## Comparator(s)/control

Not applicable as this is a qualitative review.

## Context

This review will consider any setting where peer support interventions are offered, including but not limited to hospitals, clinics, and community settings, and will not be limited by geographical location.

## Main outcome(s)

This review will synthesize what is known about the patient experience of participating in peer support interventions and identify gaps in the evidence base. This information will be used to make practice recommendations where relevant and to inform further research in the field.

## Measures of effect

Not applicable as this is a qualitative review.

### Additional outcome(s)

None.

### Measures of effect

Not applicable.

### Data extraction (selection and coding)

The studies retrieved during the searches will be screened for relevance, and those meeting the eligibility criteria will be selected for use in the review.

Qualitative data will then be extracted from studies included in the review using the standardized data extraction tool from JBI SUMARI. One reviewer (RA) will conduct data extraction, with a second reviewer (KC/VP) checking at least 10% of extractions. Findings, and their illustrations, will be extracted and assigned a level of credibility.

### Risk of bias (quality) assessment

All studies included in the review will be uploaded to JBI SUMARI to facilitate methodological quality appraisal. All eligible studies will be critically appraised with the standardized JBI Critical Appraisal Checklist for Qualitative Research (see Appendix 1 on publication).

Two independent reviewers (RA and KC) will be involved with this process.

Authors of studies will be contacted if clarification or further information is needed.

The results of the critical appraisal will be provided in both narrative form and a literature matrix.

### Strategy for data synthesis

Qualitative research findings will, where possible, be pooled using JBI SUMARI with the meta-aggregation approach. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Only unequivocal and credible findings will be included in the aggregation. Unsupported findings will be presented separately. Where textual pooling is not possible the findings will be presented in narrative form. Meta-aggregation will be principally conducted by one reviewer (RA) with regular discussion between the review team.

### Analysis of subgroups or subsets

None planned.

### Contact details for further information

Rachel Arnott

r.arnott@rgu.ac.uk

### Organisational affiliation of the review

Robert Gordon University

<https://www.rgu.ac.uk/>

### Review team members and their organisational affiliations

Ms Rachel Arnott. Robert Gordon University

Ms Victoria Park. Robert Gordon University

Professor Kay Cooper. Robert Gordon University

### Type and method of review

Intervention, Systematic review

### Anticipated or actual start date

18 March 2021

### Anticipated completion date

30 July 2021

### Funding sources/sponsors

None

### Conflicts of interest

### Language

English

### Country

Scotland

### Stage of review

Review Ongoing

### Subject index terms status

Subject indexing assigned by CRD

### Subject index terms

Chronic Pain; Counseling; Delivery of Health Care; Humans; Musculoskeletal Pain; Patient Acceptance of Health Care; Peer Group; Physical Therapy Modalities; Rehabilitation; Social Support

### Date of registration in PROSPERO

29 March 2021

### Date of first submission

25 March 2021

### Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

### Revision note

Further clarification of inclusion/exclusion criteria related to population, intervention and types of studies

*The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.*

*The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.*

### Versions

29 March 2021

20 April 2021

25 June 2021