

Peer-mentorship Following Lower-Limb Loss in Small Communities: Implications for Occupational Therapists

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a place of mind
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Background



Lower limb loss has both physical and psychological challenges (Suckow et al., 2015):

- Development of anxiety and depression Pedras et al., 2020).
- Negative impacts on activities of daily living (Pedras et al., 2020).
- Magnified in small communities (i.e., pop. <29,999) (Karunanayake et al., 2015; Hameed et al., 2010).

Peer-mentorship is an effective psychosocial accompaniment to rehabilitative services (Reichmann & Bartmann, 2018).



A peer-mentor is an individual who provides knowledge, empathy, and validation through the unique perspective of their lived experience with a similar phenomenon (Truong et al., 2019)

The **purpose of this study** is to develop an understanding of the utility of peer-mentorship on social roles and recovery processes from individuals with lower limb loss living in smaller communities.

Methods



Study Design: Qualitative Description Design. Semi structured interviews were audio-recorded and occurred across 6 months and averaged 60-90 minutes.

Participants: Individuals were included if they were 19 years of age or older, able to provide informed consent, deemed medically stable, experienced a lower limb amputation: operatively or traumatically, participating, participated, or led a rural peer mentorship program, and lives or lived in a small community during peer-mentorship program.

- **Peer-mentors n=1**
- **Peer-mentees: n=7**
- **Total: n=8**



Participants were predominantly older than age 53 (n=7), male (n=5), retired(=6), and living with a companion (n=6); 50% (n=4) reported the cause of their limb loss to be post traumatic complications and 50% (n=4) reported their cause to be a result of diabetic complications.

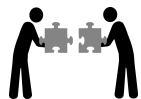
Data Analysis: Transcribed verbatim; analyzed thematically using Braun and Clarke's (2006) step by step guide.

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References: Braun, V., & Clarke, V. (2006). *Qual. Res. Psychol*, 3(2), 77-101; Pedras S., Vilhena E., Carvalho R., & Pereira M. G. (2020). *Psychiatry*, 83, 47-57; Hameed S. M. et al. (2010). *J Trauma Inj Infect Crit Care*, 69, 1350-61; Karunanayake C. P. et al. (2015). *Healthcare*, 3, 84-99; Lauckner, H. M., & Hutchinson, S. L. (2016). *Rural, Remote Health*, 16(1), 3601-3601; Lloyd, C., Williams, P. L., Vilic, G., & Tse, S. (2017). *Ir J Occup Ther*, 45(2), 92-99; Reichmann J. P., & Bartmann K. R. (2018). *J Vasc Nurs*, 36, 34-39; Statistics Canada. (2017). Government of Canada. <https://www.statcan.gc.ca/eng/subjects/standard/prac/2016/introduction>; Suckow, B. D., Goodney, P. P., Nolan, B. W., Veeraswamy, R. K., Gallagher, P., Cronenwett, J. L., & Kraiss, L. W. (2015). *Ann. Vasc Surg*, 29(4), 722-730; Truong, C., Gallo, J., Roter, D., & Joo, J. (2019). *Patient Educ. Couns.*, 102(7), 1273-1279.

Findings

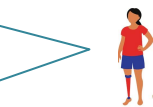
1. Satisfying an Unmet Need



"Everybody's, you know, phenomenal, but I have questions in my head that I [can't] ask anybody [...] yet here's this stranger [whose] situation is aligned with mine [...]. it left me so that I had somebody suddenly who knew where I was and could answer those questions and made me feel comfortable". - Participant #7

4. Advocating for Supports and Resources

"So in most cases I tell them how to fill out [a disability form] or help fill it out for them and in one case [...] they got over \$10,000 of [financial compensation] [...] I got them on that, that's mentoring, eh?"



"I told her the exercises she should do, and every day I'd go to the hospital to see her and she'd just be smiling like her best friend arrived. And it gave me a good feeling to know she was so happy to see me." - Participant #8

"[He] could see that I was a bag of anxiety so he showed me his prosthetic leg, he took it off and showed me how it worked and it was good because it eased my anxiety thinking yeah maybe I'll still be able to walk". - Participant #5

2. Improving Independence

"It's just little tiny questions like, how do you get off the toilet? Or how do you get into the shower? Do you have shower bars? Or you know, how do you climb many stairs? What do you do on the ice? [...] I knew that I could get those [answers]." -Participant #3

Psychosocial supports

Practical Strategies

3. Friendship



Conclusion

- Peer-mentorship satisfies an unmet need for mutual understanding.
- The wisdom of lived experience offered through friendship enables independence.
- Peer-mentors serve as advocates in health care.
- These findings can enable collaboration between occupational therapists and peer-mentors to facilitate program development that works toward mutual goals, including:
 - Daily living participation;
 - Psychosocial wellbeing;
 - Meaningful social connections;
- Health organizations should consider implementation of frameworks for peer-mentorship programs to enhance interdisciplinary efforts.



Limitations



- Telephone communication might have posed a barrier to rapport building.
- Recruitment was based on snowball sampling within small British Columbia communities limiting potential participants in other communities.
- Decreased generalizability due to cause of lower limb loss